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A Training Manual for Indigenous Language Interpreting

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Indigenous Interpreting+®
A Service of Natividad Medical Foundation

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Preface

The training has given me confidence in myself. It helps us to be here [as hospital interpreters] and not feel afraid. We have someone here to support us. Interpreting can make you afraid, and you don't want to do it. We need the training and the extra support.

Triqui Interpreter

I was scared at first. How am I going to start to work as an interpreter? When I see the patients and they see me—before they know I speak Triqui—I can see that they are scared or confused. When I start to speak to them, their faces change. They show happiness. This is what I like to see in them.

Triqui Interpreter

The beginning

This training manual was born out of the experience at Natividad Medical Center (NMC) in Salinas, California, and the local indigenous communities surrounding the hospital. Known as the "Salad Bowl of the World," California's Central Coast provides strawberries, lettuce and broccoli, among many other agricultural products, throughout the United States.

NMC is one of California's 21 public safety net health care systems. For decades, it has provided care to Latino agricultural workers and families. Like many hospitals across California and the United States, NMC has faced the challenge of supporting a growing number of patients who speak limited English. Many of them speak indigenous languages.

The Salinas Valley is home to nearly 28,000 indigenous immigrants, almost all of them from Mexico or Central America. It is estimated that California has 165,000 speakers of indigenous languages (Mines et al., 2010). It is often difficult to find properly trained and competent interpreters for these languages.

Indigenous patients first began to appear in NMC's Emergency Department, maternity clinics and pediatric units in the early to mid-2000s. Many of them did not speak Spanish. Finding interpreters for the dozens of indigenous languages they spoke proved impossible. It became clear that the only way to ensure patient safety was to recruit, train and employ a corps of indigenous interpreters.

Natividad Medical Foundation (the Foundation) is a 501(c)(3) nonprofit organization that brings people together to strengthen NMC, transforming health care into solutions that heal people, unite a community and stand as models for the nation. The Foundation has a history of carrying out innovative initiatives that support NMC and the health and well-being of the community. Recognizing the need to provide adequate language services at NMC, the Foundation sought philanthropic support from key donors: The Agricultural Leadership Council (TALC), Driscoll's, The Haynes Charitable Foundation, Community Foundation for Monterey County and the Healthforce Center at University of California, San Francisco. John D'Arrigo, the founder of TALC, was a firm believer in this project from the beginning and made it possible through TALC's generous funding.

Over several years, the Foundation, through the efforts of language access coordinator Victor Sosa and indigenous community leader Angelica Isidro, developed relationships with indigenous leaders and communities across the Salinas Valley. These relationships proved essential. They allowed the hospital and the Foundation to establish trust and goodwill with these communities. In 2014, the Foundation created Indigenous Interpreting+® to provide indigenous language interpreting both locally and nationally. The first step for this unique service was to create a professional training program for interpreters of indigenous languages.

The Indigenous Interpreter® training program, manual and workbook are the end result of four years of work with indigenous communities and academic experts to envision, pilot, draft and finalize a 63-hour, comprehensive, entry-level, training program for indigenous interpreters in community and health care settings.

The challenge

The Foundation first sponsored the English to Spanish translation, by Victor Sosa, of portions of a national medical interpreter training manual titled *Bridging the Gap*, which is owned by a nonprofit

organization in Seattle, Washington:
The Cross Cultural Health Care
Program. After this collaborative work,
an initial training session sponsored by
the Foundation used that translation.
The session was for indigenous
language speakers in the surrounding
communities. Its purpose was to train
professional indigenous language
interpreters in the area.

Without training, I didn't have the courage to say what I needed. But with the training, it really helps. I learned how to stand up for myself, how to talk, where to stand. It gave me permission to do this.

Triqui Interpreter

Through coming to know the indigenous communities, the Foundation understood that it needed to offer a safe, positive experience—and subsidize the training. Participants were being asked to leave paid work to come to a new program and learn a new skill. Thanks to its generous sponsors, the Foundation underwrote transportation, food and even lodging for those who made the commitment to participate.

Indigenous Interpreting+®

All these efforts led to the creation of Indigenous Interpreting+, a service of Natividad Medical Foundation. It was launched in 2014 with a five-hour orientation to the professional workplace as a follow-up to the pilot interpreting training. It also established a paid, six-month, supervised training program at NMC to help new trainees develop their skills. Many of the lessons learned through the trainee experiences of new indigenous interpreters were incorporated into the training curriculum. Throughout this process, TALC was a constant ally; without a shared vision and generous funding from this organization, this service would not have been possible.

What was needed next?

Most training programs for community and healthcare interpreters do not work well for indigenous interpreters. Interpreting is a complex, professional skill. Many indigenous languages have no written form and many variants. There is usually no available test of language proficiency to assess the interpreter's indigenous language fluency level. Some current or aspiring interpreters for these languages have limited formal education. Additionally, existing interpreter training programs may not address the specific cultural differences and worldviews expressed by indigenous versus Western cultures.

The initial pilot training showed that a new curriculum was needed: one that targeted the specific needs of indigenous interpreters. Such a curriculum would address the interpreters' urgent need to acquire healthcare, social services and community service terminology. It should also address, with sensitivity and respect, the many belief systems and cultural perspectives of the indigenous patients and clients who need interpreters.

Since many indigenous interpreters are still acquiring English, this new curriculum would also have to:

- Be easy to learn and study.
- Provide a training manual written in plain English.
- Show how professional business is conducted in U.S. workplaces.
- Address interpreting technology.
- Include teaching skills for simultaneous interpreting, relay interpreting, note-taking for consecutive interpreting and cultural competence.
- Accommodate indigenous interpreters who lack fluency in written English.

The goal of this program was to bring trainees into the field as qualified, professional interpreters. It was developed by the four authors working with the Foundation through the support of team members, collaborators and supporters. They include the following:

- Indigenous communities and leaders in Salinas, California
- TALC
- Foundation staff

- Indigenous and Spanish staff interpreters at NMC, in Mexico City and elsewhere
- Instituto Nacional de Lenguas Indígenas (INALI), National Indigenous Languages Institute, in Mexico.
- Several indigenous advocacy nonprofit organizations in California's Central Valley, Oregon and Alaska.

The four authors of this manual collectively hold decades of experience as interpreters, interpreter trainers, curriculum developers and indigenous community leaders. As their bios and many credentials make clear, three have national or international prominence. Angelica Isidro is the community resource coordinator for NMC; Victor Sosa is the interpreter services manager for NMC and translated portions of the national interpreting curriculum *Bridging the Gap* into Spanish¹; Katharine Allen is the copresident of InterpretAmerica; and Marjory A. Bancroft directs Cross-Cultural Communications, the only national training agency for community interpreting and the nation's only dedicated publisher for interpreting textbooks and manuals. Two of the four have also authored or coauthored several national training curricula and manuals.

Needs assessment and collaboration

The lead author, Katharine Allen, conducted three days of on-site interviews with dozens of indigenous interpreters, hospital health

care providers, administrators and Indigenous Interpreting+ staff. These interviews explored the challenges of providing care to indigenous patients and the positive impact of having professional indigenous interpreters. The interviews also provided invaluable information about the experiences of indigenous interpreters.

A team from the Foundation traveled twice to Mexico City to connect with the Instituto Nacional de Lenguas Indígenas (INALI) and meet with local At the beginning of the internship, I shadow the new interpreters. If they get stuck, I tell them what things mean. I say, "I am going to be here, but you have to interact with the patient and provider. But if you don't know what to do, ask me." I tell them how to say things.

Angelica Isidro Mixteco Interpreter, Coauthor

groups of indigenous court and health care interpreters.

¹ This translation was performed with the authorization of the owner and publisher of *Bridging the Gap*: The Cross Cultural Health Care Program in Seattle, Washington.

These organizations shared critical knowledge and resources about indigenous languages and how to train interpreters from indigenous communities. Always central to the development of the curriculum was the team's collaboration, not only with researchers and indigenous advocacy organizations, but above all with members of the local indigenous communities of the Salinas Valley in California. They were the experts in this project. Finally, newly trained interpreters from the pilot training sessions gave generously of their time, knowledge and experiences. Their input and insight are woven throughout every module and activity in the training. Their detailed feedback is captured in every module in this manual. They are the reason that this program works.

The teaching approach

From the beginning, this program was intended to overcome the many barriers that indigenous language speakers face when they seek to become professional interpreters. The training was built module by module. Each module focused on a key interpreting skill and represented about three hours of instruction. Each module was piloted two to three times. Participants came from a diverse cross-section of indigenous communities, from the small towns and communities near the hospital to indigenous advocacy and social service groups in California, Oregon, Washington, Colorado and Alaska. All pilot participants offered detailed evaluations.

As the bibliography attests, this program is based on extensive research. The pilot trainers (three of the four authors) also took careful note of what was effective, what was not and how to adapt the content for indigenous language interpreters. Over time, the trainers developed a "model" heuristic and experiential approach. It followed this pattern for each learning objective:

- 1. Practice the skill.
- 2. Learn the concept(s) for that skill.
- 3. Practice the skill again.

Simply teaching the skill and then practicing it (a common approach in interpreter training around the world) simply did not work. That approach was often abstract. Instead, the program's "hands-on" approach proved highly effective. The participants could understand the abstract information about a skill after they had struggled

to perform it themselves. This approach gave them a personal, concrete connection to the experience and a better framework in which to understand it.

As a result, the training program is highly interactive and engaging. It minimizes lecture and theory. It prioritizes learning through doing and reinforces learning through reflective practice (self-evaluation).

Other "best practices" for this program include:

- The modular structure of the training. Each module is designed to be taught on its own, grouped with other modules by category (ethics, protocols, modes, etc.) or taught as part of the full training. When taught in sequence, the modules build on each other.
- A strong emphasis on reflective practice (self- evaluation).
 Participants are taught how to evaluate their skills throughout the training.
- Tools for overcoming many barriers that indigenous language interpreters face. Examples include a multistep
 - process for ethical decisionmaking, preparing for assignments and maintaining proficiency in indigenous languages.
- Detailed strategies for building glossaries to overcome language barriers.
- The use of plain language to express complex concepts. For most indigenous interpreters,

For me, the best way to learn is through role plays, because that is what happens in reality. The doctor and patient are talking, and you don't have any script. This is the best way to teach a student.

Triqui Interpreter

English is their second or third language. Some have limited formal education. The use of direct, plain language proved both innovative and essential in this program.

The writing process

After an initial pilot of the first three modules in 2014, a curriculum was mapped out with 20 modules of about three hours each, and a final review session. These modules were piloted over a period of two years, seven modules at a time. Some participants attended all three pilot sessions: others attended one or two.

The authors first drafted the learning objectives, then fleshed out lesson plans, activities, exercises, slides and handouts to support each objective. After every seven-module pilot session, the authors evaluated the results and the participant feedback, revising and adapting the program. After each pilot was completed, the writing of chapters for this manual began. Slowly, each training module became a chapter. A group of three to seven indigenous interpreters reviewed each chapter, providing detailed feedback in one-on-one interviews with the lead author. These interpreters had also attended the pilot training sessions and stated which parts of the program and manual they found unclear or confusing. A second and third draft incorporated their feedback.

After the pilot sessions, evaluation sessions, research and adaptations, the finalized curriculum launched in January 2017 as a full two-week session. Twenty-seven participants, speaking nine indigenous languages, from three U.S. states, Haiti and Mexico successfully completed the program.

The manuscript of the training manual and workbook then went into extensive revision in preparation for professional publication and worldwide distribution. Feedback and lessons learned from the inaugural session were incorporated.

The results

This program, training manual and workbook are the first published works of their kind for indigenous language interpreters in the United States. They are a unique contribution to the field. They are also urgently needed around the world.

No single program can hope to overcome all the barriers and challenges that indigenous interpreters face. However, this manual and the program it supports can help indigenous interpreters become qualified, professional interpreters.

This work, from Natividad Medical Foundation, supporting Natividad Medical Center, a public safety net hospital located in Salinas, California, is made free to the public through the Creative Commons Attribution 4.0 International license. To view a copy of the license, visit https://creativecommons.org/licenses/by/4.0/legalcode. Any individual or organization may print and use this program and its

manual and workbook to train indigenous interpreters, as specified under the terms of the license. The Foundation's groundbreaking program has become a gift to its hospital, the community of Salinas, California—and the world.

Linda Ford President and CEO Natividad Medical Foundation January 31, 2018



Acknowledgments

The Indigenous Interpreter®: A Training Manual for Indigenous Language Interpreting and The Indigenous Interpreter®: A Workbook of Role Plays and Activities are dedicated to the indigenous people living in Salinas Valley, California, who advocate for and work to give back to their communities the gifts of understanding, interpreter training and communication in 15 indigenous languages from Mexico and Central America. Their interpreting skills have spread across the United States and beyond, not only making understanding possible, but, in many cases, saving lives. In hospitals, clinics, courts, schools and many other public settings, these interpreting skills are providing access and communication like never before.

This landmark curriculum is also dedicated to the philanthropists who donated funds to Natividad Medical Foundation to make this pioneering effort possible. Without the financial support of The Agricultural Leadership Council (TALC), a group of farm families helping agricultural workers, and especially John D'Arrigo, TALC's founder, this project would not have happened.

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Finally, a great deal of the content and a number of the activities in this manual and its workbook were adapted, with permission, from:

Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G. & Socarrás-Estrada, D. (2015). *The Community Interpreter®: An International Textbook*. (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press.

Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G., Socarrás-Estrada, D. & Dallmann, H. (2015). *The Community Interpreter®: An International Workbook of Activities and Role Plays.* (M. A. Bancroft, (Ed.). Columbia, Maryland: Culture & Language Press.

Natividad Medical Foundation and the authors wish to acknowledge the significant contributions above and the generosity of all those who made this project possible.

Introduction

Purpose of the Manual

This manual accompanies *The Indigenous Interpreter®: A Workbook of Role Plays and Activities*. The manual and workbook can be used for independent study or as part of **The Indigenous Interpreter®** training program created by Natividad Medical Foundation. This training program was developed to overcome gaps in currently available interpreter programs. It addresses the particular challenges that many indigenous interpreters face when they seek to enter the interpreting profession as community and healthcare interpreters.

The curriculum trains indigenous interpreters on interpreting ethics, protocols, modes, glossary building, intervention skills, cultural mediation and assignment preparation in health care and community services. It includes instruction in consecutive relay and simultaneous interpreting. It is *not* a manual for legal interpreter training but does include an introduction to the field. The study modules in this manual and the activities in the workbook can be used as part of **The Indigenous Interpreter** program or in other programs.

The manual is written for indigenous people who want to be professional interpreters. It is part of **The Indigenous Interpreter** training program, but it has great value on its own. It is written in plain language, because many indigenous interpreters speak English as a second or even third language. Whether you are reading it as part of a training program or on your own, you can use the information in this manual to improve your interpreting skills.

Manual and Workbook Structure

The manual and the workbook that accompanies it are each organized into 20 modules (or chapters). Each module has three learning objectives.

The program, this manual and the workbook are laid out in modules so that the program can be taught by individual topic or as a complete course. When all the modules are taught in order, the content of the manual and the activities in the workbook build upon each learning goal as the modules progress.

Each module is designed to be in taught in *approximately* three hours. However, the experience of trainers who have taught this program suggests that many modules could benefit from being taught for longer than three hours. Trainers can use their own discretion. Some activities can also be given as assignments to be completed at home.

If you are a trainer, please note that the training manual and workbook provide significant guidance and information, but they are not a trainer's guide. The exercises in this workbook do not include answer keys, instructions for trainers, or guidance for debriefing.

The authors are happy to hear from the readers of these books. Please feel free to share any of your experiences. For contact information, see the author bios that begin on the next page.

About the Authors

Katharine Allen, MA

Katharine Allen has over three decades of experience interpreting. training interpreters and interpreter trainers and providing curriculum design and language access consultancy services to hospitals and organizations. Katharine holds a bachelor's degree in community development from Brown University and a master's degree in translation and interpretation (MATI) from the Middlebury Institute of International Studies at Monterey. She is coauthor of The Community Interpreter®: An International Textbook, The Medical Interpreter: A Foundation Textbook for Medical Interpreting and Breaking Silence: Interpreting for Victim Services in addition to numerous articles and curricula. She served as lead developer and author for The Indigenous Interpreter®, a 63-hour training program for indigenous language interpreters. She is founder and copresident of InterpretAmerica, a national organization dedicated to raising the profile of the interpreting profession. Katharine is an instructor for the Glendon School of Translation Masters in Conference Interpreting at York University in Canada. She served on the Board of the California Healthcare Interpreting Association (CHIA) from 2002 through 2009, including a two-year term as president. A master trainer, she remains an active interpreter and translator for state and local governments, courts, environmental groups and language service companies. She can be reached at sierraskyit@gmail.com.

Victor Sosa

Victor Sosa is a cofounder of Indigenous Interpreting+®, a national indigenous language interpreting service, serving as director from 2014 to 2015. He also developed a comprehensive language access program at Natividad Medical Center in Salinas, California, where he continues to serve as the interpreter services manager. In 2013, Victor was the recipient of the National Council on Interpreting in Health Care award, the Language Access Champion.

He has presented on the topic of the indigenous interpreter experience nationally, in California; Oregon; Washington, DC; and internationally in Mexico and Canada. He is a California court-certified interpreter since 2006, a certified medical interpreter (CMI) since 2010 and an interpreter trainer (authorized trainer for Bridging the Gap 2010-2015 and licensed trainer for The Community Interpreter® International). Victor has also collaborated in the development and piloting of The Indigenous Interpreter curriculum, sponsored by Indigenous Interpreting+. He can be reached at vicinterpreter@gmail.com.

Angelica Isidro

Angelica Isidro, cofounder of Indigenous Interpreting+® is a native speaker of Mixteco and Spanish who came to the United States from Oaxaca, Mexico, in 1991 as an agricultural worker. After completing healthcare interpreter training, Angelica was the first trainee in a supervised program at Natividad Medical Center for Indigenous Interpreting+. Angelica completed a summer English immersion class at the Middlebury Institute of International Studies at Monterey. She is the link between her community and Natividad Medical Foundation, and her commitment, love and passion for the development of a workforce to improve access for her community to health care and human services is critical to the success of Indigenous Interpreting+. Angelica has had a direct impact on health care language access for her family, friends and neighbors. She currently provides indigenous language interpreting at Natividad Medical Center. She was featured in the Los Angeles Times for her community leadership in Greenfield, California, and was featured in a 2016 issue of the Middlebury Institute of International Studies' Communiqué Magazine Online. She can be reached at isidroangelica@yahoo.com.

Marjory A. Bancroft, MA

Marjory Bancroft founded and directs Cross-Cultural Communications, the only U.S. national training agency for medical and community interpreting. She holds a BA and MA in French linguistics from Quebec City and advanced language certificates from universities in Spain, Germany, and Jordan. She has lived in eight countries and studied seven languages. In addition to interpreting, she has taught translation, English or French for two universities in Canada and Jordan, continuing education programs, two Quebec schools for immigrants and the Canadian Embassy in Washington, DC. For three years she managed a community language bank of 200 interpreters and translators. Since 2001, she has trained thousands of interpreters and service providers across the U.S. and abroad. The lead author of several textbooks and training manuals, and founder of The Community Interpreter® **International** program and books, she has authored numerous other publications. Her organization has more than 275 licensed trainers in 35 U.S. states; Washington, DC; Guam and six other countries. Her publishing imprint has sold interpreting textbooks and manuals in 22 countries and 48 U.S. states. Marjory speaks and keynotes at conferences across the United States and abroad, has sat on national and international committees, and was the world project leader for an ISO international standard on interpreting. She can be reached at mbancroft@cultureandlanguage.net.

Learning Objectives

After studying these modules and completing the corresponding exercises in the workbook for this manual, the learner will be able to do the following.

Module 1: Introduction to Indigenous Interpreting

Learning Objective 1.1

Discuss indigenous interpreting as a profession.

Learning Objective 1.2

Explore the role of the interpreter.

Learning Objective 1.3

Review self-evaluation techniques to improve interpreting skills.

Module 2: Consecutive Interpreting and Group Evaluation

Learning Objective 2.1

Understand consecutive interpreting and how to perform it.

Learning Objective 2.2

Demonstrate basic skills in consecutive interpreting.

Learning Objective 2.3

Engage in group observation and group evaluation of interpreting skills.

Module 3: Protocols for Community Interpreting

Learning Objective 3.1

Prepare for interpreting assignments by using a preparation checklist and building glossaries.

Learning Objective 3.2

Develop and practice a professional interpreter introduction.

Learning Objective 3.3

Explore protocols for interpreter positioning, direct speech, eye contact and turn-taking.

Module 4: Interpreting Ethics

Learning Objective 4.1

Define and discuss professional ethics for interpreters.

Learning Objective 4.2

Understand nine ethical principles for healthcare interpreters.

Learning Objective 4.3

Apply the ethical principles of accuracy, confidentiality and impartiality to healthcare and community interpreting encounters.

Module 5: Ethical Decision-making for Community Interpreters

Learning Objective 5.1

Discuss ethical decision-making in healthcare and community interpreting.

Learning Objective 5.2

Explore a four-step process for ethical decision-making.

Learning Objective 5.3

Apply the four-step ethical decision-making process to a case study.

Module 6: Introduction to Sight Translation

Learning Objective 6.1

Explore and practice sight translation.

Learning Objective 6.2

Apply the CALL model.

Learning Objective 6.3

Practice the "How to Say No" model.

Module 7: Building Indigenous Language Glossaries

Learning Objective 7.1

Demonstrate how to research topic areas for new interpreting assignments.

Learning Objective 7.2

Develop a glossary-building system for terms that have no language equivalents.

Learning Objective 7.3

Practice interpreting using a glossary built by the indigenous interpreter.

Module 8: Interpreter Self-awareness

Learning Objective 8.1

Explore the importance of interpreter self-awareness as part of "knowing yourself."

Learning Objective 8.2

Examine the interpreter's attitudes toward other people.

Learning Objective 8.3

Develop strategies to manage the interpreter's emotions while interpreting.

Module 9: Strategic Mediation

Learning Objective 9.1

Discuss five common communication barriers in healthcare and community interpreting.

Learning Objective 9.2

Practice the five steps of the Strategic Mediation Model.

Learning Objective 9.3

Create scripts for strategic mediation.

Module 10: Biomedical Culture

Learning Objective 10.1

Explore four core biomedical concepts.

Learning Objective 10.2

List basic procedures for interpreting the patient history form.

Learning Objective 10.3

Understand the medical interview process.

Module 11: Cultural Mediation

Learning Objective 11.1

Explore cultural issues that affect indigenous interpreters.

Learning Objective 11.2

Use the Strategic Mediation Model to perform cultural mediation.

Learning Objective 11.3

Understand advocacy in community interpreting and use a decision-making tool to know if, when and how to advocate.

Module 12: Introduction to Community Services

Learning Objective 12.1

Understand how community services are provided in the United States.

Learning Objective 12.2

Discuss the delivery of U.S. health care, education and social services.

Learning Objective 12.3

Practice a four-step process to prepare for community interpreting assignments.

Module 13: Consecutive Relay Interpreting

Learning Objective 13.1

Define consecutive relay interpreting.

Learning Objective 13.2

Practice professional interpreting protocols in consecutive relay interpreting.

Learning Objective 13.3

Use the Strategic Mediation Model in consecutive relay interpreting.

Module 14: Legal Interpreting for Indigenous Interpreters

Learning Objective 14.1

Compare and contrast legal and community interpreting.

Learning Objective 14.2

Decide whether or not to accept legal interpreting assignments.

Learning Objective 14.3

Discuss how to perform basic legal interpreting.

Module 15: Mental Health Interpreting

Learning Objective 15.1

Define and discuss mental health and behavioral health.

Learning Objective 15.2

Explore the concept of the therapeutic alliance.

Learning Objective 15.3

Adapt professional interpreting protocols and best practices to mental health interpreting.

Module 16: Introduction to Consecutive Note-taking

Learning Objective 16.1

Explore note-taking techniques for consecutive interpreting.

Learning Objective 16.2

Develop symbol systems and abbreviation techniques for consecutive note-taking.

Learning Objective 16.3

Practice consecutive note-taking techniques.

Module 17: Introduction to Simultaneous Interpreting

Learning Objective 17.1

Explore how to perform simultaneous interpreting.

Learning Objective 17.2

Decide when, where and why to perform simultaneous interpreting in community settings.

Learning Objective 17.3

Improve simultaneous interpreting skills through self-evaluation.

Module 18: Remote Interpreting

Learning Objective 18.1

Define and discuss remote interpreting.

Learning Objective 18.2

Compare and contrast interpreting protocols for telephone and video interpreting.

Learning Objective 18.3

Demonstrate how to adapt the interpreter's introduction, the steps for strategic mediation and a check-back process for remote interpreting.

Module 19: Trauma and Interpreter Self-care

Learning Objective 19.1

Explore the impact of stress and trauma on interpreters.

Learning Objective 19.2

Practice self-care before, during and after interpreting.

Learning Objective 19.3

Write a self-care plan.

Module 20: Interpreting Standards of Practice

Learning Objective 20.1

Review and understand the NCIHC healthcare interpreting standards of practice.

Learning Objective 20.2

Apply the NCIHC standards of practice to common challenges in healthcare interpreting.

Learning Objective 20.3

Discuss the work and role of the cultural liaison.

Glossary of Terms

NOTE: Except where otherwise noted, the following definitions are excerpted from *The Community Interpreter®: An International Textbook.*²

Accuracy (as a concept in interpreting)

To capture and transfer the meaning of the speaker's message into the other language without adding, omitting or changing the meaning.³

Bias

An attitude toward other people or ideas.4

Bilingual

Possessing the ability to speak two languages at a defined level of fluency.

Note: How someone is determined to be fluent in two languages varies among and within geographic regions and interpreting specializations.

Code of ethics

A set of directives that specifies the requirements or expectations intended to guide the conduct of practitioners of a profession.

² Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G. & Socarrás Estrada, D. (2015a). *The Community Interpreter®: An International Textbook.* (M. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press.

³ This definition is by the authors of this book.

⁴ This definition is by the authors of this book.

Community interpreter

A bilingual or multilingual individual who is deemed professionally qualified to interpret in community service settings.

Examples: A staff interpreter, freelance interpreter or bilingual staff member who has been trained to interpret and assessed for language proficiency and/ or interpreting skills.

Community interpreting

A specialization of interpreting that facilitates access to community services for individuals who do not speak the language of service.

Consecutive mode (consecutive interpreting)

Understanding and reformulating a message in another language after the speaker or signer pauses.

Equivalent

A way of expressing the meaning of one term in another language when no similar term exists.⁵

Healthcare interpreting

Interpreting for patients, their families and service providers in health care.

Note: Also known as medical interpreting.

Indigenous language

The language of an indigenous people: "Indigenous languages are not only methods of communication, but also extensive and complex systems of knowledge. Indigenous languages are central to the identity of indigenous peoples, the preservation of their cultures, worldviews and visions and an expression of self-determination."

Indigenous peoples

Indigenous peoples are inheritors and practitioners of unique cultures and ways of relating to people and the environment. They have retained social, cultural, economic and political characteristics that are distinct from those

⁵ This definition is by the authors of this book.

⁶ United Nations. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/2016/Docs-updates/backgrounderL2.pdf

of the dominant societies in which they live. Despite their cultural differences, indigenous peoples from around the world share common problems related to the protection of their rights as distinct peoples.⁷

Intercultural communication

The ability to communicate effectively across cultural differences.

Intercultural mediators

Individuals, who are usually bilingual and bicultural, tasked with assisting people of different cultural backgrounds to better understand each other's perspectives, typically with the goal of supporting effective delivery of community services.

Note: Also known as cultural mediators, intercultural mediators may or may not interpret, and may or may not receive professional training in (inter)cultural mediation and/or interpreting. This profession is most common in certain parts of Europe but also exists in other countries.

Interpreting

Rendering a spoken or signed message into another spoken or signed language, preserving the register and meaning of the source language content.

Note: This definition is derived from ISO (2014), p. 1.

Intervening

The act of intervening: that is, interrupting an interpreted session.

Limited English Proficient (LEP)

A legal concept used by the U.S. government to refer to individuals who may speak, read, write or understand some English, but not enough English to receive meaningful access to publicly funded services without language assistance.⁸

⁷ United Nations. Retrieved from https://www.un.org/development/desa/indigenouspeoples/about-us.html

⁸ This definition is by the authors of this book.

Mediation/strategic mediation

Any act or utterance of the interpreter that goes beyond interpreting and is intended to remove a barrier to communication or facilitate a service user's access to the service.

Medical interpreting

Interpreting for patients, their families and service providers in health care.

Note: Also known as healthcare interpreting.

Message (as a concept in interpreting)

A speech segment (a statement) in oral or signed speech. **Note:** The message is what the interpreter renders (converts) from one language into another language. One conversation in community or legal interpreting can be composed of many messages.9

Mode

A technique for the delivery of interpreting. Note: The three widely accepted modes are consecutive interpreting, simultaneous interpreting and sight translation.

Note-taking

A language-neutral, symbols-based, visual and spatial method used in consecutive interpreting to capture meaning using the minimum number of pen strokes possible.¹⁰

Register

The level of language. Register can go from a formal, educated level of speech to an informal level, such as slang.11

This definition is by the authors of this book. This definition is by the authors of thThis definition is by Katharine Allen.

¹¹ This definition is by the authors of this book.

Relay interpreting

Interpreting between two languages by means of a third language.¹²

Note: At least two interpreters are necessary for relay interpreting. One interpreter relays the message into a shared language, while the second interpreter relays that message from the shared language into the third language. Relay interpreting can be unidirectional or bidirectional.

Remote interpreting

Interpreting that involves at least one interpreter who is not physically present with other parties to the session and who is interpreting using a remote (distant) platform.

Note: Remote interpreting usually involves interpreting via telephone or video. Sometimes all participants to the encounter are located in different places.

Sight translation

Oral rendering of the meaning of a written text.

Simultaneous mode (simultaneous interpreting)

Understanding and reformulating a message in another language while the speaker or signer is still speaking.

Source language

The language from which one interprets.

Speaker

Someone who speaks or signs in any language.

Standards of practice

A set of formal guidelines that offer practitioners of a profession clear strategies and courses of action to support professional conduct.

¹² Adapted from a definition put out by the European Commission Directorate-General for Interpretation retrieved from http://ec.europa.eu/dgs/scic/what-is-conference-interpreting/relay/indexen.htm

Summarization

Reformulating the primary content of a message in a shorter form.

Note: Summarization can be performed in the same language or in another language. For interpreters, summarization is not a widely accepted practice; it is usually considered a last resort.

Target language

The language into which one interprets.

Translation

The conversion of a written text into a corresponding written text in a different language.¹³

Working language

Any language into which, or from which, one interprets.

¹³ Adapted from NCIHC (2008). The Terminology of Health Care Interpreters: A Glossary of Terms. Washington, DC: NCIHC, p. 8.





Learning Objectives

After completing this module, you'll be able to:

Learning Objective 1.1

Discuss indigenous interpreting as a profession.

Learning Objective 1.2

Explore the role of the interpreter.

Learning Objective 1.3

Review self-evaluation techniques to assess and enhance interpreting skills.

Overview

The purpose of this training manual is to guide indigenous language speakers who want to become interpreters. It can also assist interpreters of indigenous languages who want to learn more about the field.

The main focus of this manual is interpreting for spoken indigenous

languages. However, it will also be helpful for interpreters of *signed* indigenous languages.

Many interpreting manuals and training programs already exist. A number of them meet the needs of interpreters who speak widely spoken languages. Those manuals and programs are not always as helpful for indigenous interpreters.

Indigenous immigrants face certain barriers to becoming interpreters that most other immigrants do not face. These barriers require a creative approach to training. Indigenous interpreting has a separate, unique place in the profession. Indigenous interpreters need training in the same basic skills as any other interpreter. However, many of them may also need additional resources and strategies to successfully enter the profession and stay in it.



Note: This manual is for indigenous language interpreters and is about indigenous language interpreting. These terms are shortened to "indigenous interpreters" and "indigenous interpreting" throughout the manual.

Indigenous interpreters work in many interpreting specializations, including community, healthcare and legal interpreting (all defined in this module). This manual is the result of the pioneering work of Indigenous Interpreting+®, a national interpreting service of Natividad Medical Foundation, based in Salinas, California. Many of the techniques and strategies presented in this manual were developed and practiced in medical settings.

For that reason, many of the modules in this manual focus on the information and skills needed in medical settings. The book includes many real-life examples from the work of Indigenous Interpreting+ interpreters in health care. However, this manual also discusses community interpreting. In fact, all of the requirements, practices and skills in this manual can be applied to community settings, not only health care. In addition, Module 14 provides a basic introduction for interpreters in legal settings.

The interpreting profession urgently needs trained, skilled indigenous interpreters. Module 1 offers an introduction to the profession of indigenous interpreting, defines the role of a community interpreter and launches the reader on a journey to assess and improve his or her interpreting skills.

If you are a bilingual speaker of any indigenous language and English, the goal of this program is to help you become a *professional* interpreter.



Indigenous Interpreting

Learning Objective 1.1

Discuss indigenous interpreting as a profession.

Introduction

An indigenous interpreter is someone who interprets an indigenous language *professionally*. In the United States, there is a huge and growing need for indigenous interpreting. However, there is not much training on how to be a "professional indigenous interpreter."

This section begins with a short discussion about what a profession is. Its main focus is to help you understand the interpreting profession and the different kinds of interpreters and their specializations.

This section also explores where the indigenous interpreter fits into the interpreting profession. It describes the challenges that many indigenous interpreters face in the field.

The interpreting profession

What is a profession?

The idea of a profession or career is familiar to all of us. When we ask young children, "What do you want to be when you grow up?" they can all shout out their answers. *Teacher! Doctor! Astronaut!* Soccer player! Farmer!

We know that these are professions, but what makes them so? Why are some people just soccer players having fun with friends while others who play are called professional soccer players? What is the difference between someone who can fix cars in the backyard and a certified mechanic who gets paid to do the same thing?

Professions share certain elements in common. Professions are made up of individuals with formal training who follow a code of ethics. A code of ethics is a set of "rules" about how to practice a profession. Every established profession has a code of ethics that lists the requirements for that profession. Professionals also have the special knowledge needed to work in their profession, such as a doctor who has been trained to perform surgeries or a math teacher who knows how to teach algebra.

Interpreting: A young profession

Interpreting is a young profession. Not many children who are asked what they want to be when the grow up will say, "I want to be an interpreter." In fact, when you say, "I'm an interpreter" many adults may not know what "interpreter" means.

Interpreting is the act of transferring the meaning of what a person says or signs in one language into another language without adding to, changing or leaving anything out of the message. Interpreting is needed when two or more people who don't speak the same language need to communicate with each other.

Interpreting: Rendering [converting] a spoken or signed source language message into a spoken or signed target language in real time.

ISO (2014), p. 1

An *interpreter* is a person who renders (or transfers) a message spoken in one language into a second language and follows a code of professional ethics (adapted from NCIHC, 2001, p. 5). A *professional interpreter* has job training and experience and can interpret with accuracy.

For thousands of years, people from different cultures have needed to communicate. Often, interpreters have provided that service. As a modern profession, interpreting is young. It was born after World War II in 1945. It started with interpreting for international relations. Since then, the profession has developed many specializations, including:

- Conference interpreting.
- Legal interpreting.
- Community interpreting (health care, educational and social services interpreting in addition to as well as refugee interpreting and faith-based interpreting for religious organizations).
- Business interpreting.
- Military interpreting.
- Media interpreting (for television, radio and other media).

Each of these specializations has its own purpose. For example, conference interpreting helps people communicate in government and international organizations. Legal interpreting helps people who enter the justice system (for example, if they have to go to court or meet with a lawyer). Business interpreting takes place when companies need to communicate about their products and services in different languages.

This manual focuses on *community*— especially *healthcare*—interpreting.

Community interpreter: A bilingual or multilingual individual who is deemed professionally qualified to interpret in community service settings.

Examples: A staff interpreter, freelance interpreter or bilingual staff member who has been trained to interpret and assessed for language proficiency and/or interpreting skills.

Bancroft et al. (2015a), p. viii

Community interpreting

What is community interpreting?

Community interpreting in the United States refers to interpreting that takes place in community services such as health care, schools and social services to facilitate access to those services for those who speak limited English (Bancroft et al., 2015a, p. viii). Community interpreting helps many people receive the basic services they need for their health and well-being.

A community interpreter is a bilingual or multilingual person who has the professional qualifications to interpret in community settings. Professional qualifications include a certificate for professional training or education, proof of language testing (to see if you really are bilingual or not) and proof of your interpreting skills (Bancroft et al., 2015a, p. 62).



Language proficiency means the ability of a person to use a language, including speaking, listening, reading and writing. "It refers to one's ability to use language for real world purposes to accomplish real world linguistic tasks, across a wide range of topics and settings."

Language Testing International.¹⁴

Healthcare interpreting

Healthcare interpreting, also called medical interpreting, is "interpreting for patients, their families and health care staff in order to facilitate access to health care. **Note:** Healthcare interpreting is a specialization of community interpreting" (Bancroft et al., 2016b, p. 21).

A healthcare or medical interpreter is "a bilingual or multilingual individual who is professionally qualified to interpret in health care settings" (Bancroft et al., 2016a, p. 22).

¹⁴ Retrieved from https://www.languagetesting.com/understanding-proficiency

In the United States, many people think that community interpreting and healthcare interpreting are separate professions. This is incorrect. Healthcare interpreting is *part* of community interpreting. As a result, *if you are a healthcare interpreter, you are a community interpreter.*

Legal interpreting, however, is *not* part of community interpreting in the United States. It has a separate code of ethics and different requirements based on law. Legal interpreting is discussed in Module 14.

Types of interpreters

Interpreters who work in health care and other community settings can be:

- Staff interpreters.
- Bilingual staff.
- Contract (freelance) interpreters.

Let's look at each of these categories.

Staff interpreter

A full- or part-time *professional interpreter* whose primary job is to provide interpreting. That person's job title is "interpreter."

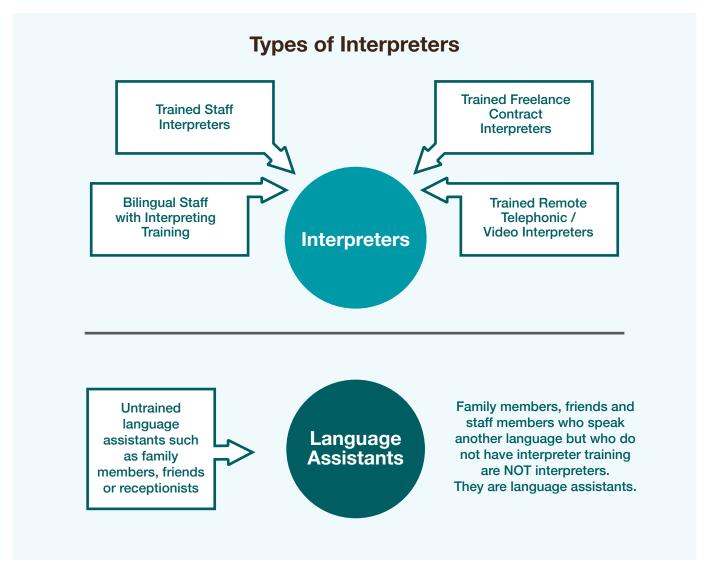
Bilingual staff

A bilingual employee with a job that is not interpreting but is asked to interpret sometimes, if needed.

Bilingual staff who interpret should receive the same professional training and testing as any professional interpreter. Some of them get extra pay for interpreting, often called a differential pay bonus. If you are a bilingual staff member who interprets, you can ask for the extra pay.

Contract (freelance) interpreter

Contract interpreters are self-employed. They usually get paid by the hour and accept assignments from several clients. They can work in person, over the phone, on video—or all three.



Language assistant

A language assistant is not an interpreter. A language assistant is anyone who speaks two or more languages and who interprets without professional training or qualifications.

The reason that family members, friends and unqualified bilingual staff should not interpret is that almost none of them have interpreter training and they are *not* interpreters. They can help with *simple* communication, such as asking about an appointment.

Finally, a volunteer interpreter could be a language assistant *or* a professional interpreter who chooses to volunteer sometimes.

Indigenous language interpreting

Indigenous peoples and indigenous languages

Who is an indigenous person? What is an indigenous language? Many definitions exist. Here is a famous description of indigenous peoples (Martínez Cobo, 1986/7, p. 2).

Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system.

For indigenous language, the following definition is long but it is important for indigenous immigrants:

A language that is native, or aboriginal to a region and spoken by indigenous people, but has been reduced to the status of a minority language. In some instances, this may include an island of speakers removed from their language communities by trauma and diaspora. Synonyms are "small languages", "endangered languages", and "autochthonous languages"; some regions also use "aboriginal languages." ¹⁵

Here is how the United Nations describes these languages:
Indigenous languages are not only methods of
communication, but also extensive and complex
systems of knowledge. Indigenous languages are
central to the identity of indigenous peoples, the
preservation of their cultures, worldviews and visions
and an expression of self-determination.¹⁶

¹⁶ Retrieved from http://www.un.org/esa/socdev/unpfii/documents/2016/Docs-updates/backgrounderL2.pdf

Challenges for indigenous interpreters

Different cultures—different concepts

As an indigenous language speaker, you are familiar with ethnic and cultural identities that are different from most U.S. culture. Your indigenous language comes from a region and culture that provides community services in different ways than in the United States. Many basic concepts and ideas in these services do not exist in indigenous cultures and languages.

Reading, writing and numbers

Many indigenous languages have no formal written system. Those that do may not have consistent spelling rules or grammar. Many indigenous languages use their own counting systems.

"That word doesn't exist in my language."

Languages are mirrors of culture. Through them, we express how we understand the world, the values we share and the experiences we have. Because cultures are different, all languages have words and ideas that are hard to translate into other languages.

Indigenous languages also reflect many cultures and values that are different from Western cultures. One of the biggest challenges indigenous interpreters face is finding language equivalents for concepts that do not exist between the languages they interpret.

Work challenges

Many other challenges face new indigenous interpreters. These challenges include:

- Lack of access to interpreter training that works well for them.
- Not enough work as interpreters to make a living at it.
- Feeling alone—not connected to other interpreters.

Also, pay for community interpreting is usually lower than for other kinds of interpreting.

Lack of formal education

Some indigenous interpreters may have had little access to formal education. Many come from regions that suffer from poverty and lack of basic services. They immigrate to the United States and work in agricultural and service jobs where they learn English on the job. For first-generation indigenous interpreters, even getting a high school diploma might not be easy, and that diploma is usually required for healthcare and community interpreting (NCIHC, 2011, p. 23).

Education can be a difficult subject to speak about openly. But a lack of formal education does *not* mean low intelligence or low ability to interpret.

Lack of language resources

There is a shortage of dictionaries and glossaries for indigenous languages. Many terms in English and indigenous languages have no equivalents. For example, in one Mexican indigenous variant, tuberculosis is expressed as "the devil is strangling my throat."

Language proficiency

Being bilingual is just the start

"You're bilingual, so you can interpret, right?" You've probably heard this idea before. Many people think that all you need to be an interpreter is to speak two languages.

Not true. Yes, being bilingual, or fluent in two languages (able to speak and understand them both well), is the *first* skill you need to interpret. You have to understand, speak, read and write at an advanced level in both languages. But for indigenous languages that have no written form, being fluent usually means understanding and speaking the language well.

Poor language skills in interpreters lead to many problems, such as misunderstandings, lawsuits—even deaths. You cannot be a truly professional interpreter until you are fluent in both your working languages. (A working language is any language you interpret in.)

Testing how well you speak your languages

Many training programs require interpreters to pass tests that measure how well they speak (or sign) their working languages. This process is called "language proficiency testing." These tests are easy to find for more common languages such as English and Spanish. For most indigenous languages, the tests do not exist.

As an interpreter, you can take a proficiency test in English to show how well you speak and understand English. You may have to demonstrate how well you speak and understand your indigenous language in some other way, not through a test, for example:

- You could be interviewed by a rater who speaks your indigenous language fluently and was trained to evaluate your language skills.
- You could show a letter from another speaker of your language who speaks about your language skills.

The need for trained indigenous interpreters

When a new indigenous group arrives, professional interpreters for that language are often not available. For these immigrants, it is often impossible to avoid asking family members, friends and bilingual staff to step in and interpret. The only solution is more professional indigenous interpreters—and more training for indigenous interpreters.

"Since we were not able to communicate well with Indigenous language patients it was unrewarding because they didn't know we were there to help them. They did not trust us."

Dr. Peter Chandler, OB/GYN Natividad Medical Center Salinas, California

The indigenous interpreter

How do you, as a new indigenous interpreter, fit into the interpreting profession?

Many indigenous interpreters are strongly committed to serving their communities. They see how important interpreting is. They interpret in schools, hospitals and other services.

At a national level, experts see the urgent need for indigenous interpreters. You offer a vital service. Be proud. Today, there is a good chance you can build a career for yourself as an indigenous interpreter. You will gain respect and rewards. Most community interpreters love this profession. Perhaps you will too.

Review of Section 1.1

Healthcare interpreting is still a young profession. For indigenous interpreters, it may be a new kind of work. Yet the need for it is urgent. There is now a chance for indigenous interpreters to have a good career in this field.

This section provided an introduction to indigenous interpreting as a profession. It first offered an overview of interpreting and discussed the challenges and issues that many indigenous interpreters face in the field. It also:

- Defined community and healthcare interpreting.
- Identified what a profession is.
- Described different kinds of interpreters (staff, bilingual staff and contract interpreters).





The Interpreter's Role

Learning Objective 1.2

Explore the role of the interpreter.

Introduction

Whether you interpret in hospitals, schools or any other setting, your main job is to transfer the meaning of a message. The idea here is that your work as the interpreter is *not* to be part of the conversation. Your job is *not* to fix problems or help people get along. Your job is *to make the conversation possible.*

The Interpreter's Role

The interpreter's role is to transfer messages accurately and completely from one language to another so that speakers who do not share the same language can understand each other and make their own decisions.

Exploring the interpreter's role

The goal of community interpreting

The goal of community interpreting is to facilitate communication between speakers who do not share the same language so that an immigrant or Deaf person can get access to a service.

This goal means that as interpreters, we are not "in" the conversation. We do *not* participate in the conversation by adding our own ideas. But we do make it possible. If we need to interrupt the session to solve a problem (for example, to ask the social worker what "behavior modification" means), then we need to do so *briefly*. (Knowing how and when to interrupt the session is discussed in Module 9.)

Interpreting: Rendering a spoken or signed message into another spoken or signed language, preserving the register and meaning of the source language content (ISO, 2014, p. 1).

Intervening: The act of ... interrupting, an interpreted session (Bancroft et al., 2015a, p. ix).

Mediation/Strategic Mediation: Any act or statement of the interpreter that goes beyond interpreting and is intended to remove a barrier to communication or facilitate a patient's access to the service (Bancroft et al., 2015a, p. 10).

Role conflicts for indigenous interpreters

Now let's look at you, the indigenous interpreter. Keeping to your role can be much harder for you than for many other interpreters. Here's why.

Indigenous immigrant communities are vulnerable. They face discrimination, poverty and hardship. Many indigenous residents feel cut off and alone. They can be almost invisible to others. It's often hard for them to climb out of poverty or get basic services.

Often, indigenous immigrants look at you, the interpreter, for help. They may want you to explain how everything works here in the United States. They might expect you to help them register their child at school, go shopping or ride the bus with them. As a result, you can feel that you have a big responsibility to help your community.



Helping others vs. interpreting

Maybe you enjoy being a cultural bridge. Maybe this kind of work makes you feel valuable and important. That is fine. Please remember, though, that helping your community is not the same thing as being a professional interpreter. When you interpret, your job is to be a language bridge, not a community advocate. You can do both—but not at the same time.

How other people see your role

Many health care and community service providers don't understand the work of the interpreter. This makes your job harder. Providers often ask interpreters to go outside their role. They often want your opinions and cultural knowledge. They want you to help clients. They might ask you to telephone them about the next appointment or drive a patient to a clinic.

Anyone you interpret for may want your help, advice or opinions. It can be hard to say no. After all, you know how hard their lives can be. But taking care of patients and clients is not your job. This manual will help you to understand your role, which is to interpret accurately—and let the speakers decide what to do.

Review of Section 1.2

The role of the interpreter is to transfer messages accurately and completely so that speakers who do not share a common language can understand each other and make their own decisions.

The goal of community interpreting is to facilitate communication between parties who do not share a language to make access to community services possible. The most important services in community interpreting are health care, education and social services.

Indigenous interpreters often experience pressure from community members and providers to go beyond their professional role as an interpreter.





Self-evaluation

Learning Objective 1.3

Review self-evaluation techniques to improve interpreting skills.

Introduction

Interpreting is a skill that requires practice. Even after training, interpreters need to practice to keep up their skills and improve them. One of the best ways to practice is through self-evaluation (also called reflective practice). Self-evaluation is an important way to practice and observe your own interpreting.

The first self-evaluation technique shows you how to watch yourself as you interpret. When you observe yourself, you can see what you are doing correctly and incorrectly. Then you can see what you need to practice to keep improving your skills.

Self-evaluation for interpreters



Interpreters are performers

When you interpret, you are like an actor. Every time you interpret, you must perform. You speak in front of an audience. People listen when you interpret.

Interpreting is also like being an acrobat walking on a tightwire. The acrobat has to focus on many physical tasks at the same time. As the interpreter, you need extreme focus and the ability to do many mental tasks at once.

Acrobats and actors do their work in front of others and make everything look easy and simple. Interpreters do the same. So just like actors and acrobats, you also need to practice. A lot.

The importance of self-evaluation

Most interpreters work alone

Unlike other performers, interpreters mostly learn how to interpret on their own. They also work alone. Even their coworkers who interpret are not with them (unless you interpret in teams, which is discussed in Module 13).

When you interpret, you often feel alone. No one is there is observe you. No one can tell you how you did. This "working alone" feeling is not true for most professions. Other jobs often start with study or practice guided by teachers and professionals. To start working, you may have to pass a test. On the job, you probably have supervision. Your supervisor may evaluate you.

Interpreters almost never get feedback. Even if they have supervisors, they usually cannot evaluate their interpreting performance. We are often the only person in the room who can watch our own work. If we make mistakes, we have to correct them.

Why self-evaluation is important

Many people think that they can improve a skill just by doing it over and over. Yes, repetition is important. A gymnast improves somersaults by doing them often. But what if the gymnast is doing them wrong? If the gymnast practices the somersault wrong over and over, he or she will never get it right.

The same is true for interpreting. If you don't understand *what* you are doing wrong, you might never improve. Experience alone does not always teach. You have to be able to think about, or evaluate, your experience to learn from it (Loughran, 2002, p. 35).





The need for self-evaluation

Interpreters must learn how to evaluate themselves. Practice is important. In fact, it's critical. But you also have to be able to see whether the way you practice helps you to improve your skills.

The truth is that it can be hard to evaluate yourself. When you interpret, all of your mind is focused on listening, understanding and thinking what to say. There is not enough "brainpower" left to watch your performance.

The ability to observe and evaluate your own interpreting is essential for becoming a professional interpreter.

Defining self-evaluation

What exactly is self-evaluation? In the interpreting profession, it is often referred to as reflective practice. Self-evaluation can be defined as:

The process of examining your work experiences critically to identify the lessons learned to improve your professional performance (Bancroft et al., 2015a, p. 105).

Self-evaluation can also be defined as:

Looking at your progress, development and learning to determine what has improved and what areas still need improvement.17

The rest of this section describes how to evaluate your interpreting.

How to perform self-evaluation

Self-evaluation by recording yourself

One of the most effective ways you can evaluate yourself is to record yourself while you interpret. There are three ways you can record yourself:

- Make an audio recording of yourself while you practice alone.
- Make a video recording of yourself while you practice alone.
- Make an audio or video recording of yourself while you practice in a group. (Self-evaluation in a group is discussed in Section 2.3.)

Solo practice

If you practice at home alone, you need two devices: one to play the video or audio file that you are interpreting from, and one to record your interpreting.

Audio or video recording devices

To play the audio or video file that you will interpret from, you can use a computer or laptop, your television (if you are able to record TV shows), a tablet, or a smartphone, tablet or digital recording device. You have to be able to start and stop the recording that you interpret from.

You also need a device to record yourself interpreting. The simplest way to record yourself is to use your smartphone or a tablet. These devices allow you to record yourself as an audio recording (voice only) or as a video recording.

If you don't have a smartphone or tablet, a digital recording device, sometimes called a voice recorder, works well. If you are more comfortable with older technology, you can also use a tape cassette recorder or even a Walkman. These devices make audio recordings only.

You can buy these different devices at an electronics store or online. They are not too expensive. You might already have a smartphone or tablet you can use.

Practice materials

The next step is to choose practice material. You have many options, including:

- YouTube videos.
- Podcasts.
- Recorded TV shows.
- A recording of yourself or a colleague telling a story or reading a dialogue or text.
- Audio files from online speech banks.

To start, choose simple dialogues with vocabulary that you already know. Do a YouTube search for stories about everyday topics that are familiar to you, or find a podcast about cooking, gardening or mechanics, for example. If you are trying to learn medical terminology or preparing for a day of interpreting in court, then look for videos on those topics.



As you look for audio or video practice files, try to find material that:

- Has a speaking pace that is not too fast.
- Uses vocabulary that you know.
- Has new vocabulary that you look up before you start to practice.
- Has a dialogue between two people (such as a questionand-answer talk show) or one person telling a story.
- Is about three minutes long (or you can divide the file into shorter segments).

Avoid practicing with news programs. Most reporters speak quickly and read off a script. Also avoid files with anyone reading from a written document.

Most interpreters in health care and community settings interpret conversations and people telling stories. Your practice materials should be similar to the real-life conversations that you will interpret.

Recording yourself

When you are ready to record yourself, follow these steps:

- Set your device up with the right recording application (app) already open.
- Have the file you use for practice ready to play.
- Press the record button on your device, and then press "play" on the audio or video file you are interpreting from.
- Interpret what you hear. If you make a mistake, just keep going.
 Don't stop interpreting until the audio or video file is over.
- Listen or watch the recording of your interpretation.

You might feel uncomfortable when you listen to or watch yourself in a recording. You might focus on how strange your voice sounds, or how funny you think you look on video. Feeling embarrassed may be the biggest barrier to developing the habit of recording yourself as you practice.

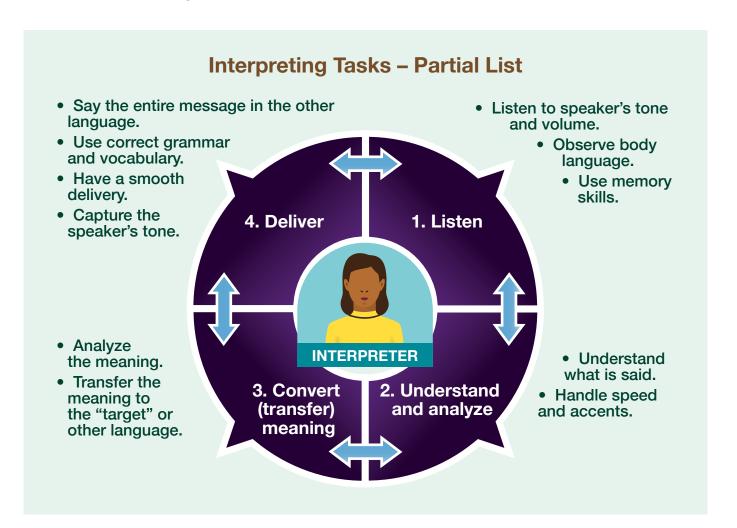
It's fine to laugh and feel embarrassed at first. But the more you practice, the easier recording yourself will be. So just do it. Soon evaluating your interpreting will feel like a normal part of your work. It is also part of the way you learn.

What to evaluate

When you interpret, you are doing many things at once.

- You listen to the speaker.
- You understand the meaning of what is said. (This is easier to do in our native language but harder in our second language.)
- You analyze the meaning of what you hear.
- You think about how to say the same thing in the other language.
- You use your memory to remember everything that was said.
- Finally, you "deliver" or interpret what was said in the other language.

Each of those steps can be divided into smaller steps, as illustrated in the image below.



What to focus on in self-evaluation

When you evaluate your performance, you need to identify what you are doing well and the areas where you need to improve.

Listen or watch your interpreting several times. The first time, just listen. Get a general idea of how it sounds. Next, listen again and try to pay attention to individual elements of your interpreting. For example, ask yourself:

- Did I listen actively? Do I remember what I heard?
- Did I understand what was being said?
- Did I interpret everything or did I leave content out?
- How did I sound? Did I use correct grammar? Did I stop and start a lot?
- Did I capture the tone the speaker used? If he sounded angry, did I show that?

By breaking interpreting into smaller steps, it becomes easier to see what you are doing well and what isn't working.

Categories of self-evaluation

Interpreter training programs often use four categories to evaluate an interpreting performance:

- Accuracy and completeness
- Grammar and terminology
- Delivery
- Interpreting strategies

Accuracy and Register

Accuracy means capturing and transferring the intended meaning of the speaker's message into the other language without adding, omitting or changing any part of it. It also includes keeping the same register. "Register" is a technical term. It means level of language. Register can go from a formal, educated level of speech (such as a doctor speaking to another doctor) to an informal level, such as slang or "bad words" (the kind we say when we close a car door on our finger!).

Keeping or maintaining the same register means that if the doctor says, "Myocardial infarction," you don't simplify it into "heart attack." Instead, you can ask the doctor to explain what myocardial infarction means and you interpret the explanation.

Also, if someone gets angry and starts cursing, you will have to find a way to interpret those words into the other language that is just as strong.

Here is an example of an evaluation checklist you can use when you listen to your interpreting:

Overall accuracy and completeness

- Did you interpret everything that was said?
- □ Did you leave anything out? Or add anything?
- Did you sometimes forget the first or last thing said?
- □ Did you keep the same register (the same level of vocabulary)?

Use of grammar and terminology

- Was your use of grammar correct?
- Did you use correct terminology?
- □ Did you have more problems or mistakes in one language than the other?

Overall delivery

- Did you interpret at a steady pace?
- □ Did you have hesitations, starting and stopping, or using fillers (very short words like "eh," "um," "like")?
- Did your tone of voice reflect the speakers' tone and emotional content?

Interpreting strategies

- Did you take notes?
- How did you handle new terminology?
- Did you get stuck on words or find alternatives?

By focusing on each part of your interpreting, you can identify what you do well and where you need to improve.

Look for patterns

When you observe your interpreting, try to focus on the elements in that list. After you watch yourself a few times, you might start noticing patterns. For example, you might start off strong and sound confident but then hesitate often. By the end, you might be slow and unsure. (Maybe your mind gets tired. Interpreting is hard work.)

The opposite can happen too. You might have a slow start and repeat yourself or miss the first thing that was said a few times but get smoother after a while. Maybe you notice that you struggle with how to say certain things in English or in your indigenous language. You might hear that your voice sounds unemotional or flat, even when the speaker was emotional.

Pay attention to everything. How *professional* do you sound? Would you want to be your own interpreter?

Feeling embarrassed is normal

When you first observe your own interpreting, it is easy to criticize yourself. You might notice everything you did wrong and not the things you did well. Or you might say to yourself, "Well, that was OK. Those mistakes I made weren't really important."

It's important to be able to see what's going *right* and what's going *wrong*. It's also important to be kind to yourself. After all, you are doing a great thing: learning how to interpret. You need to see what you do well to do *those* things more often. You need to see what isn't working to *improve*.

Setting goals

What do you want to improve?

The final step in self-evaluation is to set practice goals and objectives. Once you know your areas of weakness, plan how to improve them. This plan is *important*. The best way to plan is to set goals and objectives.

The goal is the general statement of *which skill* you want to improve.

The objective describes *how* you will improve the skill. Many interpreters set goals and objectives that are too general or too hard.

Be specific—and realistic

Goals should be realistic. Objectives should be specific and measurable. Here are examples of two interpreting goals, each with two objectives that are realistic, specific and easy to measure.

Example 1

Goal: When I interpret, I want to speak without stopping and starting or using a lot of fillers (small words with no real meaning such as "eh," "um" and "like").

Objective 1: Three times a week for 30 minutes I will record myself as I practice interpreting to the same audio files and listen back to my interpreting. I will focus on not stopping so I can interpret without pauses.

Objective 2: Three times a week I will record myself practicing using the same audio files and focus on not saying any fillers.

Example 2

Goal: I want to be able to interpret labor and delivery terminology without making mistakes.

Objective 1: Every week I will add 15 terminology words in both English and my indigenous language to my maternity glossary and practice saying them out loud.

Objective 2: Three times a week I will record myself interpreting YouTube videos on labor and delivery. I will note down new terms, look them up, and put them into my English/Indigenous language glossary.

Your goals and objectives should include how often you will practice and for how long. Your interpreting will improve more quickly if you practice often for brief periods of time. Practicing half an hour three times a week will help you more than practicing all day once a month.

Review of Section 1.3

This section looked at self-evaluation of interpreting. It first discussed what self-evaluation is and why it matters. Practice alone will not make you skilled: If you practice interpreting something the *wrong* way over and over, you may not improve your interpreting.

This section also explored what you will need to do self-evaluation well, such as equipment to record yourself interpreting, practice materials and self-evaluation checklists. Finally, it discussed how you can set your own self-evaluation goals and objectives. By writing your goals and objectives down, you will be much more likely to do them.

Self-evaluation is a vital skill for interpreters. It lets you look at your own interpreting to see your strengths and weaknesses and improve them.





Review of Module 1: Introduction to Indigenous Interpreting

This training manual gives information and guidance for indigenous language speakers who want to become professional interpreters. It focuses mainly on healthcare and community interpreting. It presents many real-life examples from the work of Indigenous Interpreting+, a national indigenous language service based in Natividad Medical Foundation in California.

Module 1 introduced you to the interpreting profession. Section 1.1 discussed what interpreting is, its history as a profession and the different interpreting specializations, including community and healthcare interpreting. It also explored the special challenges that indigenous interpreters face. Section 1.2 defined the role of the interpreter, which is to transfer messages completely and accurately from one language to another so that the speakers can understand each other and make their own decisions. Section 1.3 offered you specific strategies to evaluate your interpreting performance so that you can improve it and reach a professional level.

With training and experience, indigenous interpreters can overcome challenges and become successful professional interpreters.



Module 2

Consecutive Interpreting and Group Evaluation

Learning Objectives

After completing this module, you'll be able to:

Learning Objective 2.1

Understand consecutive interpreting and how to perform it.

Learning Objective 2.2

Demonstrate basic skills in consecutive interpreting.

Learning Objective 2.3

Engage in group observation and group evaluation of interpreting skills.

Overview

This module introduces you to two key interpreting skills: consecutive interpreting and group evaluation of interpreting skills. Consecutive interpreting is the basic interpreting skill that you need most often in health care and community settings. It is used when providers and patients or clients have a conversation. Each person speaks and then pauses so that the interpreter can interpret.

Self-evaluation is a process that you explored in Module 1. It allows you to see what you are doing well and what you need to improve. Without self-evaluation, your learning will be much slower. This module teaches a second tool for improving: group evaluation. Group evaluation here means interpreting in small group practice and giving and receiving feedback from other interpreters.





Introduction to Consecutive Interpreting

Learning Objective 2.1

Understand consecutive interpreting and how to perform it.

Introduction

This section discusses interpreting modes and consecutive interpreting skills. A mode of interpreting is a way of delivering interpreting. The three interpreting modes are consecutive, sight translation and simultaneous. This module focuses on consecutive interpreting.

Consecutive interpreting is the main interpreting mode that community interpreters use, including healthcare interpreters. It means that you interpret only after a speaker has *stopped* speaking (or signing). When you interpret consecutively you:

- Listen to what is said by the speaker (hear the message).
- Understand what was said (analyze the meaning of the message).
- **Convert** what was said into the other language (convert the message).
- **Deliver** what was said into the other language (say the message).

Finally, this section shows you how to practice three consecutive interpreting skills:

- Word substitution and paraphrasing
- Units of meaning (chunking)
- Visualization

Consecutive interpreting

Interpreting modes

In general, if you are fluent in two languages, have a secondary school diploma and are 18 or older, you are ready to learn how to interpret professionally. Let's start with the interpreting modes.

When you interpret, you have to choose which mode to use. A mode is just "a technique for the delivery of interpreting" (Bancroft et al., 2015a, p. 154). The mode is the specific way you transfer what one person says into another language.

Interpreting Modes

Consecutive

Understanding and delivering a message in another language after the speaker or signer pauses.

Simultaneous

Understanding and delivering a message in another language while the speaker or signer is still speaking.

Sight translation

The oral delivery of the meaning of a written text.

Almost a Mode

Summarization

Delivering the main content of a message in a shorter form in another language. There are three interpreting modes: consecutive, simultaneous and sight translation. A fourth technique, summarization, is not officially recognized as a mode, but it is often used by community interpreters in emergencies or "out of control"

situations. The four techniques can be defined as:

- Consecutive: Understanding and delivering a message in another language after the speaker or signer pauses.
- Sight translation: The oral delivery of the meaning of a written text.
- Simultaneous: Understanding and delivering a message in another language while the speaker or signer is still speaking.
- Summarization: Delivering the main content of a message in a shorter form in another language.

"Many community interpreters summarize as a last resort, when none of the three modes is possible. In this sense, from a practical perspective summarization functions as a de facto mode. It is not accepted as a mode, because interpreters should almost never have to summarize, yet summarization is needed more often in community interpreting than in other specializations."

Bancroft et al. (2015a), p. 154

Sight translation is presented in Module 6. Simultaneous interpreting is taught in Module 17. Consecutive mode is discussed below.

What is consecutive mode?

In consecutive interpreting, the interpreter puts the message into the other language after the speaker pauses. Only one person speaks at a time. (If the speaker forgets, you will have to ask him or her to pause.)

For example, let's say you interpret for a parent-teacher conference at school. The teacher asks a question, then pauses and waits for the interpreter to deliver that message in the parent's language. The parent, after listening to the interpreter, will answer, and then wait for the interpreter to put the answer back into the teacher's language. Then the process repeats itself every time the teacher and the parent speak.

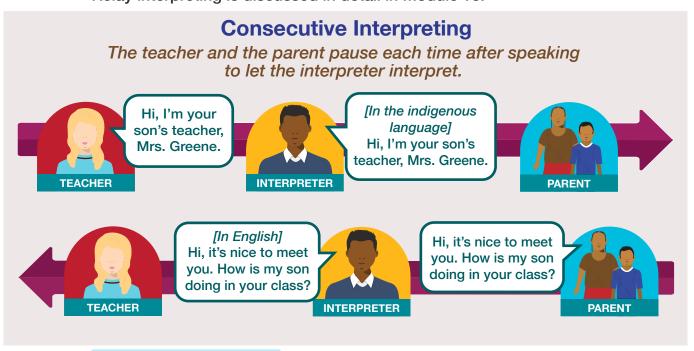
Consecutive is the basic mode to use in community interpreting settings, 18 including health care, because it:

- Helps you understand and interpret everything that is said.
- Is *less distracting* than simultaneous because only one person speaks at a time.
- Helps you *control* how much you have to interpret at a time. You can use a gesture to ask the speaker to pause.
- Gives you time to observe misunderstandings.
- Makes it easier to capture the tone and emotion of the speakers.
- Supports direct communication between the speakers.

Consecutive mode is also the mode most commonly used in relay interpreting in community interpreting for spoken languages.

Consecutive relay interpreting involves having two interpreters. For example, one interpreter might speak the indigenous language and Spanish—but not English. The other one might speak Spanish and English—but not the indigenous language. As a result, if there isn't an interpreter available who speaks the indigenous language and English, the session for that indigenous client needs both interpreters.

Relay interpreting is discussed in detail in Module 13.



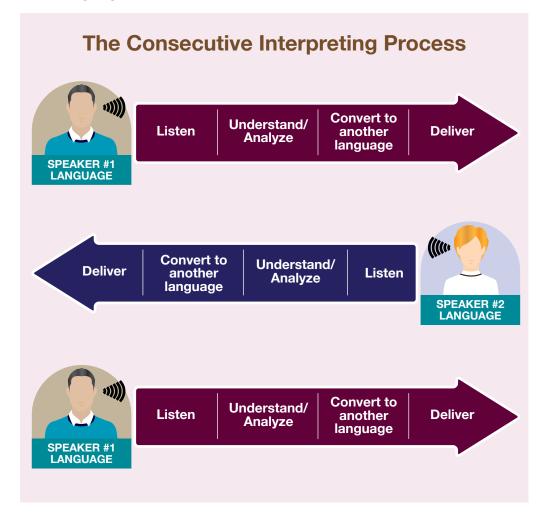
¹⁸ An exception here is sign language. Most community interpreters who work in a signed language work in simultaneous mode for many reasons. For example, they do not have the sound distractions caused by spoken interpreting in simultaneous mode. Also, simultaneous mode saves time.

The consecutive interpreting process

When you interpret, you have to complete a four-step process:

- *Listen* to what is said by the speaker (hear the message).
- Understand what was said (analyze the meaning of the message).
- **Convert** what was said into the other language (convert the message).
- **Deliver** what was said into the other language (say the message).

In consecutive mode, you complete these four steps for one language. Then, you listen to the response and complete the same four steps for the second language. You go back and forth between both languages.



As you can see, interpreting is a complicated process. Each of these four steps is a separate skill. You have to learn how to do all four to be able to interpret well.

Listen

First, listen actively and with great focus. You need to *listen* to understand.

Understand and analyze

Second, analyze and understand what the speaker means. You can't interpret a message if you don't understand it.

Convert (transfer) the meaning

Third, transfer the meaning of what was said (or signed) into the other language. To convert, or transfer, meaning, you have to think about *how* you say the same meaning in the other language. You leave the words in one language behind. You need new words that mean the same thing in the second language.



For example, in English there is a saying: "Cat got your tongue?" To interpret this, you can't use the same words in your indigenous language. You have to interpret the *meaning*. "Cat got your tongue?" means "Why are you quiet?" or "Why aren't you speaking?" To interpret the saying correctly, you have to think about how to say, "Why are you quiet?" in your indigenous language.

Deliver

When you convert what was said into the other language, the most important thing is for the listener to *understand the meaning*. Express it clearly. You also have to hold the message in your memory until you can say it in the other language. Finally, your delivery (how you say the message) should be smooth, clear and easy to understand.

Consecutive interpreting skills

Everything is a story

Many people believe they don't have a good enough memory to learn how to interpret. Actually, they do. When both parties (providers and clients) talk to each other, they tell a story. For example, the patient is telling the doctor what is wrong and how it happened. The doctor is telling the patient what caused the illness or injury, and what the patient needs to do to get well.



"The average person's memory is more than adequate for consecutive interpreting; the main problem is listening skills." Mikkelson (2005), p. 2

Human beings are *really good* at listening to and telling stories. Human brains have developed the ability to hear, understand, remember and retell stories over thousands of years (Hsu, 2008). Many indigenous cultures have maintained their storytelling traditions. Stories have a beginning, middle and end. They move forward in steps that we can often predict. Listen to what an indigenous person or provider says as if it's a story. You will be surprised at how much you can remember.

Active listening for interpreting

Active listening is a harder skill than improving memory. Active listening is a different kind of listening than we usually do. In a conversation you listen, but you are also thinking about what you will say. Your friend tells you, I almost got in a car accident today. I was really scared. You listen, but you may also be thinking, Oh, that happened to me once. I got scared too. When you listen actively, you only listen, you don't think about your response.

Also, in a conversation you are not worried about having to *repeat* everything your friend just told you without missing or changing anything. When you listen as an interpreter, you are not *part* of the conversation. Instead, you have to remember *everything*. You focus only on what is being said and what it means.

¹⁹ Active listening also applies to sign language interpreters—even if they are often "watching" and not "listening."

Interpret meaning for meaning

Many people think interpreting is word-for-word literal translation, which is not true. Interpreting is transferring what a message *means* across languages. Sometimes there will be an easy way to express that meaning. Other times it will be hard. For example, Americans often say, "You drive me crazy!" or "You are driving me bananas!" These expressions make no sense if you interpret them word by word. They both mean, "What you are doing right now really upsets me." Understand what the message *means*. Then you can find the right words to express that meaning in the other language.

Consecutive interpreting exercises

The following exercises will help you develop the skills for consecutive interpreting:

- Word substitution and paraphrasing
- Chunking (finding units of meaning)
- Visualization

These exercises are important for all interpreters. They are even more important for indigenous interpreters. Many words and concepts have no exact equivalents between English and indigenous languages. Indigenous interpreters need a lot of practice to find ways to transfer meaning.



Word substitution and paraphrasing

Finding the right words

When you interpret, you have to find different words and phrases to say the message in the other language. You have to do it quickly. One of the easiest ways to get good at this skill is to first practice finding other words and phrases to say the same thing in the same language. You can say many words and ideas in more than one way. For example, the word "pretty" has many synonyms (words that have the same meaning): good-looking, attractive, lovely and cute, to name a few. To practice word substitution and paraphrasing, think how to say words and phrases in as many different ways as possible. You can do this when you listen to the radio or watch TV.

Most terms and phrases have more formal and less formal versions. Write them all down and repeat them until you can say them automatically. Here are some examples:

House	Home, residence, habitation, dwelling, abode, building, digs
Person	Individual, human being, man, woman, somebody
Go	Move, travel, change places
I'm hungry.	I need food; my stomach is empty; I need to eat.
It's pouring down rain.	It's raining really hard; there is a lot of rain; it's raining cats and dogs.
This is crazy!	This doesn't make sense; this shouldn't be happening; this is confusing and strange.

Do this exercise often for all your working languages.

Paraphrasing longer content

You can practice paraphrasing with sentences too, by yourself or with someone else. If you are by yourself, make a recording of 10 or 20 sentences. Say them slowly and pause after each sentence. Play the recording and practice finding ways to paraphrase the sentences using different words.

If you are with someone else, tell each other stories. Say one or two sentences at a time and pause. Repeat what was said using different words and phrases that mean the same thing. After you practice paraphrasing in one language, repeat the same exercise in your other working language(s). You can start with this story.

STORY	SAMPLE PARAPHRASE
I woke up last night because my daughter was sick. She had a fever and was vomiting.	I was awakened yesterday evening because my little girl fell ill. She had a temperature and was throwing up.
I took her temperature and got scared. It was 104 degrees!	I measured her fever and became frightened. She had a fever of 104!
I wrapped her up in a blanket and put her in the car. I drove straight to the emergency room.	I covered her in a comforter and sat her in our vehicle. I took her directly to the hospital.
The doctor wrapped her in cold, wet towels to bring her fever down. She gave her Tylenol as well.	The physician put cloths soaked in chilled water over her body to lower her temperature. She also had her take medicine, called Tylenol, for the fever.
We didn't get home until it was almost dawn. We were exhausted. I put my daughter in my bed and we both went to sleep.	We arrived back at our house when it was almost morning. We felt extremely tired. I set my girl down on my mattress and the two of us fell asleep.

As you can see, sometimes it takes more words to say the same thing a different way. Sometimes it takes fewer words. That's all right. Just keep the same meaning.

Chunking

The first exercise you practiced, word substitution and paraphrasing, helped you to *understand* and *analyze* the meaning of the message. This next exercise focuses on finding the *units of meaning* in each message. That exercise is called "chunking."

A "unit of meaning" or "information chunk" refers to each separate piece of information or idea in the message. To interpret accurately, find the chunks in each message. Try to see how many there are. Chunking makes it easier both to understand the message and remember it. Chunking is an exercise. It is also a skill.

Example: I went shopping with my cousin. In the vegetable section I slipped on a puddle of water and twisted my ankle.

Units of meaning: I went shopping with my cousin / in the vegetable section / I slipped on a puddle of water / and twisted my ankle.

This example has four basic ideas (units of meaning). To interpret these sentences, you need to understand what each one means. Then you need to remember these four ideas when you interpret. One common strategy for remembering each idea is to use your fingers to count each piece of information. When the speaker stops, your fingers will tell you how many things you have to interpret. This is called finger counting.

Chunking can feel hard at first. Keep practicing! The better you get at it, the better you'll be able to interpret.

Visualization

Visualization is when you imagine the message you are hearing in mental images. Visualization supports all four interpreting steps. It helps you *remember* the message.

Sometimes a message is easy to picture in your mind. Patients and clients often tell the story of what is wrong. One might say, "I was cutting heads of lettuce when the knife slipped and cut my finger." Another might say, "My son was riding his bike when he crashed into a garbage can." These stories have a beginning, middle and end.

Listen closely. Picture each part of the story.

The stories providers tell aren't always as clear, but they *are* a kind of story. For example:

Mrs. Garcia, I'm sorry to tell you that the results of your breast exam showed a lump on your right breast. I think it's most likely just a fatty cyst, but we need to do more tests. I am going to send you to the hospital's lab to have some blood taken. I want to make sure you don't have breast cancer.

The doctor begins by telling Ms. Garcia that there is a problem with her test results. The middle is when the doctor explains what those results might mean. The end is when the doctor tells Ms. Garcia she needs more tests to find out what's wrong. If you can hear what the doctor says as a story, you can picture the first, second and the third parts. You understand how one statement is connected to the next. Instead of trying to remember all the words, you *remember each part of the story*.

Beginning

Mrs. Garcia, I'm sorry to tell you that the results of your breast exam showed a lump on your right breast. I think it's most likely just a fatty cyst, but we need to do more tests. I am going to send you to the hospital's lab to have some blood taken.

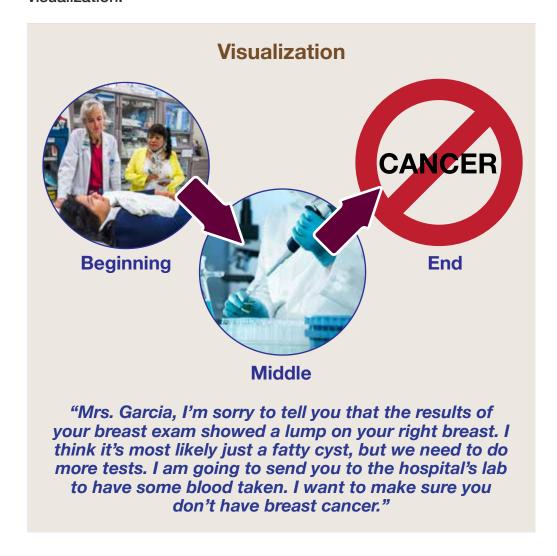
Middle

End I want to make sure you don't have breast cancer.

To practice visualizing, listen to little stories that are easy to imagine. Ask your family members, coworkers and friends to tell you brief stories about anything—how they drove to work, what their weekend plans are or what they did on their last birthday. You can also listen to podcasts, the radio or TV shows.

Close your eyes as you listen and "see" the story. Separate out each part into a different "room" in your mind. Some interpreters see images in a row above their heads. Others imagine a video. If visualizing images feels hard, imagine keywords lined up in a row. It doesn't matter *how* you visualize what you are hearing. Just capture the *elements* of the story so you can repeat them back without forgetting anything.

Here is what the story about Ms. Garcia might look like in a visualization.



Let's interpret!

Now that you understand consecutive mode, it's time to practice. The next two sections show you how to practice basic skills for consecutive interpreting.

Review of Section 2.1

This section introduced you to consecutive interpreting. It defined the three interpreting modes: consecutive, simultaneous and sight translation. Consecutive interpreting is the main mode used in healthcare and community interpreting. To interpret consecutively, you have to:

- Listen to the message.
- Understand and analyze the message.
- Convert the message into the other language.
- Deliver the message.

To learn consecutive interpreting, practice exercises such as word substitution and paraphrasing; chunking (finding units of meaning) and visualization. For indigenous interpreters, these exercises are *critically* important to help them transfer meaning across languages.





Basic Interpreting Skills

Learning Objective 2.2

Demonstrate basic skills in consecutive interpreting.

Introduction

"Tell me and I forget. Show me and I remember. Let me do and I understand."

-Confucius

Many people believe that the best way to learn is by doing. For interpreting, that's also true: The best way to learn how to interpret is to interpret—with guidance and feedback, including feedback from other interpreters. How much you learn from that practice depends on how much you study and how comfortable you feel getting feedback. To get good feedback, you need to cooperate with others. You also need to feel open to hearing how well you do when you interpret. This section gives you guidelines to get the most benefit from group practice.

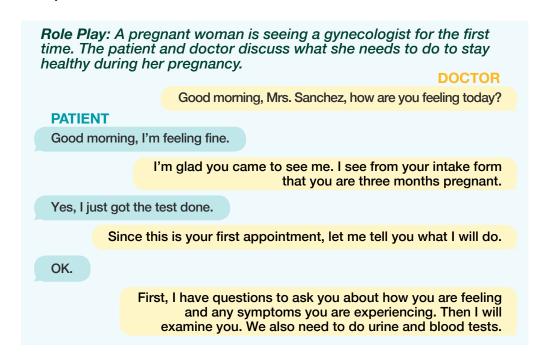
Role play practice

Role plays for interpreters

A role play is a practice dialogue used in many different kinds of trainings. Interpreting role plays give you the chance to practice interpreting in a realistic way, almost like a real-life interpreting session.

One common kind of role play has a script with a dialogue. For a medical appointment, the script includes the dialogue of what the patient and the doctor say—but not the interpreter. The interpreter does not see the script.

Try to practice role plays in a group with three people who speak the same languages. When your group does the role play, one person reads the doctor's part, one person reads the patient's part *in the patient's language* and one person interprets between English and the other language. Everyone takes turns playing the interpreter.



For example, if all three of you speak English and Triqui and you read the patient's part, put the patient's English words into Triqui. That way the interpreter can practice going back and forth between English and Triqui. Then practice feels real.

If two of you share a common language, this approach still works. One person will play the patient and read both parts (the provider's in English and the patient's in the indigenous language). The second person interprets.

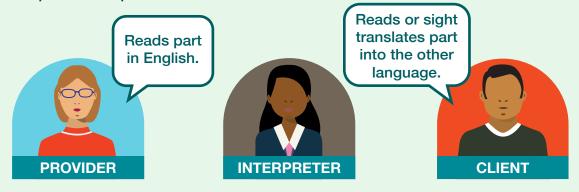
If all three of you do not share a language, you can still do the role play. One person can read the provider's part in English. The second person reads the patient's or client's part in English as well. The interpreter can interpret everything from English into the indigenous language.

Role plays give you a chance to practice in a safe way. You can make mistakes. No one gets hurt. Role plays also give you challenges. You can practice how to handle them.

Group Role Play Practice

Role play with three participants who speak the same languages:

- One person reads the provider's part.
- One person reads (or sight translates) the client's part.
- One person interprets.



Role play with two participants who speak the same languages:

- One person reads the provider's and reads (or sight translates) the client's part.
- One person interprets.



Role play with two participants who do not speak the same languages:

- One person reads the provider's part in English.
- One person reads the client's part in English.
- One person interprets everything into the indigenous language.



How to learn well using role plays

These tips can help you get the most benefit out of role-play practice.

When you are the interpreter in the role play

Professional introductions

If there is time, when the role play starts give your interpreter introduction in both languages. (Professional introductions are presented in Module 3.)

Choose a position for direct communication

Find the best position to interpret in. For role plays, get up and sit next to, and slightly behind, the person who reads the client's part. When you switch interpreters, remember to switch positions as well. (In real life, the position will change as needed. Interpreter positioning is discussed in Module 3.)

Do NOT look at the script

Many forget to put their script down when it is their turn to interpret. But remember. In real life, you won't get a script.

Pretend you are interpreting for a real assignment

Interpret as if you were at a real assignment. Solve problems without asking for help. Follow these steps:

- Don't ask your group members for help, even if you get stuck. Just ask them to clarify or repeat a term, the way you would in a real assignment.
- If you make a mistake, fix it the best way you can and keep interpreting.
- Don't stop interpreting to talk about a problem. For example, don't say, "I always forget how to say that!" or "Oops, I left that last part out didn't I?" Just keep going.
- Think to yourself, What would I do in a real assignment to solve this problem? What is your answer? Do that instead.

The more *real* you make the practice, the more benefit you will get from it.

Ask the speaker to pause only when necessary

If the speaker goes on too long, use a hand gesture to pause that person. However, try to let the speaker go on for as long as possible—as long as you think you can still be accurate when you interpret.

Use a notepad and pen

Always have a notepad and pen when you interpret to write down numbers, medical terms, names, dates, etc. After you have studied the note-taking module (Module 16), practice your note-taking skills as needed.

When you read the part of the client or provider

Help the group choose the best position

The best position for the interpreter in role-play practice (and often in real life) is usually next to and slightly behind the client or patient. This means that each time you switch interpreters, you may need to switch your position.

Be a good actor

Read your part of the role play with emotion and feeling. Be the best actor you can. The more you sound like a *real* client or provider, the easier it will be for the interpreter to interpret.

Sight translate the client's role into your indigenous language

When it is your turn to read the client or patient's part, sight translate the text into your indigenous language. In other words, read the text out loud in the indigenous language. (This can be difficult, even for simple role plays. Do the best you can. It doesn't need to be completely accurate. This is for practice. It is not "real" sight translation.) Take a moment to read the script first.



Note down any places you might get stuck and plan what to say. (Sight translation is presented in Module 6.)

Do not help the interpreter

This point is the most important one to remember: **Do not help the interpreter.** We get better at interpreting by *learning how to solve problems quickly*. Our mistakes *help* us learn. When we help, we take away the interpreter's chance to solve problems. Not helping the interpreter means:

- Don't read one sentence at a time. If you see three sentences for your section, read all of them. If the interpreter needs you to stop, he or she can use a hand gesture to ask for a pause.
- Don't interrupt: Do not start talking about how to interpret a term or phrase.
- Don't give feedback until after the role play is finished.

Remember: Interpreters have to "think on their feet" (think quickly). In a real assignment, they don't get to ask a friend for help. They have to come up with quick solutions. If you whisper the correct word or explain a term, you make it *harder* for the interpreter to improve. The more you behave the way you would at a real assignment, the more your skills will improve.

Review of Section 2.2

This section showed interpreters how to do role plays for good interpreting practice. In order to get the most out of role plays, treat your practice as if you were at a real interpreting assignment. Role plays work best when you act as if you were really in the situation. During the role play, don't help the interpreter! The interpreter should solve any problems on his or her own. The hard work of solving problems while you practice prepares you for the job. A role play is a safe place to make mistakes.



Evaluation Through Group Practice

Learning Objective 2.3

Engage in group observation and group evaluation of interpreting skills.

Introduction

This section lists guidelines for how to give feedback to other interpreters when you practice in small groups. It will also help you learn to receive feedback to improve your interpreting. Evaluating yourself, as you learned in Module 1, is important. But interpreters also need to practice with each other.

Group practice and evaluation

Giving feedback in group practice

Group practice is common in training programs. Outside a program, find a small group of colleagues to practice with on a regular basis. For example, you could:

- Start a weekly lunch meeting with coworkers who interpret.
- Start a weekly video call meeting with other interpreters, for example, on Skype, Google Hangouts or Facebook.
- Meet once a week at a café, at home or in a library.
- Ask friends and family to read the role play parts out loud or act out a conversation that you can interpret. (You can also record yourself.)

You need at least two people but not more than four. If there are only two people, one person can read out loud both parts (the provider and the client). During your practice, follow the steps described on the next page.

How to make group practice work

Make it lifelike and real

Practicing in small groups feels more real than an audio recording. You are interpreting a live conversation. You can watch the speakers' facial expressions and hear their tone of voice. You can interrupt if you don't hear or you need a term to be repeated. Pretend the role play is a real assignment.

Observe the interpreter

In Module 1 you learned how to observe your own interpreting. You can do the same for other interpreters. Remember that evaluation checklist from Section 1.3? Use it with groups. Use the interpreting skills checklist to observe the interpreter's accuracy and completeness, use of grammar and vocabulary, delivery and problem-solving strategies.

When you give feedback to others

When you give feedback to another interpreter, your feedback should be *kind* and *positive*. The goal is to help that person *improve* his or her interpreting. You do not want to make the person feel bad or ashamed. Let's look at some examples. As you read them, think about which kind of feedback *you* would like to get.

Example #1

Wow! That was simply amazing! You did everything perfectly. I can't believe you know how to say all those things in Triqui! You got almost everything the doctor said. I'm just so impressed. I really don't have anything to suggest, it was all so good.

Example #2

Well, that was pretty awful. You missed that whole section in the middle. I couldn't really understand your accent in Zapotec, and you didn't even try to use the right numbers. You just left all the hard words in Spanish.

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Example #3

Overall, I thought you did a good job. You didn't miss any of the medical information. Your English grammar was correct. I really liked your solution for how to translate the word "insulin" in Chatino. I've been trying to figure that out myself.

There were a few places you made some mistakes that you could work on. Sometimes I had a hard time understanding your accent in English. Maybe you can practice reading out loud to improve. Also, I know how hard it is to interpret numbers in Chatino. The system is so different. Here's how to say, "Your blood pressure is 110/70" in Chatino.

Which way is best? The third way. Example #3 is the best way to give feedback.

How feedback works

Example #1 is all positive. It might make us feel good, but it isn't all true and it won't help us improve. Example #2 is all negative. It could make us feel depressed. We might feel like a failure and not want to interpret any more. Example #3 was strong. The Chatino interpreter got feedback on specific things he did well, comments on what he did not do as well and helpful suggestions to improve.

Example #3 is the kind of feedback that will be most helpful. Follow these steps when you provide feedback:

 Always let the interpreter speak first to say what went well or what didn't go well. You are more likely to accept feedback if you get to evaluate your own interpreting first. Also, most interpreters find



it hard to see what they've done well. Encourage them to say their strengths out loud. It helps them know what they should keep doing.

- Make positive comments first. Start with what the interpreter did well. Hearing what we do well helps us to hear and understand what we did less well.
- Point out the things to improve in a kind way. Show the interpreter what to work on to

become even better. Talk less about *mistakes* and more about *how to improve*. Be specific

and helpful.

- Use neutral language. When you point out an error, talk about the language, not the person. Use phrases such as, "There was a mistake here..." or "One way to interpret this phrase is..." Don't say, "You were really bad here."
- Be polite and humble. None
 of us is a perfect interpreter.
 When you point out problems,
 share your own stories of
 similar mistakes.
- Give solutions. When you point out a mistake, give your suggestion for how to avoid doing it again.

"When I took this training, I didn't like it at first when they told us we had to tell each other what mistakes we were making when we interpreted. I've been at trainings where people are really critical and pretend they know more than you do. But the trainer taught us that it was normal to make mistakes and that's how we could learn to do things better. I was really happy how supportive and nice everyone was when they told me how I was doing. I got good suggestions for how to improve. No one acted like they were better than anyone else."

Training Participant

- Point out patterns. If the interpreter always does something well or makes the same kind of mistake often, mention it. Help the interpreter think of ways to correct it.
- Don't give too much feedback. If the interpreter has made a lot of mistakes, don't mention every single one. You don't want to discourage the interpreter or be confusing. Focus on the most important skills that need improving.

When you receive feedback from others

Most of us don't like to be told what we are doing wrong. It can make us feel defensive. It can be hard to hear that you need to improve. But once you work as a professional interpreter, it can be hard to get any feedback. Try to see feedback as a *good* thing that will help you improve. When you get feedback, try hard to:

- Be receptive. Just listen. Don't talk. Think. Focus on how to get better.
- Pay attention to patterns. Sometimes other interpreters see patterns in our mistakes that we miss. Maybe someone will say, "I notice that you often have trouble with this verb." Now you can correct it.
- Be thankful. Be polite and thank your group members for their feedback. If you are hostile or defensive, they will stop giving it to you. You will lose an important chance to learn how you are doing.

Giving and receiving feedback for indigenous interpreters

As an indigenous interpreter, you work with many immigrants. Some might be new to this country. Others may have lived here for many years. You may be part of a community with traditional authority figures and elders who provide leadership and guidance. Your community may still follow indigenous customs.

No indigenous interpreter has the same history. But if you are a younger interpreter giving feedback to an elder, you might not feel comfortable. It could feel disrespectful, especially in front of "I was born in Baja California, Mexico, and I grew up in California. My parents are from Oaxaca but I have never been there. I learned to speak Mixteco at home with my family and English and Spanish at school. Since I have never been to Oaxaca, I do not keep the same traditions like other Mixteco families that live here in California."

Mixteco Interpreter

others. If you are an elder or leader, you might feel uncomfortable making mistakes in front of others. You might feel it will hurt your authority. It is important to be honest with yourself about your own feelings. Try to get used to feedback. Find respectful ways to give it.

If you are uncomfortable, approach the trainer and ask for guidance. And try discussing the issue with the members of your small group. With honesty, you can help build trust and make your practice happy and rewarding. In interpreter training, we are all on the same level. We are here to learn from each other. Every bit of feedback is precious, no matter who gives it. We are a team. We are our own community.

Role-play practice

Repetition

Many interpreters don't like to use the same practice materials again and again. Yet interpreting the same audio or video file or role play more than once *helps you*. It is excellent practice. Soon you get familiar with the content. You predict the problems you might have, such as the grammar and vocabulary challenges. You can plan for them and solve them. When you practice again, you use these strategies.

Repetition allows you to get good practice at solving problems and avoiding mistakes.

Numbers

Numbers are a good example. Many indigenous interpreters struggle with numbers. Number systems between English and indigenous languages are often different. They can be hard to process quickly.

Find a few audio files where a lot of numbers are spoken, and practice alone. Then practice in groups with a role play that has many numbers. *You must* get used to interpreting numbers. Accuracy with numbers can make the difference between life and death. One Latina girl of 12 died after visiting a hospital in Washington, DC, because the number of pills was misinterpreted.

You can also make your own recordings of numbers. For health care settings, you can practice with numbers for blood pressure readings, heart rate, blood sugar levels, weight and medication doses and prescriptions. Interpret your practice files or role plays until you make no mistakes.

Make role play recordings

You can also record yourself in role plays (by audio or video)—including the feedback after the role play. When you get home, study the recording. Remember that smartphones, tablets, laptops and digital recording devices are easy to use. See if you think your performance matches what other interpreters said about it. This is a valuable exercise.

Review of Section 2.3

Interpreters need to assess their interpreting skills through selfevaluation *and* group feedback. In groups, the best way to evaluate is with role plays. This section showed you these strategies:

- 1. Observe the other interpreter's performance during the role play without ever interrupting. Give feedback at the end. You hurt the interpreter by "helping out"—let the interpreter solve the problems.
- 2. After each role play, give the interpreter helpful feedback for how to improve. Start with positive points, be specific—then give gentle suggestions for improvement.
- 3. When it's your turn to receive feedback, be calm and don't answer. Listen well. Take notes. Then smile and say, "Thank you," because you have just received a gift. Study those notes. Other interpreters will see things about your performance that you miss. Their feedback is precious.

The feedback you give to others helps you to evaluate your own performance. The more feedback you give, the better you understand what quality interpreting sounds like. It all helps *you* become a skilled, professional interpreter. Enjoy the journey.



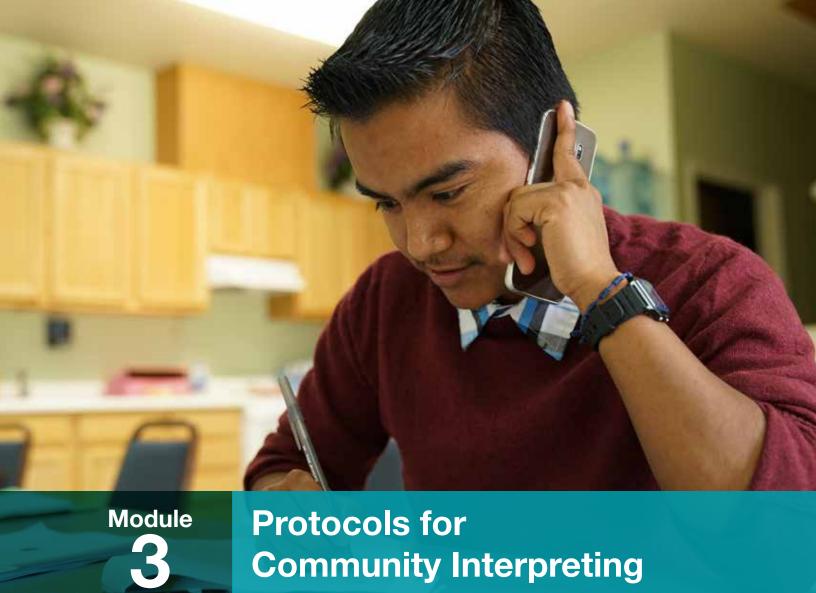


Review of Module 2: Consecutive Interpreting and Group Evaluation

This module introduced you to basic skills for consecutive interpreting and the importance of group feedback when you practice. In Section 2.1 you looked at these four basic skills that you need to interpret consecutively:

- Listen to the message.
- Understand and analyze the message.
- Convert the message.
- **Deliver** the message.

Section 2.2. showed you how to use role plays to practice consecutive interpreting. (Remember to treat role plays as if they were real assignments.) Section 2.3 showed you how to give and receive feedback after practice to help you improve your consecutive interpreting skills.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 3.1

Prepare for interpreting assignments by using a preparation checklist and building glossaries.

Learning Objective 3.2

Develop and practice a professional interpreter introduction.

Learning Objective 3.3

Explore protocols for interpreter positioning, direct speech, eye contact and turn-taking.

Overview

This module shows you basic interpreting protocols, which are simple ways to do the assignment well. They are important because they show interpreters *how* to do the job. As a result, the session goes more smoothly. Everyone you work with knows what to expect from you.

When done correctly, interpreting protocols help you "set the stage" to interpret well. Before actors walk out onstage, they take many steps to be ready. They memorize their lines, put on the right costumes and learn when to go onstage. This preparation allows them to focus on their performance when they act.

Interpreting protocols help you do the same thing. When you follow them, they allow you to focus on interpreting. Before you interpret, you introduce yourself. You choose the best place to sit or stand. You tell the speakers you will ask them to pause if you need them to. When you interpret, all these steps reduce problems. The session goes more smoothly. And when community interpreters follow the same protocols, providers, patients and clients know what to expect.

The protocols for community interpreters discussed in this module are:

- How to prepare for an assignment.
- How to make a professional introduction.
- Finding a good position.
- Using direct speech ("first person").
- Knowing when to make or avoid eye contact.
- Alerting speakers to pause.



Assignment Preparation

Learning Objective 3.1

Prepare for interpreting assignments by using a preparation checklist and building glossaries.

Introduction

The protocols you study in this section will help you prepare for interpreting assignments. (Module 12 will show you how to prepare for assignments in more detail.) Let's start with what to do when you get your assignment. Some interpreters work as employees with full- or part-time jobs. Others work as contractors (freelancers) and accept assignments from several agencies.

Employees, who work in the same place and know the people they work with, may need to prepare less for each assignment. But all interpreters should prepare for assignments.

This section introduces you to a preparation checklist. One item on that list mentions the need for a "dictionary/glossary." This section will also discuss what a glossary is and show you how to prepare one. Module 7 will discuss glossary-building in more detail.

Assignment preparation checklist

Who, what, when and where

Use an assignment preparation checklist to help you get ready for assignments. Many of the items on that list will help you find out basic information. *Who* are the people you will interpret for? Which languages do they speak?

Make sure that you speak the right indigenous language or variant. If possible, ask to speak briefly with the client by telephone before the assignment. Many indigenous interpreters travel to assignments only

to find out that they couldn't communicate with the client. When this happens, the interpreter's time and money are wasted and worse, the service is not provided.

You also need to know which person to check in with when you arrive. What is the assignment for? A medical appointment? School meeting? Application for housing? When is the appointment? Where is the appointment—what address, floor and room or suite number?

Transportation, traffic and parking

To arrive on time, find out how far away the appointment is and plan how you will get there. How much time will you need? What kind of traffic will there be? Where is the parking? Do you have to pay for it? How long is the walk from the parking lot or bus stop to the assignment? Is the building a huge place that you could get lost in, such as a hospital? Or will there be a security process such as showing your identification and going through metal detectors? Always give yourself enough time to arrive at least 15 minutes early.

Topic, documents, research, resources

Now it's time to prepare for the content of the assignment. What is the *topic?* Which *modes* of interpreting will you use? Are there *documents* to sight translate? Which websites, glossaries and other resources can

help you prepare? Are there difficult terms? Do you know someone who can help you translate them into your indigenous language? You may want to create a glossary of terms for the assignment.

ASSIGNMENT PREPARATION CHECKLIST □ What languages need to be interpreted? □ Date of assignment □ Time of assignment □ Length of assignment **Assignment location** ☐ Type of location (indoor/ outdoor/building type) □ Assignment address □ Route/traffic conditions □ Parking □ Contact person name ☐ Telephone number: office/mobile □ Payment method/instructions □ Type of meeting □ Topic ☐ Interpreting mode(s) needed Relevant documents ☐ Relevant website(s) ☐ Electronic devices (tablet, telephone laptop) ☐ Electronic devices policy □ Note-taking materials (pens/notepad) □ Dictionary/glossary

What to take with you

Make sure to have everything you need. Do you have electronic dictionaries, glossaries and helpful telephone apps? Are you allowed to take in a tablet or laptop, or use apps on your smartphone? Always take pens and a notepad for note-taking. You may also need a business card or agency badge.

Self-care

It's important to remember your own needs. Will there be a break for a meal? Will you have time to go to a restaurant, or do you need to take your own meal? Should you take a bottle of water, a snack or comfortable shoes? Over time, adapt the checklist to your needs.

Making a glossary

A glossary is a list of terms and definitions for a special subject. A glossary is not a dictionary. Dictionaries try to include most words in a language or subject area. Glossaries are usually shorter. They can include terms for a specific topic, such as diabetes, special education or transportation services. A bilingual or multilingual glossary lists the terms in two or more languages.

Get the Details!

An indigenous interpreter was called to interpret for a family whose baby had been flown to a major trauma center in San Francisco. When she got there, she had no idea which hospital building she needed to be in, or how to get there. She hadn't been given the information she needed to find the patient and her family!

What Is an "Equivalent"?

An "equivalent" is a way of expressing the meaning of one term in another language when no similar term exists.

Every interpreter has this problem: How do you interpret words and ideas that don't seem to exist in the other language? For example, in U.S. schools, "special education" refers to a large number of programs that meet the special needs of children with disabilities and disorders. Not all these programs exist in other countries, and not under the name "special education." What should the interpreter do?

One answer is to ask the provider or client to explain a difficult term like "special education." But another answer might be to find an equivalent phrase to show the same meaning, for example, "school programs for children with special learning needs."

Interpreters need glossaries to do their work. They may interpret on many different subjects with special terminology. Make your own glossaries to help you learn and practice the terminology you need.

Finding language equivalents in indigenous languages

No matter where you work, there will be specialized terminology. Indigenous interpreters come from cultures and regions quite different from the United States. Many of the ideas and concepts in your language are hard to explain in English. And terms used every day in U.S. health care and community services are often so new to many indigenous cultures that no equivalent terms exist. As the interpreter, your job is to find ways to translate these unfamiliar ideas between languages.

If there is no word in one language, find a phrase or a *brief* way to describe what it means in the other language. (If it takes you more than a sentence to describe, ask the client or the provider to explain the idea.) If your indigenous language has no formal writing system, dictionaries, glossaries and other written resources may be hard to find. What can you do? Make your own glossaries.

Design your glossary

The first step is to learn *how* to create glossaries. Before you start, you need to understand something about the topic. Research the topic. Search for websites, articles and other written materials so you understand the general ideas you need to interpret. For example, if you will interpret in a pediatric clinic, study vaccinations, common childhood diseases, childhood development and so on. If you work in schools, research the subjects that students study, such as special education services and school services.

Once you've done the research, the next step is to find terms for those topics in both your working languages. Let's practice creating a glossary for a pediatric checkup for a two-year-old. At this appointment, the parent will have to fill out a form asking about childhood diseases and vaccinations. During the appointment, the doctor will ask the parent how the child is eating, sleeping and growing. He might ask about behaviors that the parent is worried

about, how the child's speech is developing and how social he or she is. To create a glossary for this assignment, follow these steps:

Step 1	 Gather materials that will help you learn about the topic and find the terms you need to prepare. Pick up any forms that will be used during the appointment, such as health histories and patient consent forms. Search online for information about pediatric checkups. (Module 7 will give you details about how to search online for information.) Listen to podcasts or watch YouTube videos about these topics.
Step 2	Make a list of the terms you want to translate.
Step 3	Use monolingual dictionaries in English to look up the terms and their definitions.
Step 4	Write the definition in English next to the term.
Step 5	Write down any equivalent terms in your indigenous language in the appropriate column.
Step 6	If there is no easy equivalent, create a word phrase to describe the term that means the same thing. — The word phrase is like writing a brief definition. — Use the definition of the term you got from the monolingual dictionary and create a shorter version.
Step 7	Translate the shorter definition into your indigenous language.
Step 8	Write the term in the appropriate column in your glossary.
Step 9	If your language has no written system: — Write the term down phonetically (spell it as it sounds). — Record the term using a digital recorder.

This glossary provides a few sample terms and sample short definitions to show you the process:

TERM IN ENGLISH	DEFINITION	SHORT DEFINITION	TERM OR PHRASE IN INDIGENOUS LANGUAGE
DTaP	A vaccine that helps children younger than age seven develop immunity to three deadly diseases caused by bacteria: diphtheria, tetanus, and whooping cough (pertussis).	A vaccine against the diseases of diphtheria, tetanus, and whooping cough.	
Developmental milestones	Behaviors or physical skills seen in infants and children as they grow and develop. Rolling over, crawling, walking and talking are all milestones. They are different for each age range.	The things your baby should be able to do at certain ages.	
Diaper rash	Inflammation of a baby's skin caused by prolonged contact with a damp diaper.	A skin irritation caused by wet diapers.	
Mumps	A contagious and infectious viral disease causing swelling of the parotid salivary glands in the face, and a risk of sterility in adult males.	A contagious illness that makes the face swell up.	

This sample glossary shows you one way to format a glossary. Another format takes an extra step: It includes the translation into *Spanish* before finding the equivalent in the indigenous language. Here is part of a glossary created by a Triqui interpreter.

MEDICAL TERMS	DEFINITION	TÉRMINOS MEDICOS	DEFINICIÓN	TRIQUI
Abduction	The movement of a limb (arm or leg) away from the midline of the body	Abducción	Es el movimiento de una extremidad (brazo o pierna) que la aleja de la línea media del cuerpo	Nash o con ticos
Acid indigestion	A painful burning feeling in your chest or throat	Indigestión ácida	Una sensación de ardor dolorosa en el pecho o en la garganta	Llo' on rques
Adduction	The movement of a limb (arm or leg) toward the midline of the body	Aducción	Es el movimiento de una extremidad (brazo o pierna) hacia la línea media del cuerpo	Nash cas o nanun ticos
After surgery	After any operation. You'll have some side effects. There is usually some pain with surgery. There may also be swelling and soreness around the area that the surgeon cut. Your surgeon can tell you which side effects to expect.	Después de una cirugía	Después de cualquier operación. Vas a tener algunos efectos secundarios. Generalmente hay algo de dolor con la cirugía. También puede haber hinchazón y dolor alrededor del área que el cirujano corto. Su cirujano puede decirle cuáles efectos secundarios esperar.	Navi kac ne inj

MEDICAL TERMS	DEFINITION	TÉRMINOS MEDICOS	DEFINICIÓN	TRIQUI
Allergies	An overreaction by the body to a particular antigen	Alergias	Una reacción exagerada del organismo a un antígeno particular	lk ia chi l'

As you practice making glossaries, experiment with different formats. Find the one that works best for you.

Review of Section 3.1

This section reviewed two interpreting protocols you will need to use *before* the interpreted session: preparing for assignments and making glossaries. The preparation checklist reviewed the most important information that you need to gather before an assignment. You need to know what the assignment is, where and when it is, how to get there and what to expect once you are there. Plan to be in the office or room at least 15 minutes before the start time.

Glossary creation is a standard practice for all interpreters. Indigenous interpreters face extra challenges because many terms do not have equivalents in either language. Many indigenous languages also have no written form or published glossaries. Most indigenous interpreters build their own glossaries to prepare for assignments.



The Interpreter's Introduction

Learning Objective 3.2

Develop and practice a professional interpreter introduction.

Introduction

Interpreters need protocols. The term "protocol" comes from diplomacy. It refers to the rules for behavior that you should follow in formal situations. For interpreters, that situation is your assignment. Interpreting protocols are the behaviors you follow to behave professionally and ethically at all times.

The interpreting protocol discussed in this section is the interpreter's professional introduction. Interpreting is a new profession. Many of the people who you interpret for may not understand what you do. Your introduction lets them know:

- Who you are.
- What you do.
- How you do it.

Protocol: a system of rules that explain the correct conduct and procedures to be followed in formal situations.

Merriam-Webster's Learner Dictionary²⁰

The interpreter's introduction

A professional introduction Your introduction is important

The professional introduction is not a simple, "Hello, my name is Sara and I'll be your interpreter today." It is a quick teaching moment that helps you establish trust with the provider and the client.

20 Retrieved from http://www.learnersdictionary.com/definition/protocol

You say what you will do when you interpret. You can prevent many problems by giving a professional introduction, such as side conversations.

There are no rules about what you have to include in your introduction. Most health care and community training programs recommend you include these parts:

- Your name and (if needed) your workplace or the agency that sent you.
- Stating that everything that is said in the session will be interpreted.
- Stating that everything will be kept confidential.
- Asking both parties to speak to each other, not to you.
- Asking them to pause when you make a gesture (show the gesture) so you can interpret or intervene.

As an indigenous interpreter, you may need to start by checking whether the patient or client speaks the same variant you do.

Let's look at each of these elements.

Check the language

For indigenous interpreters, the *first* thing you may need to check is whether you speak the right indigenous language or variant. Try to check this information *before* the assignment. But if that doesn't work, start your introduction by informing the provider that you need a moment to make sure you can understand the patient or client. Remember to interpret everything you and the patient or client say when you check the language variant for the provider.

Understanding Protocols

A protocol is a way of doing something: a standard method used by many people as part of their work.

For example, you might have a garden in your backyard where you grow strawberries. The way you plant the seeds and water them is not a protocol because it is your own method. But if you work for a farm that grows strawberries for sale, the farm will have a set of protocols for how to plant the strawberries, water them, cover them to protect them from cold weather and pick them. Any time a new person starts to work for the farm, that person will follow the same standard protocol.

Or you might have a certain way you like to make breakfast. It is your way. But a restaurant might have a set of protocols for what time to turn on ovens or fryers, how many people should be involved, how to purchase or order ingredients, where to keep the food, food safety and cleanup. When a new employee comes in, the *standard* ways to make breakfast are used. Protocols help to make a service reliable and consistent. Everyone knows what to expect.

Interpreter Professional Introduction

Elements of the introduction

- Name and title
- Everything will be interpreted.
- Everything said will be kept confidential.
- Speak directly to each other
- Pause gesture to interpret or mediate.



Give your name and workplace

If you are an employee, you might wear a badge with your name and title. In that case, you can simply say, "Hi, I'm Sara and I'll be your interpreter today." If you are a contract interpreter, you might have a badge too. If you are supposed to mention the organization you work for, do so. But do you give your first name, last name or both? It depends. Make sure you know the policies of the organization that is paying you and follow them. Ask the organization how it wants you to introduce yourself.

Tell both parties (clients and providers) that you will Interpret everything

If you don't have time to do a full introduction, be sure to include this point. Make sure that everyone there knows you will interpret everything they say. Otherwise, look what can happen:

Example #1

The provider turns to an assistant and says, "I hate working with these people. They don't understand what they're supposed to do." What do you say? You're supposed to interpret everything. (Don't worry. Module 5 will help you with hard decisions like this one.)

Example #2

You are interpreting for a patient with a sexually transmitted infection. The doctor leaves the room for a moment. The patient says, "Please don't tell the doctor, but I haven't taken all my medication. A friend told me the medicine would make me fat." When the doctor comes back, what do you do?

Providers also often want to speak to you as if the patient or client were not there. The provider might tell you, "She sure smells, doesn't she?" or "Do you think he is telling the truth?" Try to avoid these difficult situations. Tell everyone at the beginning of the session, clearly and firmly, that you will interpret everything they say. If you don't have time at the start, you can say it later.

Keep confidentiality

Confidentiality is hugely important in health care and community services. It is legally required. Details about the services should not be communicated to anyone outside the team working with the patient or client without permission. Interpreters *have to respect this privacy.*

Confidentiality does *not* mean that everything said between both parties is kept secret just between them. Some information is shared in the organization, or at least in the team that works with the patient or client. If you think that a client is confused about what confidentiality means, you can say, "I will keep everything confidential to the treatment team/organization." (For example, "I will keep everything confidential to Dr. Lee's team" or "I will keep everything confidential with the school staff who work with your child.") Confidentiality is discussed in Modules 4 and 20.

Encourage direct communication

Often, providers and clients aren't sure who to talk to when there is an interpreter—to you? Or to each other? They may say, "Tell the patient she has the flu." Your goal is to have everyone speak directly to each other as if you weren't there. When you introduce yourself, ask them to speak directly to each other. You may have to remind them once or twice until they get used to how you work.

Use a pause gesture

Sometimes you may have to interrupt the session to address a problem. Tell the speakers that you may need to interrupt sometimes. Show them the pause gesture you will use. Most interpreters raise their hand to show the speaker when to stop talking. By mentioning this gesture, and showing it, during your introduction, the speakers won't be surprised when you interrupt them during the session.

Provider Introduction

- Hi, my name is _____ and I'm your interpreter today.
- I will interpret everything you and the patient say.
- I'll interpret using the first person, speaking in your voice.
- I'll keep everything confidential to the treatment team.
- Please speak directly to the patient, not to me.
- If I need you to pause to let me interpret, I will make this gesture [make the gesture].

Patient Introduction

- Hi, my name is _____ and I'm your interpreter today.
- I will interpret everything you and the doctor say.
- I'll interpret using the first person, speaking in your voice.
- I'll keep everything confidential to the treatment team.
- Please speak directly to the doctor, not to me.
- If I need you to pause to let me interpret, I will make this gesture [make the gesture].

Make your professional introduction work well

The two keys to a successful professional introduction are: (1) Make it short. (2) Memorize it.

Make it short

Health care and community settings are busy. Providers are often rushed and they don't have a lot of time. Providers may be impatient when you introduce yourself *twice* (once in each language). Try to say your introduction in 10 or 15 seconds. Both introductions together should take less than 30 seconds. With practice, you *can* learn to say it quickly and smoothly.

Here are two sample introductions. They are similar but not quite the same. Read each one out loud, one in English for the provider and the other in your indigenous language.

How does it feel to read those words? How long does it take you? Is it difficult to find quick ways to say the introduction in your indigenous language? Would you add anything? Would you take something away?

Additional information

Sometimes you may need to add something to your introduction. For example:

- (to the provider) "Please let me check if I speak the same language or variant as the client. I will interpret everything we say." (You would only say this if you needed to be sure the patient or client speaks the same indigenous language you do.)
- "If I take notes during the session, I'll destroy them at the end of the session."
- "I have to leave at (mention the exact time)."
- "Is there is anything I should know about the session?"

You could also add, "It might take me longer to say things in my indigenous language because many terms in English have no direct equivalents in the other language."

In other words, use your introduction to make your work go smoothly.

Write your own introductions in both languages

Now write down your introductions. It's not enough to know what to say; you have to practice how to say it. Use words that feel natural to you. If you don't write them down and practice them, you may not remember everything you need to say and you may take longer and be less clear. If your indigenous language doesn't have a written form, record your introduction and practice it until you can say it quickly and easily.

Memorize your introduction

The last step is to *memorize* your introduction, in both languages. If you don't, you will forget parts of it. Also, people are often in a rush. You may have time to give only part of your introduction. You may need to remember what you *didn't* say to remind them later.

Review of Section 3.2

Healthcare and community interpreting are new professions. Many people do not understand how interpreters work. Your introduction is an important protocol because it shows everyone how you work. It should include the following parts:

- Your name and (if needed) your workplace or the agency that sent you.
- I will interpret everything that is said.
- I will keep everything confidential.
- Please speak directly to each other, not to me.
- If I need you to pause so I can interpret, I will make this gesture. (Show the gesture.)

If you haven't been able to check that you speak the same language as the client, add that to the beginning of your introduction. Remember, keep your professional introduction short. Practice it in both languages until you memorize it.



Four Interpreting Protocols

Learning Objective 3.3

Explore protocols for interpreter positioning, direct speech, eye contact and turn-taking.

Introduction

This objective explores four interpreting protocols that help community interpreters manage communication during a session:

- Positioning
- Direct speech
- Eye contact
- Turn-taking

Each of these protocols helps you to support direct communication and accuracy. They also help you to do your job well.

Positioning

Before you start to interpret, decide where you are going to sit or stand. Your goal is to find the position that promotes direct communication between the client and provider. It must also let you hear and see everyone.

In healthcare and community interpreting, you are usually in the same room as the people you interpret for. It seems as if you are part of the conversation. But you are not. It is *their* conversation, not yours. Your position can encourage people to talk to *you* or to *each other*. You want them to speak to each other, not to you. Let's explore different positions.

Triangle position

When three people sit or stand in conversation, they naturally form a triangle. This works well when all three people are part of the conversation. But the interpreter is not part of the conversation—the interpreter is making that conversation possible. To help the speakers understand that, avoid the triangle position. If you choose a position that makes the speakers want to look at you, they will talk to you too—not each other.

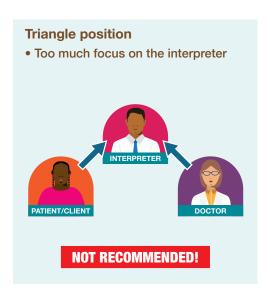
Near the patient or client

One helpful position, when possible, is to be near and slightly behind the patient or client. Unlike the triangle position, you are not the center of attention. It is harder for this person to look at you and easier to look at the provider. The provider is more likely to look at the indigenous speaker, who may feel less alone with you there.

Near the provider

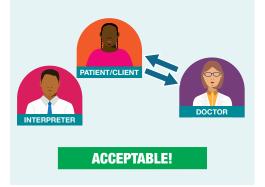
Another position is near and slightly behind the provider. Both parties can look directly at each other, and your presence is less obvious. This position can also be helpful when the provider has to teach something. For example, nurses often show new mothers how to breastfeed or inject insulin shots.

Sometimes standing next to the provider can be safer too. If a patient is contagious, violent or has a mental disorder, you may not be safe close to that patient. Also, if he or she starts to develop a relationship with you and wants



Interpreter near the patient/client

- Allows patient/client and doctor to look at each other.
- Supports the patient/client.



Interpreter near the doctor

- Allows patient/client and doctor to look at each other.
- Patient may feel unsupported.
- If needed, protects the interpreter.
- Good for doctor presentations and teaching.

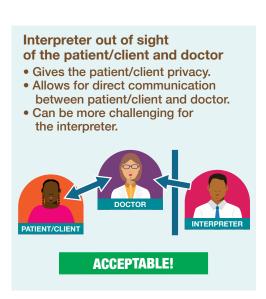


ACCEPTABLE!

to talk to *you*, you can move closer to the provider. The problem with staying close to the provider is that the indigenous person might feel more alone and afraid.

Out of sight

Sometimes the best position may be out of sight. For example, when a doctor has to examine a patient's genitals, you may need to step outside a curtain to give the patient privacy. In emergency departments and intensive care units, the doctor may create a sterile area which the interpreter must not enter. Being out of sight might also help if the interpreter's gender is different from the indigenous person's, causing embarrassment or shame. (Of course, being out of sight won't work for sign language interpreters. They have other ways to address privacy.)



This position may seem strange at first. It is not ideal. You might not be able to hear or understand well. The indigenous person could feel more alone.

Every assignment is different

You will not always be able to choose the position you feel is best. Plan for that. Even if you can't, look for a position that allows you to do your job and supports direct communication. That is your goal. If you are asked to sit somewhere that makes it hard to hear, let everyone know. Be polite but firm. Insist on a position that allows you to hear well and to support direction communication.

Direct speech

Use direct speech when you interpret

Professional interpreters are trained to interpret in *direct speech*, often called "first person." Using direct speech lets people talk to each other in their own voice.

When the social worker says, "I'm so glad to see you today. I have information about housing services that can help you," you say in the other language, "I'm so glad to see you today. I have information about housing services that can help you."

When the client answers, the interpreter does *not* say, "She says thank you. They have to move in a week and can't find any place to go." Untrained interpreters usually speak that way: "He said that..." "She wants help with..." This way of speaking is called indirect speech, or third person. Avoid it. Direct speech helps the speakers talk directly to each other. It has other benefits:

- It's faster than indirect speech.
- It's easier to interpret.
- It's usually more accurate.

Professional interpreters work in direct speech.

When to use indirect speech (third person)

There are some exceptions when it is all right to use indirect speech. Sometimes direct speech can cause confusion. Then you can switch to indirect speech, or "third person," which can be helpful if:

- An elderly person is confused by direct speech.
- A young child can't tell the difference between you and the person who is speaking.
- More than two people are present and it's unclear who is speaking.
- An emergency or emotional situation makes it difficult to see who is speaking.
- You are distressed by what you interpret, for example, if someone describes violence or rape. In that case, switch to third person for a short time, until you feel calmer.

Indigenous interpreters and indirect speech

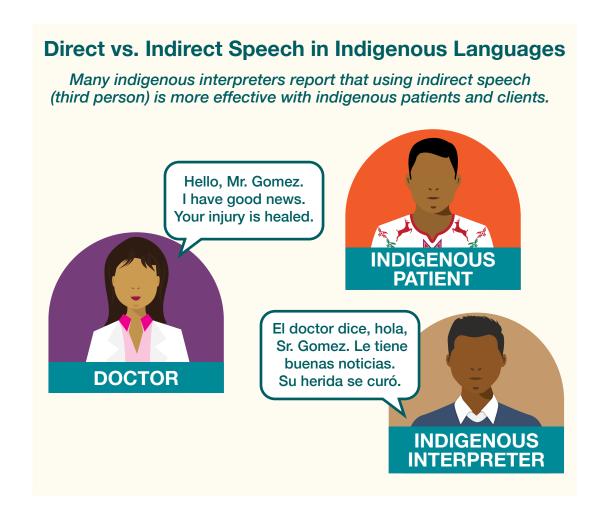
Many indigenous interpreters report that using direct speech into their indigenous language can cause confusion. The patient or client may not understand who is speaking: the interpreter or the provider. Some indigenous interpreters use direct speech with the *provider* and indirect speech with the *indigenous person*.

Other indigenous interpreters report that if they take extra time to explain that they will be speaking in first person, the indigenous speakers understand. The interpreters add examples in their introduction such as, "I will interpret what you say exactly the way you say it. If you say, 'My leg hurts,' I will say, 'My leg hurts.' If the doctor says, 'I am going to examine you now,' I will say, 'I am going to examine you now.'"

Based on the experience of indigenous interpreters, this manual recommends that interpreters follow these guidelines:

- Use direct speech (first person) when possible.
- Use indirect speech (third person) if direct speech causes confusion.
- Use indirect speech *only* if it leads to clearer communication.

The goal is to choose the kind of speech that best promotes direct communication and accuracy.



Eye contact

Eye contact is a natural part of human communication. It is powerful. It is nonverbal. How people understand eye contact is different from culture to culture.

In the United States, making eye contact is often expected. It is a sign of openness and honesty, and a signal that you are listening. If you avoid eye contact, many Americans might think you are dishonest or disrespectful. For other cultures, including indigenous cultures, direct eye contact can show disrespect. Women may make less direct eye contact, especially with people they don't know. People might avoid direct eye contact with older people or those with authority.

As the interpreter, you work across cultures. How you make eye contact can have a big impact on clear communication. As a guideline, after your introduction, *avoid* direct eye contact while you interpret. Doing so will help you to:

- Support direct communication.
- Listen and interpret well.
- Avoid joining the conversation.

But please don't look at the floor. You still need to watch everyone's faces and movements. Just avoid looking directly into their eyes while you interpret (most of the time). You can and often should make eye contact:

- For greetings.
- When you intervene (for example, to ask for a clarification).
- To respect cultural norms for eye contact.
- In sensitive situations where eye contact might be important.

Turn-taking (controlling the flow of communication)

Turn-taking means getting speakers to pause so you can interpret accurately. You have to control the flow of speech. Make sure the speakers stop often enough for you to be accurate. If you let them go on for too long, you will leave out important information.

Turn-taking can be hard because you have to interrupt while people

are talking. That can feel awkward or rude. Try to allow the speakers to complete their thoughts before you interrupt. Ask them to pause when:

- You have reached the limits of your memory.
- More than one person is speaking at a time.
- There is a communication problem (for example, you didn't hear something or don't understand a term).

To interrupt, use a hand gesture. It can be raising a finger in the air, making a "time out" sign with both hands or raising your hand. (Many interpreters have other gestures, but these three are common.) When you introduce yourself, show the speakers your gesture. You can also make a sound, such as clearing your throat.

You might feel like you should touch the client's shoulder if he or she is upset. Do not touch anyone! Interpreters should not touch anyone they interpret for except in extreme cases or emergencies.



Review of Section 3.3

This section introduced you to four important protocols for community interpreters:

- Positioning
- Direct speech
- Eye contact
- Turn-taking

These protocols support direct communication and accuracy. They also allow you to focus on your interpreting to perform it well. For example, your position and using direct speech can encourage the speakers to talk directly to each other. Avoiding eye contact while you interpret discourages them from speaking to you and helps to keep them focused on each. Having a gesture to interrupt the speakers, and interrupting whenever you need the speakers to pause, helps you to be accurate.





Review of Module 3: Protocols for Community Interpreting

Module 3 introduced you to interpreting protocols. It explained what a protocol is and which protocols can help you prepare for the assignment and perform it well.

Section 3.1 focused on what to do before the assignment: how to prepare for it, using an assignment preparation checklist. This section also discussed how to research the assignment and build a simple language glossary. Indigenous interpreters often have to translate concepts and ideas that don't have equivalent terms in the target language. Section 3.2 showed you how to perform a professional introduction that makes clear who you are, what you do and how you do it. That introduction should include at least the following parts:

- Your name and (if needed) the name of your workplace or the agency that sent you.
- I will interpret everything that is said.
- I will keep everything confidential.
- Please speak directly to each other, not to me.
- If I need you to pause so I can interpret, I will make this gesture. (Show the gesture.)

Remember to memorize your introduction in both languages—and keep it short.

Section 3.3 introduced four other interpreting protocols—direct speech, positioning, eye contact and turn-taking. It discussed how those protocols support direct communication and accuracy and make your work easier and smoother.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 4.1

Define and discuss professional ethics for interpreters.

Learning Objective 4.2

Understand nine ethical principles for healthcare interpreters.

Learning Objective 4.3

Apply the ethical principles of accuracy, confidentiality and impartiality to healthcare and community interpreting encounters.

Overview

What is a code of ethics? How do ethics relate to your work as a community interpreter, and why do they matter? This module answers these questions.

In general, ethics tell us what is right and wrong. They show us what we should and should not do. Professional ethics tell us how to behave in our work. Almost all professions have some kind of code of ethics. For example, teachers, lawyers, doctors, nurses, hairstylists and farm laborers belong to professions that have codes of ethics.

Interpreters have ethics too. They help interpreters behave professionally and ethically. Yet interpreters who come from small immigrant communities often experience pressure to help their communities out. This role as a "helper" can conflict with interpreting ethics. Indigenous interpreters often have to balance their helper role with their interpreter role.

Module 4 will show you how a code of ethics can help you behave as a professional interpreter. The first section introduces what ethics are and what interpreters need to know about them. The second section looks at an important document: A National Code of Ethics for Interpreters in Health Care published by the National Council on Interpreting in Health Care (NCIHC, 2004). The last section offers clear ethical guidelines. It shows community interpreters how to apply the ethical principles of accuracy, confidentiality and impartiality in their work.



What Are Ethics?

Learning Objective 4.1

Define and discuss professional ethics for interpreters.

Introduction

What is a profession? You may cut your family's hair every month at home. Does that make you a hairdresser? If you speak two languages and help your family members talk to doctors, are you an interpreter?

One sign that an activity has become a profession is when it has professional rules to follow. Teachers, hairdressers, mechanics, and doctors have rules or requirements that tell them what they should and should not do. Those requirements are often called ethics. Interpreters face many challenges. Interpreters need ethics to help them make decisions. Interpreting ethics show how professional interpreters should behave.

Professional ethics

Professional behavior

When we talk about work, we often use the terms "professional" or "unprofessional." A teacher who treats all her students fairly and with kindness is acting professionally. A mechanic who charges for repairs he hasn't made himself is acting unprofessionally. Somehow, we know what professional behavior is—and what it is not.



To help us understand more, let's look at some of the rules that apply to farm labor. This is a job that is mostly performed by immigrants. It is hard, physical work. Most of it is done outdoors in all kinds of weather.

We hear many stories of unfair treatment in the fields. Some of the interpreters interviewed for this training shared their own experiences. One said:

I once worked for a grower who was shortchanging the Triqui pickers. The grower wasn't including everything the workers picked in his records, and then he would pay them for less. But what can the pickers do? Where can they complain?

Another told this story:

I worked for a supervisor who would not give permission to miss work if you were sick or when a family member was sick. They are supposed to give you three days of sick leave. But if you ask permission for a free day, they fire you.

Farmers also have to follow professional rules, for example:21

Farm Employers Have To:

- Pay workers the legal minimum wage.
- Pay overtime (1.5 times the regular rate of pay).
- Give paid rest breaks every four hours.
- Provide the proper tools and machinery for the job.
- Provide safety training in a language workers can understand.
- · Have first aid available.

It Is Illegal To:

If a worker asks for wages owed them, reports an injury or safety hazard or files a complaint with a government agency, it is illegal for the employer to

- Threaten workers with deportation.
- Punish workers with undesirable tasks.
- Fire workers or send them home.
- Prevent workers from getting a different job.

Now, those rules are *laws*. You might say that laws are the strictest kind of requirements for behavior. They exist for those who employ farmworkers.²² (Sadly, many U.S. farm owners do not follow them.) Another example is health care. Doctors, hospital administrators, nurses and medical assistants belong to professions. They have both laws *and* ethical requirements to make sure they treat patients fairly and safely.

²¹ For details, see https://www.dir.ca.gov/letf/Agriculture_Employer_Brochure.pdf

²² For example, see http://www.fairlabor.org/our-work/code-of-conduct

Health Care Professionals



The health care system has many different kinds of professionals. Doctors, nurses, radiologists, physical therapists, medical assistants and healthcare interpreters are all professionals in health care.

Interpreters are also professionals. They too have rules that tell them how to behave professionally.

Defining professional ethics

Workers need to know what to do and what not to do. These rules are called ethics. The term "ethics" can be defined as "The moral principles that govern a person's or group's behavior."²³ When a profession decides on a list of ethical requirements, that list is often called a "code of ethics" or "code of conduct," which usually means a set of rules about "good and bad behavior" on the job.²⁴ It can

Note: Ethics are not the same as laws. If you break a law, the legal system can fine you or arrest you. If you violate an ethical principle, you might lose your job or your interpreter certification, but you probably won't go to jail unless you commit a crime.

also be a set of principles "designed to help professionals conduct business honestly and with integrity."²⁵

Medical, court and conference interpreters all have codes of ethics.

²³ New Oxford American Dictionary. Retrieved from https://en.oxforddictionaries.com/definition/ethics

²⁴ *Merriam-Webster Dictionary*. Retrieved from https://www.merriam-webster.com/dictionary/code%20of%20ethics

²⁵ Retrieved from http://www.investopedia.com/terms/c/code-of-ethics.asp

Why interpreters need ethics

Healthcare and community interpreters work in many different settings. They often face difficult choices about what to do. For example, you are called to interpret for a man who has been diagnosed with a sexually transmitted infection. The man is receiving his fourth treatment. When you arrive, you realize that he is your cousin's boyfriend. You are sure your cousin doesn't know her boyfriend has this infection.

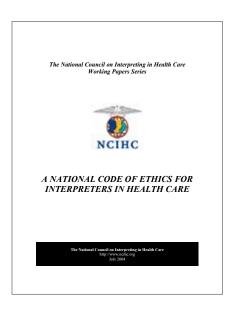
You face three decisions. The first is what to tell the provider. The next is what to tell the patient. The third decision is about your cousin. As the interpreter, you are supposed to keep everything confidential (secret). You love your cousin and you don't want her to get a sexually transmitted infection. What can you do? Do you tell her, even if it violates your promise to keep the information confidential?

This kind of problem is common for interpreters. You need a code of ethics to help you handle difficult situations.

Who makes codes of ethics for interpreters?

If most professions have codes of ethics, who decides what is in them? Sometimes the national or state government decides. Many professions have special organizations that watch over them. For example, teachers belong to both state and national professional associations. The American Medical Association has professional codes of ethics and guidelines for doctors.

In the United States, healthcare interpreter ethics come from the National Council on Interpreting in Health Care (NCIHC). In 2004, the NCIHC published A National Code of Ethics for Interpreters in Health Care (NCIHC, 2004). This code is used across the country by medical interpreters.



Ethics for community interpreters

Healthcare interpreting is part of community interpreting. Some countries, such as Canada, have a code of ethics that apply to health care, educational *and* social services interpreters (HIN, 2007).



Indigenous interpreters are community interpreters.

They work in health care, education and social service settings.

In the United States, community interpreters follow the NCICH Code of Ethics.



In the United States, healthcare interpreting has developed faster than other parts of community interpreting. It has a national code of ethics, national standards of practice, national training standards and two national healthcare interpreter certifications. It also has many professional associations.

Many community interpreters follow the NCIHC code of ethics. Because healthcare interpreting is part of community interpreting, the ethics are easy to adapt to education and social services. In the United States, legal interpreting is a separate specialization with its own codes of ethics. Legal interpreting is discussed in Module 14.

Review of Section 4.1

Professions have codes of ethics or conduct that list requirements for work behavior. A code of ethics is like a list of rules that workers should follow. Teachers, doctors, mechanics and food service workers have codes of ethics. This section explored what ethics are and what they mean for interpreters. It also discussed why they matter and which code of ethics should be followed by community interpreters.

Codes of ethics can be created by national and state governments or professional organizations. Most U.S. healthcare and community interpreters follow the national code of ethics created by the National Council on Interpreting in Health Care.



The NCIHC Ethical Principles

Learning Objective 4.2

Understand nine ethical principles for healthcare interpreters.

Introduction

In 2004, the NCIHC published a national code of ethics called *A National Code of Ethics for Interpreters in Health Care* (NCIHC, 2004). It supports the fundamental purpose of medical interpreting: to facilitate communication among patients and providers who do not share a common language. This code is now accepted across the United States. It has been approved by the two national medical interpretation certification programs²⁶ and many hospitals and clinics, training programs, colleges and interpreting associations. This section introduces you to the nine ethical principles in this important code of ethics.



The interpreter's role

In Module 1, you were introduced you to the interpreter's role, which is to transfer messages accurately and completely from one language to another so that the speakers who do not share the same language can understand each other and make their own decisions. Your primary purpose as a community interpreter is to support direct, accurate communication between clients and providers. Interpreter ethics help you achieve this purpose.

Human communication is complicated. As the interpreter, you work between people from different cultures. You will face situations

²⁶ The two certification programs are: The Certification Commission on Healthcare Interpreters (http://www.cchicertification.org/) and The National Board of Certification for Medical Interpreters (http://www.certifiedmedicalinterpreters.org/).

that challenge you. Your code of ethics can help you make good decisions. For example, a doctor asks you to interpret for a patient who is dying of cancer to discuss an end-of-life plan. You know that talking about death is *taboo* in this patient's culture. Can you let the doctor know there might be a cultural problem? How much should you explain? Or should

Taboo: a social or religious custom prohibiting or forbidding discussion of a particular practice or forbidding association with a particular person, place, or thing.

Oxford Living Dictionary.²⁷

you just interpret? Suddenly you have to make a decision.

This is where ethics come in. They give you rules to follow. They help you know what to do when faced with tricky situations.

Nine ethical principles

The NCIHC carried out an intensive national process when it created its code of ethics. NCIHC talked to interpreters, providers, government agencies, advocates, policymakers and many others across the country. It paid researchers and held focus groups and surveys. It looked at earlier codes of ethics created by state organizations such as the Massachusetts Medical Interpreter Association²⁸ (MMIA, 1995) and the California Healthcare Interpreting Association (CHIA, 2002). The NCIHC code includes nine ethical principles, which are summarized below. For the complete document, go to www.ncihc.org.

ACCURACY

The interpreter interprets everything that was said or signed by one speaker into the other language without losing or changing any of the meaning, including any cultural meaning.

CONFIDENTIALITY

2

The interpreter does not share any information learned about the patient while interpreting. Sometimes the interpreter may need to share information if the patient's life is in danger or the patient might hurt someone.

²⁷ Retrieved from https://en.oxforddictionaries.com/definition/taboo

²⁸ In 2008, MMIA became the International Medical Interpreters Association (IMIA).

IMPARTIALITY

The interpreter does not take sides, give advice or recommendations, or act on his or her personal beliefs or feelings.

ROLE BOUNDARIES

The interpreter follows the professional rules and doesn't get involved personally with the patient or provider.

RESPECT

The interpreter treats all parties with respect.

CULTURAL AWARENESS

The interpreter should continually learn more about the patient's culture and the medical culture where he or she works.

PROFESSIONAL DEVELOPMENT

The interpreter works to keep learning new things about the interpreting profession and improve skills.

PROFESSIONALISM

The interpreter must at all times act in a professional and ethical manner.

ADVOCACY

Interpreters can take action outside of their role as the interpreter when the patient's health, well-being or dignity is in danger.

Take a moment to read through each principle. These are the fundamental rules that you should follow when you interpret. Do any of the principles surprise you? Do you think any of them will be difficult to follow? Let's take a closer look.

Accuracy

The interpreter interprets everything that was said or signed by one speaker into the other language without losing or changing any of the meaning, including any cultural meaning.

Accuracy is the interpreter's top goal. Try to say everything the speaker says as closely as possible in the other language. Don't add to, change or leave out any part of the meaning, including

An Example of Accuracy

To maintain accuracy, interpreters try to correct their mistakes. For example, while interpreting for a sick patient, María realized she left out one of the symptoms that the patient shared at the beginning of the appointment. During a pause, she interrupted the session to tell the provider her mistake.

how the message is expressed. If the speaker shouts, "I think this doctor is doing a terrible job!" then say the same thing and sound upset. (You do not have to shout or sound quite as angry as the speaker.) You might not like or agree with what the speaker says. It's your job to interpret it anyway. The next section discusses accuracy in more detail.

Confidentiality

The interpreter does not share any information learned about the patient while interpreting. Sometimes the interpreter may need to share information if the patient's life is in danger or the patient might hurt someone.

Part of interpreting is respecting the privacy of the people you interpret for. Keep any information that you learn while interpreting private (confidential). Patients and clients share very personal information. They

An Example of Confidentiality
Mario interpreted for a school
hearing where a local Chatino
boy was expelled from school
for hurting another student.
Everyone in the community knew
something about the case. When
asked about it, Mario didn't
share what happened during the
hearing. Even for public events,
interpreters don't share what they
have interpreted.

need to trust that you will keep that information safe. There are exceptions. You can break confidentiality when a patient's life is in danger, or if the patient threatens to hurt someone else. The next section discusses confidentiality in more detail.

Impartiality

The interpreter does not take sides, give advice or recommendations, or act on his or her personal beliefs or feelings.

To be impartial, interpreters shouldn't judge or take sides for one person more than another. You might not agree with what the speaker said. You have to interpret it anyway. Don't change anything or give advice.

Interpreters often think impartiality means having no feelings or opinions about what is happening. But you will have feelings, the way anyone else does. Your job is to put your feelings aside while you are interpreting to help everyone communicate. The next section discusses impartiality in more detail.

An Example of Impartiality

Sandra regularly interprets for a diabetes nutrition clinic. At one clinic, a nurse made rude comments to patients about their weight and poor diet. Sandra felt angry but interpreted the comments the same way the nurse said them. Later, she reported the situation to the clinic supervisor. Interpreters show impartiality by setting their personal feelings aside. They can still take action outside the session to report a serious problem or unprofessional behavior.

Role boundaries

The interpreter follows professional rules and doesn't get involved personally with the patient or provider.

Role boundaries help interpreters avoid conflicts of interest. A conflict of interest happens when two goals or needs compete with each other. For example, perhaps you know the patient or client in a personal way. Can you interpret impartially for that person? Your beliefs can also lead to conflicts of interest. If the sexual abuse of children, or domestic violence, horrifies you, perhaps you shouldn't interpret for a pedophile (someone who abuses children) or an abuser. If your own child had a major disease, perhaps you shouldn't interpret for children who are ill. You might not be impartial. You might also feel distressed. (See Module 19.)

An Example of Role Boundaries

At the local legal services agency, Carlos interpreted for a crime victim who was making a statement. Near the end of the session, the legal aid worker handed Carlos a printout of the man's statement and several legal documents explaining the man's rights and said, "Please go sit over there and read this to Carlos and have him sign it." Instead, Carlos offered to interpret while the legal aid worker explained the documents to the victim. Carlos stayed in his role as interpreter by refusing to do a task that the legal aid worker needed to do.

Avoid getting personally involved. Treat everyone with respect. Be warm and polite. And remember that you are there to help the patient and provider *talk to each other*, not to you. Don't try to solve their problems or share personal information.

Respect

The interpreter treats all parties with respect.

According to the NCIHC national code of ethics, the purpose of the ethical principle of respect "is to remind interpreters that they have an obligation to treat everyone in the encounter with dignity and courtesy, respecting the rights and duties of each individual, including their own" (NCIHC, 2004, p. 20). To honor this principle, let patients and providers make their own decisions. It's their right. A patient might refuse treatment or even lie to the provider. Don't make a comment. Don't give advice. It is the patient's decision.

An Example of Respect

Ana María is an indigenous interpreter who mostly grew up in the United States. She knows about her culture's use of healers, but she doesn't believe in them. While Ana María interpreted for a doctor and mother with a sick baby, the mother shared that she had taken the baby to a healer to cure her illness. Ana María interpreted what the mother said accurately. She respected the mother's beliefs, even if she didn't share them.

Also, it can be helpful to treat everyone with respect based on your knowledge.

You can use appropriate cultural titles, or avoid eye contact based on a person's age and cultural norms. For example, in Zapotec, the indigenous interpreter would say, "na" for "madam," "ta" for "mister," and "badudxapa" for "miss." A young interpreter might avoid eye contact with a client who is much older or a community leader.

Cultural awareness

The interpreter should continually learn more about the patient's culture and the medical culture where he or she works.

Culture is a central part of healthcare interpreting. To be culturally aware, interpreters need to:

- Be aware of their own cultural background and beliefs.
- Be aware of the patient's culture.
- Be aware of medical culture.

The interpreter does *not* have to understand everything about all cultures. That would be impossible. According to the NCIHC code ethics:

The ethical obligation of interpreters is to possess enough understanding of culture and cultural practices and beliefs to be able to facilitate communication across cultural differences, seeking to minimize, and, if possible, avoid, potential misunderstanding and miscommunication based on cultural assumptions and/or stereotyping (NCIHC, 2004, p. 19).

An Example of Cultural Awareness

Angelica interpreted for a patient who needed to have blood drawn. The patient refused but wouldn't say why. The doctor needed the blood taken to diagnose the illness. Angelica was familiar with common cultural fears about losing blood. She informed the provider and patient there might be a cultural misunderstanding about blood drawing and encouraged them to discuss it.

Your job is to be aware of your own cultural beliefs so that they don't get in the way. Be sensitive to how beliefs can make it hard for providers and clients to understand each other. You can point out those problems. It is *not* your job to fix them. Cultural awareness is introduced in the next section and explored in Modules 8-11, where you will learn how to address cultural misunderstandings.

Professional development

The interpreter works to keep learning new things about the interpreting profession and improve skills.

Professionals never stop learning about their profession. For interpreters, there is always more to learn. It is your responsibility to learn more about:

- The services you interpret for.
- How to improve your language and interpreting skills.
- Changes in the profession.

An Example of Professional Development

Manual normally interprets for the pediatric clinic. The interpreter services coordinator asked him to interpret for the labor and delivery clinic for a week while the regular interpreter was away. Manual agreed. For vears, he had researched various areas of medical interpreting. To prepare, he asked the coordinator to give him detailed information about the kinds of appointments he would interpret for. Then he researched the topics online and added to glossaries he had created himself and one glossary he had found by going to a conference.

Professionalism

The interpreter must at all times act in a professional and ethical manner.

Acting professionally includes following all your ethical principles, evaluating your work and respecting the people you work with. It's not always easy to be professional. Sometimes someone can ask you to do something against your ethics, such as driving the patient to the next appointment. Evaluate each situation. If the request goes against your code of ethics, decline the request.

An Example of Professionalism

The interpreting agency sent Paula to interpret for a local organization that provides food and energy assistance. They were so happy with her service that they asked her to come every week. Paula said she would be happy to but that they needed to go through the interpreting agency to make the request. She behaved professionally by not taking clients away from the interpreting agency.

Advocacy

Interpreters can take action outside of their role as the interpreter when the patient's health, well-being or dignity is in danger.

To advocate for someone is to take action to support his or her wellbeing. Sometimes interpreters see discrimination or situations that

put people in danger. They have to make a decision. Healthcare interpreters are allowed to step outside of their role as interpreter to advocate when the patient's health, well-being or dignity is at risk. In that case, NCIHC ethics say:

The interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must be undertaken only after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem (NCIHC, 2004, p. 20).

An Example of Advocacy

Irepani interpreted for a family whose elderly grandfather was transferred in an ambulance to another hospital several hours away. The hospital staff was in a big hurry. They gave the family the other hospital's address and then left to see other patients. Irepani knew the family had no car and there was no public transportation to the hospital. He offered to take the family to the hospital social worker to see if she could help the family find transportation. He stepped outside his interpreter role to advocate for the family's needs.

As an interpreter, only advocate if there are no other options. Advocacy puts you in conflict with other ethics, such as impartiality, role boundaries and confidentiality. Advocacy can sometimes do more harm than good. However, if your basic sense of right and wrong is challenged, you may act outside of your role as interpreter. Module 20 discusses advocacy in more detail.

Ethical conflicts for indigenous interpreters

When you are caught in the middle

No set of rules can cover every possible situation. For example, the NCIHC code says you should almost never accept gifts. You might violate the ethical principles of professionalism, role boundaries and impartiality. However, the client could feel offended if you refuse. You might violate the ethical principles of cultural awareness and respect. What do you do? It may seem harmless to accept a small gift, but this decision is not simple.

Think of these points:

- Does the organization have a policy about accepting gifts?
- Will accepting a gift mean that the client expects special service?
- Will rejecting the gift offend the patient and break trust?
- Is the gift part of a cultural practice?
- If I accept it, can this person really afford it? Will he or she feel they have to give me another gift next time, or a bigger gift for a more important appointment?
- Will accepting this gift send a message that all interpreters accept gifts?

There may be solutions. If the agency or hospital you work for has a specific policy about gift giving, follow that policy. Perhaps you are allowed to accept the gift to share with your workplace or team.



If you decide you can't accept the gift, Module 6 teaches you "how to say no." There is no right or wrong answer to this type of situation. Evaluate the circumstances. Look at the policies where you work. Think of your ethics. Choose the action that works best for you. The rest of this manual will help you to make good decisions for situations like this one.

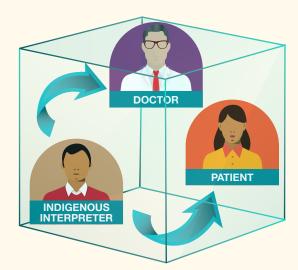
The indigenous immigrant's "helper" role

As you have seen, the community interpreter's role is to transfer messages accurately and completely from one language to another so that the speakers who do not share the same language can understand each other and make their own decisions.

Maintaining role boundaries can be difficult for indigenous interpreters. They have a special position in their communities. They often become a language and cultural bridge for their community. They can be a link to American culture. They are expected to do much more than just interpret. For example, many of them help people get jobs, register children at schools, or show others how to use public transportation.

Ethics help interpreters limit their role to transferring the meaning of what is said and letting the provider and patient/client make their own decisions:

- · Accuracy
- · Confidentiality
- · Impartiality
- · Role boundaries
- · Respect
- · Cultural awareness
- Professional development
- · Professionalism
- · Advocacy



When trained as an interpreter, the indigenous bilingual person has to limit the "helper" role.

The bilingual indigenous immigrant often helps community members to:

- · Get public services.
- · Find health care.
- · Solve problems with landlords and employers.
- · Access public transportation.
- · Advocate when there is discrimination.
- · Open bank accounts.
- · And much more!



When trained as an interpreter, the indigenous bilingual immigrant has to limit the "helper" role while interpreting.



The professional interpreter role and the community helper role can create conflicts for indigenous interpreters. In principle, you could separate the two roles—be an interpreter at work, and a community helper in your own time—but many people don't understand the two roles well.

Most interpreters have to find a balance between helping their communities and their work as interpreters. Interpreters who come from small communities can feel this pressure even more. A Triqui interpreter shared this story:

Patients often ask me for personal favors. It's really hard when they ask me to give them a ride home. If I say no, I'm worried that they will think I am not a helpful person. If they talk about me in the community, I could get a bad reputation. Our culture values helping each other. I know I should say no, but I don't know how to say no and not hurt myself in my own community.

The rest of this manual will help you find a balance.

Review of Section 4.2

Professional interpreters help people communicate directly with each other. Their role is to transfer messages accurately and completely so that the speakers who do not share the same language can understand each other and make their own decisions. To stay in their role, community interpreters follow the NCIHC code of ethics. The NCIHC code has nine ethical principles:

- Accuracy
- Confidentiality
- Impartiality
- Role boundaries
- Respect
- Cultural awareness
- Professional development
- Professionalism
- Advocacy

Indigenous interpreters can find it hard to know how to behave professionally. These nine ethical principles will guide them. Ethical principles help interpreters make wise decisions about how to support direct communication and stay in their interpreter role.





Accuracy, Confidentiality and Impartiality

Learning Objective 4.3

Apply the ethical principles of accuracy, confidentiality and impartiality to healthcare and community interpreting encounters.

Introduction

The NCIHC ethics gives interpreters nine ethical principles. Each principle is quite important. Three, however, deserve more attention:

- Accuracy
- Confidentiality
- Impartiality

Interpreters need to know how to apply these ethical principles in real life.

Applying accuracy

Accuracy can be hard

Purépecha parents meet with a social worker. They need help paying for transportation to take their three-year-old son to see a hearing specialist. Sometimes the parents talk between themselves before answering the social worker's questions. When the social worker can't find a program to help them, the father gets angry and starts yelling. He curses the social worker.

As the interpreter, should you:

- Interpret when the parents talk to each other?
- Interpret the swear words?
- Shout when you interpret for the father who is yelling?

The answer to the first two questions is "yes." Interpreters should interpret side conservations between providers or family members.

They should also interpret swear words, even if it makes them uncomfortable. The answer to the third question is "no." You do need to show some of the father's anger while you interpret. You should sound upset. But if you yell, you might offend him. He might think you are making fun of him. You could make a hard situation worse.

Swear words, arguments and rude comments

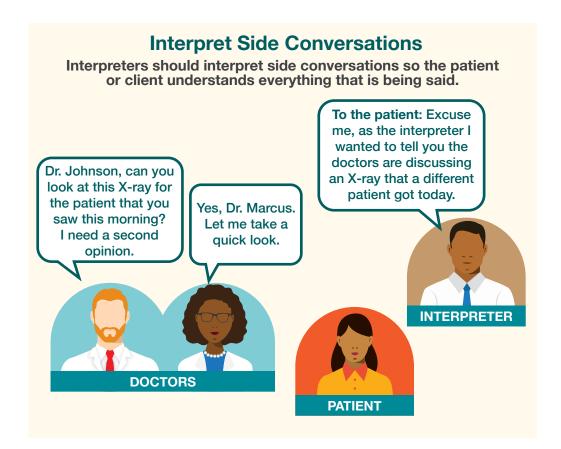
Interpreters know they should interpret everything. But they often won't interpret vulgar words and rude comments. They might feel uncomfortable saying "bad" words. Interpreters worry they will offend someone. But even if it makes you uncomfortable, interpret the offensive words too. After all, these are not your words. They do not express *your* feelings. The message does not come from you.

Providers need to know if patients or clients are angry and upset. An angry patient may refuse treatment or not take medications correctly. In a similar way, clients and patients also need to know if a provider has been rude. If a doctor or social service worker is racist or disrespectful, the indigenous person might want a different provider.

Side conversations

A side conversation happens when two people talk to each other privately. Side conversations are common in community interpreting. They shouldn't happen. Interpreters are supposed to interpret everything. Nothing should be private in the session. But sometimes family members talk to each other before they answer a question. Or a nurse and doctor will talk for a moment before speaking to the patient. Sometimes the interpreter needs to ask a question too. All conversations need to be interpreted.

Often, people can be surprised when you interpret a side conversation. They might ask you not to. Politely remind them that you have to interpret everything. If two providers have a side conversation that is personal, technical or fast, you may not understand it. Tell the indigenous person what you understand, or say that the providers are speaking about something you do not understand.



Tone of voice

When we talk, we use our tone of voice to express our feelings. Voice tone also helps interpreters understand what people mean. When you interpret, include the tone the speaker used (in voice or signed language) so that the listener can also understand the meaning. Don't shout or cry. You could make people upset or angry.

Transparency

Transparency means to be able to see through something, such as a glass window. For interpreting, it means openness, honest communication and interpreting everything that is said. It also means making your interpreter's role clear. Accuracy requires transparency. To be transparent, you should interpret everything that is said by the speakers and tell everyone what you say. For example, if you have to interrupt to ask the provider to explain a term, tell the client exactly what you asked.

Barriers to accuracy for indigenous interpreters

Indigenous interpreters face barriers to accuracy that many other interpreters don't, such as:

- Lack of equivalents for technical terms in indigenous languages.
- Limited language proficiency (in either English or the indigenous language).
- Limited knowledge of health care systems or other community services.
- Lack of glossaries and other language resources.

Applying confidentiality

A leader of the Mixteco community gets into a car accident. The driver of the other car is killed in the accident. You interpret for the leader at the emergency department. When you get home, members of your community ask you what happened. Later, the police also call you to ask for details.

As the interpreter, should you:

- Talk about the accident to your community, since everyone knows it happened?
- Give the police details about the accident?

The answer to these questions is "no."

What to say to family and friends

It can be hard to keep information confidential. In small communities, it's difficult to keep secrets. If you interpret for a baby who dies, people will ask you about it. Sometimes the "secret" you are keeping isn't really secret. But if people know you were the interpreter for a case, don't share what you know. Don't gossip or give hints. Tell people politely that you can't discuss interpreting assignments.

Interpreters are human. We do need to share what we experience at work. If you interpret for a difficult case, it's all right to talk about it without sharing any details that might identify the people who were there. You can say, "I had to interpret for a really tough situation today.

Someone died. I'm feeling stressed." If you need to share details, talk to a supervisor or coworker connected with the case. And remember—you can always talk about your feelings. There is nothing confidential about your feelings. *Just avoid sharing details*.

What to say to the patient or client

Clients don't always understand what "confidential" means. They might think "private" means that everything they say to the provider is a secret between you, them and the provider. In health care settings, what the patient shares doesn't stay in the room. It goes into his or her chart. Other doctors and providers, admissions and discharge staff and billing workers may all learn about the patient. To be clear, instead of saying: "Everything I interpret stays confidential," some interpreters say: "Everything I interpret stays confidential inside the clinic."

When to break confidentiality

Sometimes interpreters (and providers) have to break confidentiality. If a patient or client tells you he is going to kill himself after the session, tell the provider. If the patient or client plans to hurt someone else, tell the provider. Child abuse and domestic violence can be reasons to break confidentiality depending in which state you interpret and the degree of danger. Some states require providers, teachers, police officers and other public servants to report child abuse and vulnerable adult abuse (the abuse of older people, helpless people or those who have major disabilities). Not many require them to report domestic violence. Find out what is required by your state and workplace to report. Ask your supervisor or the interpreting services agency.





Barriers to confidentiality for indigenous interpreters

Indigenous interpreters can face special barriers to confidentiality. For example:

- They may come from small communities where "everyone knows everyone."
- They can get blamed for breaking confidentiality even if they didn't.
- They face a lot of pressure to share what they know.
- Those who are community leaders may sometimes *need* to share information.

Applying impartiality

You are a female Mixteco interpreter. You are called to the emergency department to interpret for a domestic violence case where both the abuser and the victim have injuries. When you arrive, you realize the patient is your neighbor. You don't like this neighbor. You know that he abuses his wife and children. You are the only Mixteco interpreter available.

As the interpreter, should you:

- Interpret for both patients as if you don't know them?
- Refuse to interpret for the male patient?
- Tell the provider that you know both patients and let the provider decide?

Conflict of interests and impartiality

This example has three conflicts of interest:

- You know both patients.
- You have a strong dislike for the male patient.
- You shouldn't interpret for both the abuser and his victim, but you are the only interpreter available.

The best way to handle all three conflicts is to tell the provider—outside the room. Say you know both patients and that they are neighbors. *Don't* discuss the domestic violence. Say that you might not be able to be impartial. Ask the provider to help you solve the problem.

There is no correct answer to this situation. You may decide you can't interpret and help the provider find someone else, maybe a telephone interpreter. You might choose to interpret for the wife but not the husband. The doctor may help you find a solution. This kind of conflict can happen often in small communities. Focus on being honest and transparent. Decide if you can be impartial. Look at how the situation would go without you—better? Or worse? Find the best solution for each case.

Barriers to impartiality for indigenous interpreters

Impartiality can be difficult for indigenous interpreters because:

- They have more than one role in their community: they are often both interpreters and helpers.
- They may come from a small community and know a lot about many people.
- They may feel close to indigenous patients and not as close to providers.

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Review of Section 4.3

Interpreters need to practice applying ethics to real-life situations. This section explored situations when interpreters might have a hard time being accurate, confidential or impartial. You will face many ethical challenges when you interpret. Practice applying ethical principles to these situations. Think of solutions. If you play a helper role in your community, you may have to work harder to separate your role as a professional interpreter from your role as a helper.





Review of Module 4: Interpreting Ethics

Module 4 gave you an introduction to ethics. Section 4.1 defined ethics as the rules that tell professionals how to behave. Most professions have ethics, from farm laborers to doctors and lawvers. Ethics aren't the same as laws. For most professions, you don't go to jail if you violate your professional ethics. Ethics provide guidance about what is right and wrong behavior for interpreters. They also help you support the interpreter's role, which is to transfer messages accurately and completely so that the speakers who do not share the same language can understand each other and make their own decisions.

Section 4.2 looked at the ethics that healthcare and community interpreters in the United States follow: the NCIHC A National Code of Ethics for Interpreters in Health Care. It explored the nine ethical principles in that code. It also discussed how many indigenous interpreters play a helper role in their communities that can conflict with their interpreter role. It showed how the NCIHC code of ethics can help them stay inside their professional role.

Section 4.3 showed how to apply three extremely important ethical principles in the NCIHC code of ethics to real-life situations: the principles of accuracy, confidentiality and impartiality.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 5.1

Discuss ethical decision-making in healthcare and community interpreting.

Learning Objective 5.2

Explore a four-step process for ethical decision-making.

Learning Objective 5.3

Apply the four-step ethical decision-making process to a case study.

Overview

Health and community settings are challenging. You don't only interpret. You also face barriers to clear communication. You face hard decisions. How should you deal with them?

In Module 4, you learned ethical principles to guide those decisions. Now you will look at how to apply those principles in real life. This module explores the advantages and disadvantages of applying fast and slow thinking when you make decisions. It also introduces you to a simple, four-step decision-making process to help you handle ethical challenges. By the end of the module, you will know how to apply these four steps to ethical challenges that you face when you interpret in real life.





Ethical Decision-making

Learning Objective 5.1

Discuss ethical decision-making in healthcare and community interpreting.

Introduction

Module 4 introduced you to interpreter ethics. You explored which ethical principles can apply to common situations that community interpreters face. Now it's time to focus on *what to do* when you face an ethical challenge. Knowing what to do is based on knowing:

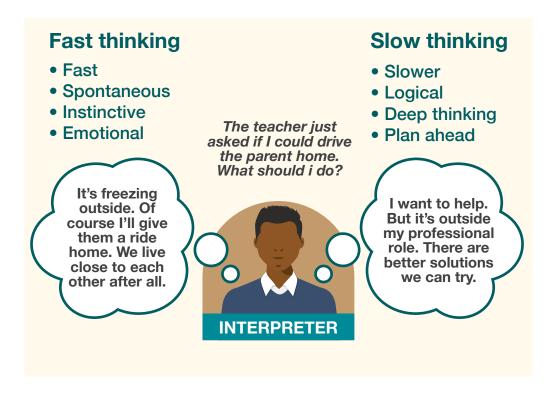
- How decision-making works.
- Your role as a community interpreter.
- Seeing how ethical principle(s) apply to interpreting assignments.

Decision-making

How do we make decisions?

As humans, we face problems all the time. To solve them, we make decisions about the best solutions. We often solve problems based either on our emotions and intuition or information and logic. We can also combine both logic and emotion to find a solution (Robbins & Judge, 2013, p. 135).

Another way to solve problems is through "fast thinking" or "slow thinking" (Kahneman, 2013, p. 48). Fast thinking is when we react right away. We don't have much time to think. We make decisions based on our "gut feeling." Slow thinking is when we have time to think about a problem. We look for the best plan to solve it. Then, when we face the same problem again, we can make good decisions based on our planning (Bancroft et al., 2015a, p. 209).



Fast thinking, slow thinking

Our fast reaction to common problems when we interpret is not always helpful. For example, in the picture, the teacher asks the interpreter to give the parent a ride home after a parent-teacher conference at school. The interpreter feels sympathy. He wants to help out. He finds it awkward to say no. He may decide, *Well, what can it hurt to give someone a ride?* The parent lives close by. If he says no, the parent might get offended. The interpreter has all these thoughts and feelings quickly. If he uses fast thinking, he might give the parent a ride home.

Now let's apply slow thinking. Community interpreters are often asked to give clients a ride home. It can be hard to say no. Interpreters need to *plan* a response. Using slow thinking, the interpreter can take time *before* a situation like this to look at his code of ethics. He sees that giving the client a ride would violate several ethical principles, including professionalism, role boundaries and impartiality.

The interpreter decides to say no. (He could use the "How to Say No" model, which will be taught in Module 6.) He can be polite and offer the parent other solutions. For example, the school might

have transportation vouchers to pay for the bus. Maybe a school employee can use a school vehicle to provide transportation. The interpreter has used slow thinking to evaluate the problem. He has a decision and a plan. The next time he's asked to drive the client somewhere, he can use this plan.

The community interpreter's role and decision-making

How your role affects your decisions

As you know, the basic role of the community interpreter is to transfer messages accurately and completely from one language to another so that the speakers can understand each other and make their own decisions. This role is different from the role of court or conference interpreters. They focus on transferring what is said in one language into the other language. Court and conference interpreters have limits on what they can do to clarify a misunderstanding. Their ethics are stricter.

Unlike court interpreters, healthcare and community interpreters are part of a system where everyone works in a collaborative team to help patients and clients access services. Sometimes communication breaks down. When that happens, your ethics allow you to point out that problem. You can help them fix it.

You facilitate understanding

For example, let's say you interpret for a special education meeting with parents, school staff and a school psychologist. The school psychologist is giving the results of a student's psychological exam using technical language. The parents nod their heads as if they understand, but you are fairly certain they don't. You can wait to see if the school staff or psychologist notices the problem. If not, you might interrupt to suggest the psychologist rephrase what he said, explain some terms or check for understanding.

You are a language bridge. Making sure the speakers understand each other can make your job harder. But it is important. If the misunderstanding could lead to serious problems, you can address it.



complete interpreting.

Interpreter ethics guide you

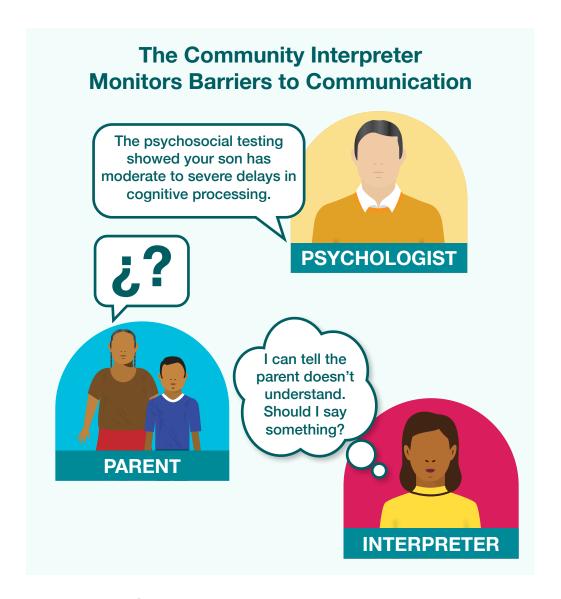
You are focused on interpreting when suddenly you hear a word you don't know. Or maybe the social worker asks you to explain why a client is so quiet. Now you have to stop interpreting and decide what to do.

You have tools to help you decide what to do: your interpreter ethics (see Module 4) and standards of practice (discussed in Module 20). When you hear a word you don't understand, the ethical principle of accuracy tells you to ask what it means or look it up. When a social worker wants you to explain a client's behavior, you can turn to the ethical principles of role boundaries, impartiality and cultural awareness. You see you need to remind the social worker of your role and clarify that you can't answer questions about the client.

NCIHC Ethical Principles

- Accuracy
- Confidentiality
- Impartiality
- · Role boundaries
- Respect
- Cultural awareness
- Professional development
- Professionalism
- Advocacy

This rest of this module explores a four-step decision-making process to help you make these kinds of decisions.



Review of Section 5.1

Community interpreters often have to stop interpreting to address problems in communication. When this happens, they can:

- Use slow thinking to prepare for ethical challenges.
- Make sure they understand their *role* as a healthcare or community interpreter.
- Decide which ethical principles apply.



A Four-step Ethical Decision-making Process

Learning Objective 5.2

Explore a four-step process for ethical decision-making.

Introduction

You've learned how people make decisions in general. You know your interpreter's role and your code of ethics. Now it's time to learn how to make an *ethical decision* to resolve a communication problem. This section offers you a simple four-step process to help you make hard decisions. It is based on similar models used by doctors and nurses.

Four steps for ethical decision-making

Interpreters have to make decisions with almost no time to think about them. You are usually alone when you make these decisions. You need a simple, easy-to-remember process to help you. Here are the four steps for ethical decision-making:

- Identify the problem.
- Think about the consequences.
- Make a decision.
- Evaluate the result.

Identify the problem

The first step to solve a problem is to be sure there *is* a problem you should solve. Many things can go wrong. Only act on problems that relate to *communication*. Interpreters in healthcare and community services need to worry about problems that:

- Make communication unclear.
- Put the service at risk.
- Make it hard for you to follow your ethics.

For example, let's say you have interpreted for a patient who is pregnant in the women's health clinic, but she is not saying this to a different doctor when you interpret for her again in the urgent care clinic. She has a sore throat. *You* know she is pregnant. There is a misunderstanding, but do you need to fix it? And if you mention the pregnancy, will you break confidentiality?

Think about which ethical principles might apply here. Confidentiality is the main ethical principle at risk. Other principles are involved: impartiality (you might feel upset or worried); respect (you want to respect the patient's right to her privacy); and role boundaries (can you share with one doctor what you learned when interpreting for another doctor?).

As a general rule, *only* take action if the consequences of *not* taking action will be more harmful than the risk of taking action. To make the best choice, go through the next steps in the decision-making process.

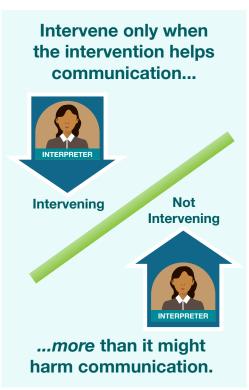
Think about the consequences

The second step is to consider the possible consequences of taking action—or *not* taking action. Let's think about what the consequences might be *if the interpreter intervenes*. Negative consequences:

- The interpreter might violate the patient's confidentiality.
- The patient might be upset or angry.
- The treatment for her sore throat might affect her pregnancy.

Positive consequences:

- The doctor would know she is pregnant (an important medical condition).
- If he prescribes something, it might be better for him to know.
- The information might affect the patient's care in a good way. For example, he could avoid giving her any medicine that is bad for pregnant women.



What might happen if the interpreter does not intervene? Maybe nothing. Or maybe good things... Or bad things... For example, perhaps:

- The patient will mention later in the session that she is pregnant—a good thing.
- The doctor will prescribe medication that could be harmful to the unborn child—a bad thing.
- The doctor will fail to do tests that this doctor would do if he knew the patient was pregnant—a bad thing.

In other words, there is no way to know yet if it is a good idea or not to intervene. Yes, patient safety is perhaps in danger. Right now, the risks of taking action seem to be *greater than the risk of waiting*.

Make a decision

Move on to step three: Make a decision. Decide to *intervene*—or *not* to intervene.

Evaluate the result

The fourth and final step is to evaluate the result. What happened because of the decision the interpreter took? Knowing the result is important. Use the experience to guide you the next time something similar happens. If the result was negative, your evaluation process has two more steps:

- If necessary, take immediate action to correct the mistake.
- Decide what you will do differently next time.



Consequences of not intervening

Example 1

Let's say, as the interpreter, you decide *not* to intervene. The pregnant woman is prescribed medicine. The session ends. You learn that the medication prescribed is not something that a pregnant woman should take. In this case, you would want to alert medical staff to contact the patient and correct the misunderstanding. It might be dangerous for her

or her unborn child to take that medication. You decide that if a similar situation comes up, you might have to intervene.

Example 2

Another possibility is that you *wait* to intervene. The patient does not disclose the pregnancy. You intervene near the end of the session by suggesting that the patient might wish to share medical information about her condition with the doctor (without saying what the condition is). The patient remembers she didn't say she was pregnant and reports it. The doctor prescribes a different medication and wants the patient to take a blood test. You are relieved. You decide that in the future, you'll wait to see if a medical misunderstanding fixes itself. If not, you will intervene.

Sometimes the choices you make turn out well. Sometimes they don't. Use the experience and learn. See what works and doesn't work. Over time, your ethical decisions will become easier.

Review of Section 5.2

Many service professions have decision-making tools or processes to help people decide what to do when they face a challenge, big or small. These processes can help interpreters too. This section showed you four steps to ethical decision-making:

- Identify the problem.
- Think about the consequences.
- Make a decision.
- Evaluate the result.

Many problems can impact a medical or service appointment. It is not your responsibility to address every problem. Interpreters need to worry about pointing out important problems that affect clear communication, cause harm or put the service at risk. In those cases, you can consider taking action. The more you use this four-step process to plan ahead, the better you will become at making quick ethical decisions in the session.



Applying the Four Steps for Ethical Decision-making

Learning Objective 5.3

Apply the four-step ethical decision-making process to a case study.

Introduction

This section shows you how to apply the four-step ethical decision-making process to challenges that face indigenous interpreters. You will look at a case study (a real-life example), and go through each of the four steps to see how to apply it.

Solving challenges

Consider the following dilemma that a Triqui healthcare interpreter faced in real life:

On my third or fourth day at the hospital, I was interpreting for a patient who kept staring at me like he didn't understand me. I was interpreting in Triqui. Sometimes when the doctor said a medical term that I didn't know how to say in Triqui, I used the Spanish word instead. As the patient kept staring, I started sweating. I thought, "I don't belong here," and I wanted to give up and go find another interpreter.

Step 1: Identify the problem



In this example, there is definitely a problem. The interpreter can see that the patient does not understand him. He is not sure why. For example:

- Maybe the interpreter and patient do not speak the same variant of Triqui.
- Maybe the interpreter doesn't know enough medical terminology in Triqui.

If the patient doesn't understand the doctor, the consequences could be negative.

Step 2: Think about the consequences



The interpreter has two choices in this situation.

- Don't take action: Keep interpreting.
- Take action: Point out a possible lack of understanding.

What are the potential consequences if the interpreter doesn't intervene? It's impossible to know for sure, but there is a strong risk that the patient will not understand his medical condition and treatment. The results could be harmful.

What are the potential consequences if the Triqui interpreter intervenes? Again, it's impossible to be sure. But if the interpreter intervenes to say he's concerned that what he is interpreting isn't

clear, probably the doctor and patient will try to make sure they understand each other.

Step 3: Make a decision



What should the interpreter do? The interpreter decides that his lack of medical terminology in Triqui is the problem. He intervenes, telling the patient, "I'm sorry, sir, if you don't understand the interpreter. We may have to find another interpreter." Then he informs the doctor what he said. The interpreter now offers a solution. Because he works for the hospital (not an outside company), he suggests that he can help them try to find a replacement interpreter. Let's look at the consequences of that decision.

Step 4: Evaluate the result



Here is what happened in real life:

The patient replied, "I do understand you, but when you say the medical word in Spanish I don't understand." After that, I asked the doctor to explain the terms I didn't understand and interpreted his explanation. Two or three months later, I interpreted for the same patient. By then I had researched the words and I was able to communicate everything in Triqui. The patient was really impressed and asked me how I had learned the words.

Two things happened because of the interpreter's intervention. First, during the session the interpreter realized it wasn't the Triqui variant that was the problem. The problem was his lack of medical terminology

in Triqui. The interpreter was able to fix the problem by asking the provider to explain the medical terms he couldn't say in Triqui.

Second, after the session, the Triqui interpreter evaluated the results of his decision. He realized he needed to learn more medical terminology in Triqui. He used the slow-thinking process to plan for the next time. He researched those terms and learned them. As a result, when he later interpreted for the same patient, he did not have the same problem. Also, the interpreter improved his professional reputation by showing the patient how seriously he took his work as an interpreter.

Review of Section 5.3

The four steps for ethical decision-making are not hard to apply. This section looked at how the steps applied to a real-life challenge for a Triqui interpreter. The key is making the four steps automatic when you interpret. When you run into a problem, be sure to:

- Identify the problem.
- Think about the consequences.
- Make a decision.
- Evaluate the result.

This easy tool can help you handle many interpreting challenges, big and small.



Review of Module 5: Ethical Decision-making for Community Interpreters

Decision-making is an important part of community interpreting. Section 5.1 introduced you to fast thinking and slow thinking. When you experience a problem, you often have to decide quickly what to do. But when you use fast thinking, you may react quickly, based more on your emotions. To prepare for a problem that you will face more than once, you can use slow thinking. It gives you time to think through the problem. You can plan how to act if you experience it again.

Section 5.2 explored a four-step ethical decision-making process. First, you identify the problem and think about the positive and negative consequences of taking action. Then you make a decision to act (or not to act) and evaluate the results.

Section 5.3 applied the four steps to a real-life problem faced by a Triqui interpreter. It showed you how these four steps can help you handle many ethical challenges when you interpret. With practice, you can face even the hardest decisions calmly.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 6.1

Explore and practice sight translation.

Learning Objective 6.2

Apply the CALL model.

Learning Objective 6.3

Practice the "How to Say No" model.

Overview

Sight translation is one of the three modes of interpreting. It means the oral translation of written texts. Healthcare and community interpreters mostly interpret in the consecutive mode (see Module 2). However, sight translation is a daily part of their work.

Community interpreters need to sight translate many documents. For example, patients have to fill out patient history forms. Schools have many forms for school programs, sports and after-school activities. Social service programs ask clients to fill out forms about their income, expenses and families. These forms are usually in English. Providers often hand forms to interpreters and ask them to "read the form" to the patient or client. The interpreter has to understand the written English and interpret it out loud in the indigenous language.

This is called *sight translation*. It means taking the written information in a document in one language and interpreting it *out loud* in the other language. Sight translation is an advanced skill. It is hard for most interpreters to learn. This module will show you:

- 1. How to sight translate.
- 2. When to sight translate.
- 3. How to "say no" professionally to a sight translation request.





An Overview of Sight Translation

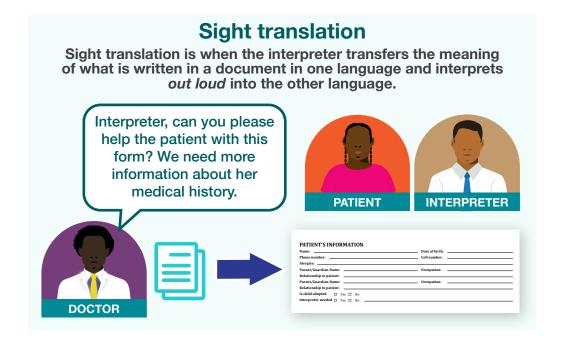
Learning Objective 6.1

Explore and practice sight translation.

Introduction

Sight translation is a mode of interpreting. When you sight translate, you transfer the meaning of a text in one language by interpreting it *out loud* (or in signs) into the other language. It is oral translation. This mode involves skills that translators use and skills that interpreters use. Like a translator, you read and understand the meaning of a text. Then, as the interpreter, you *say* what it means in the other language.

Sight translation is an advanced skill. For indigenous interpreters, it is often hard. Your indigenous language may not have a written form. You may not read and write English as well as you speak it. There may be no easy and quick way to express what is written in your indigenous language.



Ideally, you should be able to sight translate short, simple documents of one or two pages. You should also sight translate forms that ask for important information, such as a patient history form. However, many other documents are too long, complicated or legal to sight translate. Accuracy is hard. The client may not understand it anyway. You need to decide which documents are too hard or long and say no when you're asked to sight translate them.

Note: This manual mostly addresses documents in English that need to be sight translated into the indigenous language and not the other way around. This manual also mainly addresses spoken language. Most of the guidance for sight translation here also applies to signed language interpreting.

An overview of sight translation

The importance of sight translation

As interpreters, we think our main job is helping two people who don't speak the same language to have a conversation. But patients and clients often have to read information, write answers to questions and sign forms. These documents are an essential part of the service. Sometimes the information in the documents is the most important information in the session. Sight translation is a key interpreter skill. Without it, communication can fail.

For example, informed consent forms are documents that patients and clients sign. These legal forms describe the service or treatment the client will receive, the benefits and risks involved and the responsibilities of providers. The client or patient has to sign his or her agreement to get the service.



A patient who speaks no English looks at a document explaining her treatment. The interpreter will need to sight translate the document.

Researchers have studied the process of informed consent. Many patients don't understand the forms they sign. Those who don't speak English often understand even less. One study looked at a test called amniocentesis for pregnant women. Some women spoke English; others spoke only Spanish. They were given consent forms that described the test and its risks and benefits. Without the help of

Amniocentesis

Amniocentesis is a surgical procedure performed on pregnant women. It involves inserting a long needle into the woman's uterus. Doctors often perform this procedure to find out if the woman's fetus is developing normally.

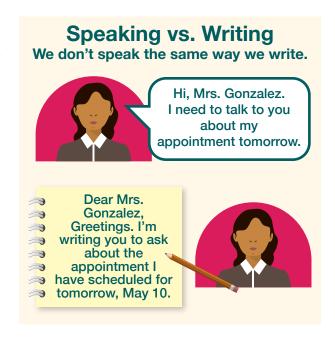
trained interpreters, only 9 percent of the Spanish-speaking women understood the form they signed—but 68 percent of English-speaking pregnant women did (Cordasco et al., 2013).

In another study, even with a trained interpreter there, only 28 percent of patients who did not speak English understood the consent form they signed (Hunt, 2007). These examples show us two important problems:

- 1. Many people who speak limited English don't understand the forms and documents they sign.
- 2. Even trained interpreters do not always solve this problem.

Sight translation is complicated

Written communication is different than spoken communication. We don't use words in the same way. For example, let's say you call the school secretary about an appointment. You might say, "Hi, Mrs. Gonzalez. I need to talk to you about my appointment tomorrow." If you send an email, you might write, "Dear Mrs. Gonzalez, Greetings. I'm writing to ask you about the appointment I have scheduled for tomorrow, May 10." Do you see the difference? It is harder to interpret what is written down than what is said. We speak in a different way than we write.



Sight translation and indigenous languages Avoid sight translation when possible

Sight translation is hard in any language. In indigenous languages, it is often not possible. You have to convert the written structures of English into an indigenous language. If that language has no written form, it will not have similar sentence structures. Look at this part of a common document about patient information privacy:

I may revoke this authorization by notifying the hospital in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

Is this sentence easy to sight translate into your indigenous language? Probably not. Ideally, you should not sight translate this kind of complicated legal language. Most indigenous languages do not have equivalent terminology or grammatical structures. It can be almost impossible to transfer the meaning into many indigenous languages. Yet if interpreters don't sight translate the form, important information can be lost. Instead, ask the provider to explain the document and interpret the explanation.

Which texts should you sight translate?

Three kinds of documents are common in community services:

- 1. Question-and-answer forms
- 2. Consent and authorization forms
- 3. Informational documents (such as brochures, flyers and patient instructions)

Indigenous interpreters should learn how to sight translate short forms like these listed here, especially question-and-answer forms. These forms include:

- Admission forms
- Patient history forms
- Income and expense forms
- Financial assistance forms
- Student health history forms
- Client information forms

Need to be C	Solut Translated
need to be 3	Sight Translated
PATIENT'S INFORMATION	
Name:	Date of birth:
Phone number:	
Alergies:	
Parent/Guardian Name:	Occupatio
Relationship to patient:	
Parent/Guardian Name:	Occupation Occupation
Relationship to patient:	
Is child adopted □ Yes □ No	
Interpreter needed Yes No	
DAGE MEDICAL MAGEORY	INTERPRETER
PAST MEDICAL HISTORY Prenatal History (0 to 6 months only)	
5 (Vacuum □ Primary (C/C-No Labor) □ Forseps □ Repeat C/S
, ,	estation:
Complications with Pregnancy/Delivery:	
Newborn Metabolic Screen Results: ☐ Normal ☐ Abnorn	
	re-screen pass: Refered:

These forms ask for basic information. Patient intake forms, for example, ask the patient about where they live, how many children they have and which medical problems they have had. Question-and-answer forms are usually written in simple language to help clients to understand. This kind of information you *can* sight translate. Providers need you to help clients fill out these forms. Sight translate the questions and show the clients where to write the answers. How to handle patient history forms is explored in Module 10.

Sight translation for trilingual indigenous interpreters

Many indigenous interpreters in the United States are trilingual. They may speak their indigenous language, English and Spanish and interpret between all three. They may need to say "no" to sight translation into their indigenous language—but might agree to sight translate the same text into Spanish.

Risk of mistakes

Sight translation can be risky. You are more likely to leave out or change important ideas than when you interpret orally. The results could be harmful. Patients and clients need to understand the treatment and services they are receiving.

The steps for sight translation

When you are given a text that you agree to sight translate, there are steps to take before you start, and steps for during the sight translation.

Before you start to sight translate, do the following:

- Ask the provider to stay in the room. The patient or client may have questions about what is on the form. It is not your job to answer them.
- Tell the provider and patient that you need a few moments to quickly read through the document to prepare your sight translation.
- Underline or write down any terms, ideas or phrases you don't understand.
- Ask the provider to explain the terms or quickly look them up in an electronic dictionary. Write down their translation to use when you start the sight translation.
- Pay special attention to long titles and program names. Write down how you will interpret them. You will often need to change the order of the words for them to make sense in your indigenous language.

Before You Sight Translate

Ask the provider to stay in the room to answer any questions. *This step is very important!*

Quickly read throught the document.

Underline or write down any terms or concepts you don't understand.

Ask the provider to explain the terms you need help with or look them up in an electronic dictionary.

Pay attention to long titles and program names.
Write down how you will interpret them.

When you are ready to start the sight translation:

- Read each sentence completely first so you understand the meaning.
 As you read, start converting the meaning in your head into your indigenous language, then start to sight translate.
- For question-and-answer documents, such as patient history forms, sight translate each question or item and then wait for the patient to fill in the answer. You may need to show the patient where to write.
- Choose a steady, moderate speed to sight translate. This gives you time to understand what you are reading and to interpret it smoothly so the patient can understand. If you go too slow or fast, the patient might have a hard time understanding you.
- Sight translate idea by idea, not word for word, just as you do in regular interpreting. This can be harder in sight translation because you are looking at the words.
- Make your delivery, the way you speak, as smooth as possible. Use lots of expression and emotion, as if you were reading a story. If you stop and start

When You Sight Translate

Read each sentence *before* you start to sight translate so you understand the meaning.

For question-and-answer documents, sight translate each question or idea and then pause so the patient or client can fill the answer.

Sight translate at a moderate pace – not too fast, not too slow A moderate pace is easiest for the patient or client to understand.

Sight translate the information idea by idea, not word by word, one idea at a time.

Make your delivery – the way you speak – as smooth as possible, and read it with emotion and feeling.

Avoid saying filler words like "eh" or "uh."

Try not to stutter, start over or say a term in different ways.

If the patient or client asks a question, *do not* answer it yourself. Instead, interpret the question for the provider.

- a lot and have a lot of fillers like "eh" or "uh," it will be hard for the patient to understand.
- Don't answer questions the patient or client has about what
 the form means, even if you think you know the answer.
 Interpret the question for the provider and then interpret the
 answer. If you answer the question yourself, you are stepping
 outside your role as the interpreter and doing the provider's
 job. That can be dangerous!

Above all, remember the first step: Do everything you can so that the provider stays in the room. Often the provider will try to leave you alone. But the client nearly always has questions. You are not permitted to answer those questions. If you can't keep the provider there, sight translate the document and write down any questions the patient or client has. Do *not* answer the questions yourself. Wait until the provider returns and ask the questions, interpreting the answers.

Review of Section 6.1

Sight translation is an interpreting mode that is a mix of translation and interpreting. The interpreter has to read a written text and interpret it orally. It is a difficult and advanced skill. When you sight translate, keep the provider there to answer questions. Then read the document and find any terms or sentences that you don't understand. Ask the provider to explain them. If the document is too hard, *decline* to sight translate it. Ask the provider to explain it instead. Then interpret the explanation. If you do the sight translation, read clearly and naturally so that the client understands. Sight translate idea by idea. If anyone asks a question, interpret it—don't answer. Make sure you are clear.



The CALL Model

Learning Objective 6.2

Apply the CALL model.

Introduction

In the last section you learned the steps for *how* to sight translate. This section will help you decide *if* you should sight translate a specific document or text.

Interpreters are asked to sight translate many kinds of texts. You shouldn't always do so, especially into an indigenous language. This section gives you an easy model to help you decide which documents you should not sight translate: the CALL model (Bancroft et al., 2015a, p. 163). The CALL model recommends that interpreters should *not* sight translate texts that are complex, have advanced terminology, use legal language or are long. (Remember: If you decide *not* to sight translate the text, ask the provider to explain it instead, so that you can interpret the explanation.)

The CALL model

Before agreeing to sight translate a text, review it first. In general, try not to sight translate documents that are *complex*, *advanced*, *legal* or *long*.

- Complex: Documents written with long sentences, complicated sentence structures or content that is too hard to sight translate easily into the other language.
- Advanced: A text on an advanced topic with many technical terms.
- Legal: Any text that requires a signature, uses legal terms or is part of a legal service or process. (If the patient or client has to sign a paper—it is probably a legal form.)
- Long: Any document longer than one or two pages of simple text.

The CALL Model

Four criteria to help you decide whether or not to perform a sight translation.

- C) COMPLEX language
- A ADVANCED terminology
- L LEGAL language
- L) LONG documents

If the text meets any one of these criteria, say NO. Image used with permission (Bancroft et al., 2016a).

The CALL model protects patient and client safety

Many interpreters do not have advanced sight translation skills. They can sight translate short documents written in simple language—not long, hard documents. Their mistakes could affect safety and understanding. If the interpreter cannot sight translate accurately and clearly, the interpreter should not sight translate.

The CALL model protects patients and clients in another way. Even if you do excellent sight translation, a form can be hard to understand. When a provider *explains* the same document, the information is much easier to understand and remember.

Review of Section 6.2

The CALL model can help you decide if you should sight translate a text or document. If the document is too complex, advanced, legal or long, don't sight translate it. Instead ask the provider to explain what's in it so that you can interpret the explanation.



The "How to Say No" Model

Learning Objective 6.3

Practice the "How to Say No" model.29

Introduction

This section shows you how to say "no" to a sight translation request. Refusing to do what a doctor or service provider asks you to do is not easy. Culturally, it may be hard for you. The "How to Say No" model helps you say "no" professionally and politely. It teaches you how to give *choices* when you say "no." When people have choices, they are usually not upset with you.

The "How to Say No" model

Why saying "no" is important

We all have to say "no," in life and at work. Indigenous interpreters are often asked to do things that go beyond their role or ethics. How do you say no to a doctor? Or your boss? Or a client who is suffering? It's not easy. *You* know that many requests go against your interpreter ethics, but the person asking you probably doesn't know that. Saying, "I can't do that, my ethics don't let me" can make providers and clients frustrated or upset with you. The "How to Say No" model lets you say no *and* offer solutions at the same time. When you give solutions, people are more likely to be happy with you, not angry.

The three steps of the "How to Say No" model

The "How to Say No" model has three steps:

- 1. Be polite.
- Offer 2-3 solutions.
- 3. Give reasons.

²⁹ This model was adapted with permission, including all three steps, from the SAY NO model, from Bancroft et al. (2015a), pp. 100-103.

How to use the steps

When we say no, we usually start by saying, "I can't" or "I won't." In this model, you give the solutions *before* you say "no" *and before* you say "why." By giving the solutions first, you solve the problem. In fact, if you do it well—you never say "no" at all!

For example, let's say you interpret for an indigenous family that has a child with special needs. The child has been approved to receive physical and speech therapy. You have been asked to sight translate a long, complicated document. It explains the family's rights and responsibilities. You know it is important for the family to understand their rights. You also see that the language used in the document is hard to understand. You worry the family won't understand their rights if you sight translate the document.

Be polite

Respond to the request with a smile. "I wish I could sight translate this document. I know how important it is that the parents understand their rights." Do not add, "But, I can't." Go directly to step 2.

Offer 2-3 solutions

You can say, "If you explain the document to the parents, it will be easy for me to interpret it. Or if you don't have time, perhaps the program coordinator could come in to explain the document. I'll be happy to interpret that." Give the provider at least two choices. (Fewer than two is not a choice. More than three choices can be confusing.)

Giving *choices* puts the responsibility for solving problems on the *provider*, not on you. This way, the provider doesn't see you as a "problem."

Give reasons

Now tell the provider *why* you are saying no. "This document is legal and complicated. Our language doesn't have the same legal ideas. There are no terminology equivalents. Also, I'm concerned the idea of family rights might be new to the parents. I know it's important for them to understand it."

Practice saying no

The "How to Say No" model only works if you follow the order of the three steps and practice them. First, it takes a lot of practice to think about two or three solutions. It's much more natural to say, "I'm sorry, I can't do it because..." or "I would like to help you, but..." Also, the order of the three steps doesn't feel natural at first, until you practice it.

Here is the solution. *Practice saying "no" at work and at home*. Think about what the person you say no to needs and wants. Offer solutions. Be polite. Say you would be happy to do that, and you know it's important. Offer two or three different choices. *Then, and only then, give your reasons*.

Example: Sight translation request

"Interpreter, please read this consent form for Ms. Chavez's MRI and have her sign it."

Be Polite	Offer 2-3 Solutions	Give Reasons
I would love to sight translate that for you. Ms. Chavez needs to understand this procedure.	If you could explain the procedure, I will be happy to interpret. Or if you prefer, Sergio is here today. He reads English well and has experience sight translating this consent form.	This is a legal form, and I don't want to make a mistake that could cause problems for the hospital. I'm trained for oral interpreting but I don't read English well.

Example: Cancer clinic

"Interpreter, I need you to go to the oncology clinic and interpret for a lung cancer patient."

Be Polite	Offer 2-3 Solutions	Give Reasons
I know this is important. I really wish I could go.	Sara usually interprets for the clinic. She's at work today, and we can call her. If she's busy, we can call one of our telephone interpreters who has experience with the oncology clinic.	I don't have any experience interpreting for cancer. Cancer is a hard illness to interpret for into my indigenous language. You need an experienced interpreter for oncology patients.

Try practicing some of these everyday examples.

- Your six-year-old son wants you to take him to the newest action movie, which is too violent for him.
- Your neighbor asks to borrow money from you.
 He has borrowed money before and never paid it back.
- Your coworker asks if she can use your car for the weekend.
- Your sister wants to babysit for you, but you think she is too young.

Using the "How to Say No" model might feel uncomfortable at first. With practice, you will get better at thinking of solutions. This model will help you at work and at home.

Review of Section 6.3

At work, we are supposed to do our jobs. Sometimes we are asked to do things, such as sight translating long, legal documents, that we know we shouldn't do. We are not qualified. However, our professional ethics and protocols don't tell us *how* to say no. This section showed you a simple and professional way to say no. The "How to Say No" model has three steps:

- Be polite.
- Offer 2-3 solutions.
- Give reasons.

The model helps you to say "no" instead of making excuses. To be successful, you should practice the "How to Say No" model at work and at home until you can follow the steps quickly and easily. You will be glad you learned them.



Review of Module 6: Introduction to Sight Translation

This module introduced you to the interpreting mode of sight translation. Section 6.1 showed you that sight translation is a mix of interpreting and translation. It is oral translation. The interpreter reads a written text and interprets it orally into another language. It is an advanced skill that is challenging for indigenous interpreters. This section defined and showed you the steps to perform sight translation.

Section 6.2 introduced you to the CALL model. It can help you decide if you should sight translate a text. If it is a short, simple document of one or two pages, or a question-and-answer form, you can probably sight translate it. If it is complex, advanced, legal or long, you should probably say no.

In Section 6.3 you looked at the "How to Say No" model. If you decide you should not sight translate a text, (1) be polite; (2) offer 2-3 solutions; (3) give reasons. The "How to Say No" model can be used for any request that goes against your ethics or role. It is a polite way to say "no" that helps solve the problem the provider or client has.



Module 7

Building IndigenousLanguage Glossaries

Learning Objectives

After completing this module, you'll be able to:

Learning Objective 7.1

Demonstrate how to research topic areas for new interpreting assignments.

Learning Objective 7.2

Develop a glossary-building system for terms that have no language equivalents.

Learning Objective 7.3

Practice interpreting using a glossary built by the indigenous interpreter.

Overview

A glossary is a list of terms about a specific subject. It is like a small dictionary for one topic. A multilingual glossary is in two or more languages.

Interpreters need glossaries to do their work. You interpret on many different subjects. One day the appointment might be about diabetes—the next day, child welfare—and the next day, legal aid. To learn the terminology, you need to create a glossary.

Glossaries are extremely important for indigenous interpreters. Many

Español	Huichol	Cora
cabeza	moho	muhu
cabello	кира	keopa
frente	kana	_
oreja	naka	nage
ojo	hugy	husi
ceja	tzucu	_
párpados	karimugy	sacri
boca	teta	teni
labios	teni	teni
nariz	tzuri	tzuri
mejilla	ahocope	hupece
diente	tame	tamey
lengua	neni	nanure
paladar	tarkuja	_
barbilla	enemico	_
cuello	kuipi	kujpi
		Source: 30

Western ideas are hard to express in indigenous languages. Many indigenous concepts are hard to express in languages like English. Most indigenous languages don't have glossaries for specific topics.

Also, many terms for community services do not exist even in bilingual dictionaries—if you can find one for your language. Let's look at an example. The terms and ideas for "diabetes" or "informed consent" exist in Spanish and Russian. Yet the same ideas may not exist (or not in the same way) in an indigenous culture. Interpreters often need to go through a three-step process to find a way to express an unknown concept accurately between languages:

- Educate yourself about the idea (such as how to talk about diabetes in the non-indigenous language, or what *yingua* is, roughly translated as "evil wind" in the Mixteco language).
- Create a short word phrase to express the idea.
- Translate the word or phrase into the indigenous language or into English.

This module guides you through these three steps. They take time to learn. But when you practice creating glossaries, you improve your basic interpreting skills. Creating glossaries makes you a better interpreter.

³⁰ Retrieved from http://books.openedition.org/cemca/1438?lang=es



How to Research Assignment Topics

Learning Objective 7.1

Demonstrate how to research topic areas for new interpreting assignments.

Introduction

"Interpreters can't interpret what they don't understand." "Context is everything." Interpreters often hear these sayings. These sayings are true. But what exactly does "context" mean?

Context is an important idea for interpreters. It means all the information about a situation that gives it meaning. For example, you are with a mother whose baby is crying. You think the baby could be hungry, tired, sad or afraid. Then the mother says, "She just bumped her head on the table." Now you know the baby is in pain. Probably that is why she is crying.

Context

Context is everything about a situation that gives it meaning. For example, many U.S. children get excited on the evening of December 24 or the morning of December 25. Why? Those dates are Christmas Eve and Christmas Day, when these children will get gifts.

We do not interpret words: We interpret meaning. You can understand each word someone says and still not know what they mean when you put them all together. You can try to express them in another language. But you can only interpret them accurately if you *understand the context*.

One big challenge for community interpreters is the huge number of settings they work in. As interpreters, we can't know everything about everything. It is possible, however, to know a little about a lot—if you prepare well. This section shows you how you can become an "instant expert" on the subjects that you interpret for. In other words, you will find out how to "learn a little about a lot"—and learn it fast.

Assignment research for indigenous interpreting

Research challenges that indigenous interpreters face

Context and indigenous languages

Indigenous interpreters work hard to understand context and find the right words for the meaning of a message. Differences in culture and worldview are two reasons. Every country, culture and language are different from others. But the cultures that indigenous migrants come from are often extremely different from the cultures they live in now.

If you are an indigenous interpreter, you may come from cultures and languages that are thousands of years old. Here is the way that the United Nations describes indigenous peoples:

Indigenous peoples are descendants of the original people or occupants of lands before these lands were taken over or conquered by others. Many indigenous peoples have maintained their traditional cultures and identities (e.g., way of dressing, language and the cultivation of land). Therefore they have a strong and deep connection with their ancestral territories, cultures and identities.³²

Worldview

The overall perspective from which one sees and interprets the world.

A collection of beliefs about life and the universe held by an individual or a group.³¹



In other words, indigenous cultures have kept a way of life that started long before our industrial culture.

³¹ Retrieved from http://www.thefreedictionary.com/worldview

³² United Nations Declaration on the Rights of Indigenous Peoples for indigenous Adolescents. Secretariat of the Permanent Forum on Indigenous Issues, p 5.

Your community probably has its own beliefs about religion, health, law, society and relationship to the land. Now you live in this country. It has different beliefs and systems. As an interpreter, you stand between two worlds. You might understand more about the provider's world than the patient or client does, and



more about their world than the provider does. When you interpret, everyone wants you to help them understand each other.

Different health beliefs

The Zapotec come from Oaxaca, Mexico. This example shows you how providers and indigenous immigrants can have different health care beliefs.

A doctor tells a Zapotec patient that she has "tuberculosis" and describes it as "an infectious, bacterial disease." This diagnosis may make no sense to the patient. The patient, when she describes her

symptoms, may shake her head and say no. "The devil is strangling my throat."

The doctor is confused. You, the interpreter, have to express both statements in a way that the other person can understand. Both descriptions make sense. They just come from different worldviews about what causes illness.

In Western medicine, tuberculosis can be seen as "an infectious bacterial disease characterized by the growth of nodules (tubercles) in the tissues, The Germ Theory of Disease
This theory states that some
diseases are caused by
microorganisms. These small
organisms, too small to see
without magnification, invade
humans, animals, and other
living hosts. Their growth and
reproduction within their hosts
can cause a disease.³⁴

especially the lungs."³³ Western medicine has its roots in ancient Greek and Latin culture. It explains infectious illnesses through science, especially through *germ theory*.

³³ New Oxford American Dictionary. Retrieved from https://en.oxforddictionaries.com/definition/ tuberculosis

³⁴ Retrieved from https://en.wikipedia.org/wiki/Germ_theory_of_disease

Now look at this Zapotec description: "The devil is strangling my throat." That statement comes from a different way of understanding illness. Many Zapotec believe that health and sickness are connected to moral behavior. In this view, the body can become imbalanced if the person acts sinfully or immorally. Often, health is seen as a balance of primary elements in nature and human emotion.

Here is how many Zapotec view health.

Good health is the result of the balance of elements: hot and cold, wet and dry, or emotions such as anger, fear, melancholy... When one of these is too strong, the person is open to illness, and healing is a matter of restoring the balance (Royce, 2011, p. 4).



Zapotec healer³⁵

[For the Zapotec] dying is a gradual process of becoming dry, wetness being an essential property of the living. The departed then is transformed from some being that is nayaa (wet, green, fresh) to a being which is nabidxi (dry) (Royce, 2011, p. 14).

For a Zapotec patient with traditional views about illness, the explanation that her illness is caused by tiny bugs (microorganisms) too small to be seen may seem ridiculous. For the doctor, the patient's belief that her body is out of balance and that the devil is making her sick might seem just as strange.



Western doctor36

³⁵ Retrieved from http://mezcologia.mx/tag/curandera/

³⁶ Retrieved from https://commons.wikimedia.org/wiki/File%3ADoctor_takes_blood_pressure.jpg

As the interpreter, you do not need to worry about what is true or not true. Your job is to find a way to explain the terms so that the other person understands.

The only way to do so is to understand some context about what each person says.

How to become an "instant expert"

It is not easy for community interpreters to understand everything they interpret. You jump between all kinds of subjects. One day you might interpret at the orthopedic clinic. You need to know about broken bones. The next day you work at a disability hearing. You need to know something about children's development. You also need to understand what the patient or client might think about these issues and services. "But that's impossible," you say. Yes. It's a lot. You can't become an expert in every topic. But you *can* learn basic information about what you need to interpret.

Learn about the subject first

You might want to start making your glossary right away. Wait. A better approach is to learn about the subject first. Try to *understand* the general topic, and *then* work on making a list of important words.

For example, you get a call from the local *early intervention program*.

Early Intervention

A system of services that helps babies and toddlers with developmental delays or disabilities, usually from 0 to 3 years of age.³⁷

It's your first time there. They want you to interpret at a disability evaluation for a three-year-old who is not talking yet. First, ask as many questions as you can. What is the assignment for? Which services will be offered? Who will be there? Ask about any documents. Use the assignment preparation checklist in Module 3.

Next, *before* creating a glossary, learn about early intervention. To become an "instant expert" you need to learn basic information about:

- Early intervention programs.
- Disability evaluations.

37 Adapted from http://www.parentcenterhub.org/repository/ei-overview/

- Speech disabilities.
- What clients or patients might know or understand about these topics.

Internet research

Ten years ago, research was much harder. The internet was young. Many people did not have access to it or know how to use it well. Now most of us have some kind of device that lets us search online. We can use a phone, tablet or computer. With the internet, you can find out about almost anything. The trick is knowing *how to ask the right questions*. First, select an internet search tool, such as Google. But then what?

How to find the information you need

To search for information online, you will need to use a search engine. Here are the most popular ones:

- google.com
- bing.com
- yahoo.com
- ask.com
- aol.com

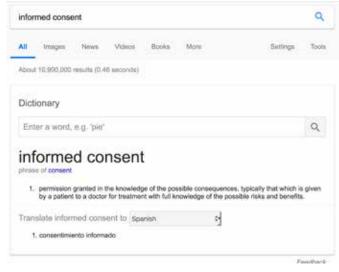
If you haven't already, take some time to learn the best ways to search for information online. There are simple tricks and techniques that make it easier to find exactly what you are looking for. Look for articles and videos by typing in phrases such as: "basic online search strategies," "tips for online searches" or "effective online search."

Here are a few examples of the most common kinds of search techniques you can use:

- Put your search term inside quotation marks. This will force the search engine to look for that specific combination of words. For example, if you want to find out about special education, type in "special education."
- Use the negative or minus sign (-) in math to filter out results that are not what you are looking for. For example, you start a search for information about the term "law and order."

Many of the results show links to the television show called *Law & Order: SVU*. To eliminate any references to the show, do a search for "law and order -svu."

- Use the word AND to include two subjects in one search.
 For example, if you wanted to find websites about the Maya in both Mexico and Guatemala, search for Maya Mexico AND Guatemala.
- Use the word OR between your search term words to connect two or more similar topics or to make your search wider. For example, type in—Triqui or diabetes or United States—to find information on diabetes among Triqui immigrants in the United States.
- Use the word VS. to contrast between two subjects. For example, type in a search for translation vs. interpretation to find results explaining the difference between the two ideas.
- Search using a specific domain name ending, such as .edu, .gov, .org or .mx. This will help you find information from specific sources. For example, if you wanted to find materials about health care insurance created by the U.S. government, you could search for—site:.gov "Affordable Care Act." Or, if you wanted to find materials about the Zapotec culture from websites in Mexico, you could search for—site:.mx "cultural zapoteca."
- Compare results
 between different search
 engines, which include
 social media sites. In
 addition to the search
 engines listed above, you
 can search Facebook,
 LinkedIn, Pinterest,
 Twitter and even
 Amazon.com to find
 resources on your topic.
 You can also search
 the specialized tabs
 inside search engines
 to narrow your results.



For example, on Google.com, type in your search term, such as "informed consent," into the regular search box and hit "enter." Then, you can narrow your search by clicking on one

- of the specialized tabs, which include images, shopping, news, maps, videos, books, flights, and finance.
- Search for information in documents and media in different formats types by adding .pdf, .doc, .ppt, .xls, .mp3, etc. For example, if you want to find consent forms for a particular kind of surgery, type in—hernia surgery consent .pdf. You can practice sight translation using the forms you find in the search.

Remember, you are using these tools to look for *specific* information. Type search phrases in *specific* ways. Not all searches will be successful. Don't give up. Try different search terms until you find the information you need. Try your searches in English, Spanish or your indigenous language (if it has a written form).

Here are some additional examples of search terms helpful to interpreters.

- 1. To find online dictionaries, search for terms like:
 - a. Online dictionary in Zapotec
 - b. Online English-Zapotec dictionary
 - c. Online English-Zapotec glossary for education
- 2. Try putting your search terms inside quote marks to force the search tool to look only for those word combinations:
 - a. "Calvos County early intervention program"
 - b. "Early intervention" Zapotec glossary
 - c. "Education glossary"
- 3. Search for videos about the topic:
 - a. Include the term "video" and "early intervention" when searching online with a search engine like Google.
 - b. For videos, you can also go to video sites such as YouTube.com or Vimeo.com and type the same search words there, for example, "early intervention."
- 4. Search for podcasts online, using the same kind of search terms, for example, type—podcast "early intervention."
- 5. Search for the terms using the "images" option in the online search tool (which can usually be found in the menu on top).

- a. The image search is good for finding documents related to "early intervention," such as application forms, brochures and related websites.
- b. An image search can take you to other websites you might not find searching only for words.

Use these search techniques. Try them out. Start experimenting with how to search for general information on a topic. The more you search, the better you will get. Remember to search for information in all your languages. If your language has no written form, focus on searches for videos and podcasts. And read, read, read or watch, watch, watch!

When you have found the specific information you need, do the following:

- Bookmark the most helpful websites. (If you don't know how to bookmark, do a search for how to bookmark pages on the search engine you are using.)
- Download helpful documents. (If you don't know how to download documents to save them on your device, find out. Do a search.)
- Write down words and phrases that you think you'll need for the assignment.

Organize what you learn

Once you have gathered information, organize it. Create a folder on your computer or tablet. Save all the documents and links you found. You can label the folder "early intervention." If you use your smartphone, many apps let you tag and store online materials. If you like paper copies, print out the information.

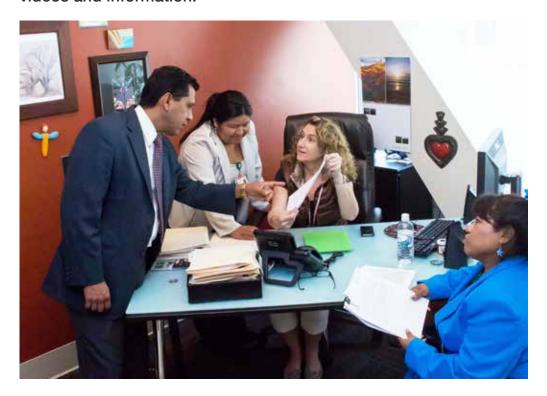
Organizing your research helps you remember what you learned. Don't skip this step. You took the time to research. Take a few extra moments to save what you learned. Then it's ready for other assignments. If you don't, you will probably have to do the research again.

The power of video

Watching online videos is a great way to prepare. Reading gives you a general idea of the topic. It does not show you how people talk about it. Videos can show you *context*.

For example, for the same assignment, search for online videos by typing "speech assessments for preschool" on a video website such as YouTube.com. Try to find a video of a speech therapist who demonstrates an assessment. A demonstration gives you visual and audio context for the subject.

If you don't find anything helpful in your first search, try again. Keep trying. Change the search terms until you find something useful. Search in all your languages. That way you can find more videos and information.



Review of Section 7.1

Indigenous interpreters face many challenges. One of them is how to research for assignments. Interpreters have to know a little about a lot of subjects. This section showed you how to research online to prepare for almost any interpreting assignment. Researching a topic gives you context. This section offered specific suggestions for how to search online for information about a topic. It discussed how to save that information. It showed you why watching videos can help you in your research.



Building a Glossary

Learning Objective 7.2

Develop a glossary-building system for terms that have no language equivalents.

Introduction

After researching a topic, the next step is to make a glossary of key terms on that topic. This section shows you how to create a multilingual glossary. Most indigenous languages don't have online dictionaries where you can find a translation for each word you need. There may also be no equivalent for terms in one language or the other.

For many terms, when an exact word match does not exist, you will have to invent a term or phrase that is close to, or the "equivalent" of, the original term. The glossaries you build help you to understand the languages you interpret in. They also expand your vocabulary. They help you to interpret as accurately as possible

How to find equivalents for indigenous interpreting

Dictionary vs. glossary

Dictionaries and glossaries are similar, but they serve different purposes. A dictionary tries to include *most* of the words in a language, or at least common and important words. A bilingual dictionary, such as a Spanish-English dictionary, does the same thing in *two* languages.

A glossary is much more specific. It's limited. It is a list of words on a specific subject. It includes the term and sometimes a brief definition or description of what it means. Glossaries can be short or long. They can be monolingual (one language), bilingual (two languages) or multilingual (three or more languages). A bilingual or multilingual glossary usually lists terms and phrases with their translations and does not include a definition. Here is an example of an English glossary of early intervention terms.³⁸

A Parent's Dictionary: Early Intervention Terms A-Z

Adaptive: self-help skills the child uses for daily living (such as feeding, toileting, dressing).

Advocacy: the act of supporting or defending a child's interests and rights.

Assessment: means the initial and ongoing procedure used to identify: the child's unique needs and strengths; the family's resources, priorities and concerns relative to that child's development; and the nature and extent of early intervention services that are needed by the child and the child's family to address the needs identified in the evaluation process.

Assistive Technology Devices and Services: equipment and services that are used to improve or maintain the abilities of a child to participate in such activities as playing, communicating, eating, or moving.

At Risk: a term used for children who may, in the future, have problems with their development that may affect learning or development.

Audiology: identification of children with hearing impairments and providing services for hearing loss and prevention of hearing loss.

Cognitive: a term that describes the process used for remembering, reasoning, understanding, and making decisions.

Confidentiality: the right that personal information about a child and family is not released without parent consent or only when permitted or required by law.

Consent: the approval a parent gives to a program or the county, generally in writing. Consent is always voluntary and a parent may revoke it at any time.

Counseling: advice or help given by someone qualified to give such advice or help (such as a psychologist or social worker).

Developmental: having to do with the steps or stages in the growth of a child.

Developmental Delay: an indication that a child has not attained the expected level of development based on the child's age.

Here is an example of a bilingual English-Spanish glossary on the same topic.³⁹

English-Spanish Education and Assessment Glossary

Translation glossary developed by the California Department of Education.

English	Español
abdominal strength and endurance	fuerza y resistencia de la musculatura abdominal
ability	habilidad
abnormality	anormalidad
above average	por arriba del promedio
absence	ausencia
abstract reasoning	razonamiento abstracto
academic achievement goals	metas de logros académicos
academic calendar	calendario académico
Academic Performance Index (API)	índice de rendimiento académico (API)

³⁸ Retrieved from http://www.earlychildhoodmichigan.org/Dictionary.htm

³⁹ Retrieved from https://www.cde.ca.gov/ta/tg/ai/assessmentglossary.asp

The importance of dictionaries and glossaries

Dictionaries and glossaries are essential tools for interpreters. You need to build a collection of monolingual and bilingual (or multilingual) dictionaries. You also need subject-specific glossaries. Dictionaries help you learn to understand everyday words in any language. Glossaries help you find translations for specialized terms and phrases in community services. But many terms and phrases don't exist in your indigenous languages. Other terms don't exist in English. What do you do?

The answer is: Make your own glossary. Start by finding out what the term means. For example, different kinds of technology are used to treat children with disabilities. One term for this technology is "assistive technology." You probably won't find this term in a regular dictionary. But at least for English, a special education or early intervention glossary will define this term, for example:

Assistive technology: Devices and Services: equipment and services that are used to improve or maintain the abilities of a child to participate in such activities as playing, communicating, eating, or moving.⁴⁰

Instead of a definition, a Spanish-English glossary will give you the Spanish *translation*:

Assistive technology: tecnología asistencial, tecnología de apoyo.

As the interpreter, your home country might not even have these kinds of services. They might be new to the client as well. Your indigenous language might have no term for it. But you are responsible for making sure that what the provider and the client say is clear to each other. To prepare, you need a good monolingual glossary in English. But then you need to find or make your own glossary of special terms.

The same need is true for terms in your indigenous language. There will be many terms and concepts that have no equivalent in English or Spanish. The difference is that your indigenous language might have no dictionaries or glossaries yet.

⁴⁰ Retrieved from https://en.wikipedia.org/wiki/Early_childhood_intervention

Finding glossaries

It used to be difficult to find glossaries. Interpreters had to search bookstores and buy expensive books. Today, it's much easier. Thousands of dictionaries and glossaries can be found online at websites or in apps. For some languages, you can find glossaries on specific subjects. The easiest way to find them online is to combine the name of the subject with the word "glossary." For example, type these word



combinations into your search bar (in all your working languages):

- "Early intervention" glossary
- "Mental health" glossary
- "Speech disorder" glossary

Be sure to include terms or phrases with more than one word in quotes. You will get better search results. This kind of search helps you find monolingual glossaries. If you want to find an English-Spanish glossary on early intervention, combine the subject with the word "glossary" in Spanish (or any other language).

- "Early intervention" glosario
- "Mental health" glosario
- "Speech disorder" glosario

If you are an indigenous interpreter, your language probably has almost no dictionaries and glossaries. If your language has no written form, there might not be any glossaries. One reason is that not many people speak indigenous languages compared to speakers of more common languages. Until recently, not many indigenous people had moved to other countries. Some community services are starting to create English-indigenous language glossaries on specific topics. Still, only a few exist and they can be hard to find.

In your case, the monolingual glossaries you find online will help you understand a topic. But then you need to create your own bilingual glossaries. You can translate key terms into your indigenous language or English.

Finding equivalents

What are equivalents?

A "language equivalent" or "translation equivalent" is an expression in one language that means about the same thing in another language. Often you have to find an equivalent when you interpret because there is no way to interpret exactly what was said.

An "exact" translation would be the word "dog" in English for the word

Translation Equivalent

An expression from a language which has the same meaning as, or can be used in a similar context to, one from another language, and can therefore be used to translate it.41

"dog" in another language. For example, "dog" in English is "perro" in Spanish: the two words mean the same thing. Another example is the word "mother." There is a way to say "mother" in all languages. You wouldn't have to say, "the woman who gave birth to the child." "Mental health" is an example of a term that doesn't have an exact translation in many indigenous languages. One possible equivalent term is "emotional well-being." A term for an indigenous or traditional healer might not have an exact equivalent in English.

The problem with equivalents

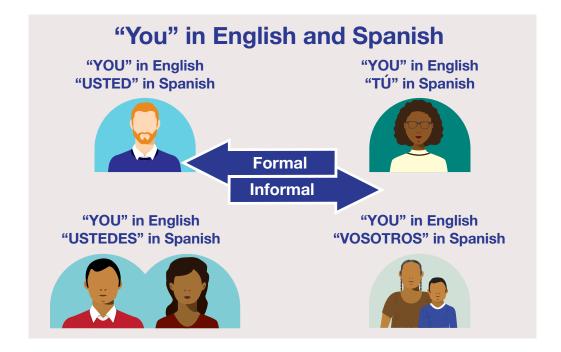
Equivalents are not exact. They mean *close* to the same thing, but not exactly the same. Interpreters have to be accurate. How can they be accurate if they use equivalents?

The truth is that interpreters have no choice. Sometimes, they have to use equivalents. Here is an example. If you speak French, Spanish, Russian or Polish, there is more than one way to say "you." Spanish has five words to say "you": usted, ustedes, tú, vos, vosotros. (Not all Spanish-speaking countries use vos or vosotros.) In English, there is only one equivalent: you. If you say "ustedes" in

⁴¹ Retrieved from http://www.encyclopedia.com/doc/1029-TRANSLATIONEQUIVALENT.html

Spanish, you are addressing two or more people in a formal way. In English, that option doesn't exist. "You" in English is similar, but it loses a lot of meaning. *You is* an *equivalent*, not an exact translation.

Many of the terms you put in your glossaries won't have exact translations. You will have to create equivalents. The next section shows you how.



Creating glossaries for indigenous languages

It's time to make a glossary. Start with a glossary from English into your indigenous language. Later, you will also need to make glossaries for working from your indigenous language into English. To create your first glossary, follow these steps:

- Create a table like the one on next page (handwritten or on your computer).
- Write in the term that needs translation.
- Write a description or definition of what the term means.
 (You can copy definitions from dictionaries or websites.)
- Create a short phrase that captures what the term means.
- Use the short phrase to find an *equivalent* phrase in your indigenous language.

This table shows how to apply these steps to five common early intervention terms that are difficult to translate into an indigenous language.

TERM IN ENGLISH	TERM IN INDIGENOUS LANGUAGE (if one exists)	DESCRIPTION IN ENGLISH	SHORT PHRASE	SHORT PHRASE IN INDIGENOUS LANGUAGE
Toddler		Child between one and three years of age. A young child who is beginning to walk.	Young child or little child	
Assessment		Process of observing and writing down a child's development.	Observing a child's development	
Early intervention		Support for children who are at risk for, or who have, a learning, mental or physical disorder	Support for children with developmental disorders	
Motor development		Stages of growth in the ability to manipulate and control limbs and body movement	Development of body movement	

You can organize your glossary using the categories that work best for you. For example, a Triqui interpreter shared this glossary structure he created for medical terminology.

TERM IN ENGLISH	DEFINITION IN ENGLISH	TERM IN SPANISH	DEFINITION IN SPANISH	SHORT PHRASE IN INDIGENOUS LANGUAGE
Abduction	The movement of a limb (arm or leg) away from the midline of the body	Abducción	Es el movimiento de una extremidad (brazo o pierna) que la aleja de la línea media del cuerpo	Nash o con ticos
Acid indigestion	A painful burning feeling in your chest or throat	Indigestión ácida	Una sensación de ardor dolorosa en el pecho o en la garganta	Llo' on rques
Adduction	The movement of a limb (arm or leg) toward the midline of the body	Aducción	Es el movimiento de una extremidad (brazo o pierna) hacia la línea media del cuerpo	Nash cas o nanun ticos
After surgery	After any operation. You'll have some side effects. There is usually some pain with surgery. There may also be swelling and soreness around the area that the surgeon cut. Your surgeon can tell you which side effects to expect.	Después de cirugía	Después de cualquier operación. Vas a tener algunos efectos secundarios. Generalmente hay algo de dolor con la cirugía. También puede haber hinchazón y dolor alrededor del área que el cirujano corto. Su cirujano puede decirle cuáles efectos secundarios esperar.	Navi kac ne inj

Finding a short phrase that captures most of the meaning is not easy.

Note: There is no "correct" answer when you try to find equivalents. There will always be more than one way to describe something. Your job is to find or create the best equivalent that you can in order to be accurate when you interpret.

Strategies for building glossaries

When you create glossaries, you add new ideas to your indigenous language. You help it "grow." You find ways to express new concepts and ideas in your indigenous languages. These terms give your community members helpful ways to understand their adopted country. This work can be exciting but also difficult. Try these strategies when you build glossaries.

Work with friends and coworkers

When you work alone, you only have your own knowledge. When you work with others, you can share ideas and suggestions. Together you can find the best choice. Find other interpreters who know your language(s). You don't have to meet face-to-face. Create a chat group using WhatsApp or your favorite messaging app. Or create a group page on social media sites such as Facebook or LinkedIn. Any time you need help with a term or concept, send a message to your group.

Many groups like these exist for professional interpreters. They can be amazing sources of information and support. Be the first person to create a group for *your* indigenous language. You may be surprised at how much you can learn by sharing resources.

Interview family members or friends

You can also ask your family and community members for help. Describe what a term means as best as you can. Then ask them how they would say that idea. One Triqui interpreter asks his mother about cultural issues. She lives in the United States. He also has an uncle in Oaxaca who has worked in the legal system for many years.

The interpreter looks up the terminology in Spanish that he needs help with. Next, he asks his mother or uncle for help finding a way to say the terms in Triqui. He uses Spanish as a bridge language to help him understand any terminology that is hard in English.

Go from English to Spanish to your indigenous language

For many indigenous interpreters, English is their third language. They may understand another language, such as Spanish, better. In that case, add a column to your glossary for Spanish. Take the short phrase in English and translate it into Spanish. It can be easier to think how to say a term in your indigenous language after you have understood it in Spanish.

Note that each term has two possible phrases. Having choices can make it easier for to find a way to express the idea in your indigenous language.

TERM	DESCRIPTION OF TERM IN ENGLISH	SHORT PHRASE DESCRIPTION IN ENGLISH	SHORT PHRASE DESCRIPTION IN SPANISH	DESCRIPTION OF TERM IN INDIGENOUS LANGUAGE
Toddler	Child between one and three years of age. A young child who is beginning to walk.	Young child	Niño pequeño, niño pequeño que anda	
Assessment	Process of observing and writing down a child's development	Observing child development	Observar, vigilar, monitorear el desarrollo del niño Observar el crecimiento del niño	

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Purépecha alphabet (P'urhépecha Jimbo Kararakuecha)

Aa Bb Ch ch Ch' ch' Dd Ee Jі Gд [tʃʰ] [b] [t∫] [d] [e] [g] [i/j][i] K k K' k' Mm Nn Nh nh Oo Pp P'p' k'u [k] [k^h] [kw] [kwh] [m][n][m] [0] [p] $[p^h]$ R r Rh rh SsΤt T't' Ts ts Ts'ts' U u X x [th] [r][t][s] [t] [ts] $[ts^h] [u/w] [\int$

Notes

- b, d, g appear only after m and n (mb, nd, ng), and p, t and k are voiced after nasal consonants.
- An acute accent (á) indicates the stressed syllable in a word, e.g. karáni (write), kárani (fly). The second syllable is usually stressed, though sometimes the first one is.
- Purépecha has no I sound, but many younger speakers pronounce rh as /l/ due to Spanish influence.
- Aspirated consonats are pre-aspirated when between vowels, and become unaspirated after nasals.

Sample text

lamendu k'uiripuecha janguarhiparini ka majku jarhati ka jurhimbekuecha jingoni kueraanasondikso ka, juajtakuarhisiindiksi ambakiti eratsekua ka kaxumbikua, jatsistiksi eskaksi sesi arhijperaaka.

Translation (of all the above texts)

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

(Article 1 of the Universal Declaration of Human Rights)

Source: 42

You can also use a bridge language like Spanish in the other direction. You may need to explain a health belief in your indigenous language that has no equivalent in English. If you are more fluent in Spanish than English, work out a short phrase in Spanish first, then go from Spanish to English to find a good equivalent in English. Spanish and English have similar structures and roots. Once you find a good equivalent in Spanish, it will be easier to find an equivalent in English.

⁴² Retrieved from http://www.omniglot.com/writing/purepecha.htm

When the indigenous language has no written form

Some indigenous languages have no formal written form. Building a glossary for them is harder, but not impossible. For example, you can write glossaries *phonetically*. This means writing down words the way they are pronounced. Purépecha is an indigenous language from Mexico. It is unrelated to any known language. Purépecha has no native written form. However, religious Spaniards in the 1600s tried to create a written form based on the Latin alphabet.

If your indigenous language has no written form, write down word phrases in your indigenous language. Just spell out each word the way it sounds to your ear. Different interpreters might write down the same phrase a bit differently. That's fine. You just have to be able to read what you wrote. Then remember how to interpret the term or phrase.

Make a recording of your glossary

If you can't write the terms phonetically (the way they are pronounced), try recording them. This idea takes more time, but it works. Follow these steps:

- Create a written document file like the examples in this section with terms and short-phrase equivalents in English.
- Find an app on your telephone or computer that lets you record your voice.
- Start recording.
- Say the name of the glossary. For example, "early intervention glossary."
- Say each English term first and then its translation into your indigenous language.
- When you are done, label the recording with the name of the glossary.
- Store the recordings in your app or in a file folder on your computer. Or both.

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There are many free recording programs that you can choose from. Download several and experiment with them. You can also use smartpens⁴³ and notebooks to record glossary terms. The advantage of using a smartpen is you can touch the pen to the word written in one language and listen to the recording of its translation into



the other. It does not matter which option you choose. Find a system that works for *you*.

Review of Section 7.2

You can prepare for an assignment by creating a glossary of terms that you will probably hear. Glossaries are a list of words and terms related to a specific topic. There are many online glossaries for health care and community service terms. Most are in English. Many are English-Spanish glossaries. Glossaries for indigenous languages are much less common. You will have to create your own.

Many terms will not have perfect equivalents. This section explored how to build your glossaries using a table format. Use the glossaries to create translations for terms with no exact equivalents. Some key strategies include:

- Work with family and friends to find equivalents for terms in your indigenous language or English.
- Write terms in your indigenous language phonetically.
- Record the terms if your indigenous language has no written form.

Building glossaries helps you to prepare for assignments. You are helping your indigenous language to grow. You bring important new ideas and concepts to that language.

⁴³ There are many different kinds of smartpens and notebooks. Do an internet search to research if they might be a good solution for you. This image was retrieved from https://s3-ap-southeast-2. amazonaws.com/wc-prod-pim/JPEG 1000x1000/LSAPX00008 livescribe is 2gb echo smartpen black.jpg



How to Use a Glossary for Interpreting Practice

Learning Objective 7.3

Practice interpreting using a glossary built by the indigenous interpreter.

Introduction

You have researched your assignment. You built your own glossary. Now it's time to practice. When you interpret, you want to remember the words in your glossary. This section shows you how to "activate" those terms in your mind.

Practicing terms in context

Interpreting happens quickly. You have only a few moments to decide which words you need. Glossaries help you to find translations for important vocabulary and terms. There is one more step: activating this terminology. Activating it means you will remember what you need to know when you interpret. A glossary is just a list of words. It won't help you if you can't remember it when you need it.

The best way to activate terms is to say them out loud in context. Here are three strategies for practice:

- Make up a conversation out loud using the terms.
- Interpret to videos about the topic(s) of the assignment.
- Practice with role plays.

Make up a conversation out loud

Talking to yourself (or others) out loud is the easiest way to practice your glossary terms. Make up sentences with them. First talk about the subject in English. Then talk about it in your indigenous language. When you say the words, your mouth learns how to pronounce them. You connect what you wrote to what you say. You're more likely to remember it.

Here's an example of making up a conversation. Imagine you're at the early intervention assignment. What might the speech therapist say? Pretend you're the speech therapist. Use your list of words and talk out loud. The underlined words are examples of terms you might have put in your glossary.

Hello. We're going to do a <u>speech assessment</u> of your daughter. Your doctor referred her because she isn't talking much yet. During our assessment, we'll play games to evaluate her <u>cognitive abilities</u>. We'll evaluate her <u>receptive</u> and <u>expressive language</u>. We will see if she can <u>articulate</u> sounds.

You might feel silly, but that's all right. Do this exercise for a few minutes right before the session. You'll be surprised how much a little practice will help you do a good job.

Interpret to videos

Now practice with videos. Earlier you learned how to research a topic by watching videos online. Use the same videos to practice. Follow these steps:

- Search for a video on your topic.
- Choose a video showing the process or someone describing it.
- Listen to it first.
- Write down any terms you don't know how to interpret.



Practice interpreting to online videos with your computer or phone.

- Look up the terms and write down your translation.
- Listen to the speaker say several ideas and then pause.
- Interpret.
- Repeat the steps.

Practice to the same video until you can smoothly interpret all of it. Make your practice part of your self-evaluation (see Module 1). Record yourself the first time and the last time you practice. Listen to both versions. Enjoy your progress!⁴⁴

⁴⁴ Retreived from http://maxpixel.freegreatpicture.com/Macbook-Picture-Computer-Editing-Tablet-Lightroom-767781 and http://maxpixel.freegreatpicture.com/Headphone-People-Man-Guy-Music-Speaker-Sound-2557579

Practice with role plays

In training programs, many interpreters activate their terminology through role play practice. Role plays are like acting out real situations. They give you *context*. You practice interpreting different topics and terminology. You can make mistakes without hurting anyone.

Look at this role play based on the early intervention assignment. A mother meets with a speech therapist for her daughter's assessment. The words in bold letters are common terms for this kind of assessment.

SPEECH THERAPIST

Good morning, Mrs. Marcos. Thank you for coming to your daughter's **speech assessment**.

MRS. MARCOS

Good morning.

We're here today to evaluate your daughter's **speech development**. Her doctor referred her.

Yes, I know. I am glad. I'm worried that she is not talking yet.

Yes, you're right to want her to be assessed. The assessment will observe her cognitive thinking, receptive language and expressive language.

Oh, OK, I'm not sure what that means.

Basically, we will observe how she thinks about things, how she understands what is said to her and how she expresses herself. Even if she's not talking a lot, she is still finding ways to communicate.

Oh, yes, well, that makes sense.

You can help us by helping her feel safe and calm. You can be near her and encourage her to participate, OK?

Yes, I can do that.

OK, let's get started.

The problem with role plays is that they are usually only available at training programs or in training manuals for those programs. Save any role plays you get at trainings. You can also find some online for free and others you can buy. You will find many role plays in the workbook for this training manual. Keep them. If you are practicing alone, make a recording of the role plays. Record the provider's part in English and the patient's part into your indigenous language. Use the recording to practice.

Review of Section 7.3

The words in your glossaries help you only if you remember them when you interpret. You need ways to practice *speaking* the terms in both languages. This type of practice helps you to *activate* the terms so that you remember them when you need them. Follow these three strategies to practice your glossary terms:

- Make up a conversation out loud using the terms.
- Interpret videos about the topic(s) of the assignment.
- Practice with role plays.



Review of Module 7: Building Indigenous Language Glossaries

Glossaries are an important tool for interpreters. This module showed you how to build your own. Section 7.1 discussed how all interpreters have to learn a little bit about a lot of subjects. Research the topic first. You can't interpret what you don't understand. Word lists are not helpful unless you have some basic knowledge about what you are interpreting. Your first job is to research a topic. This section showed you how to do so.

Section 7.2 addressed the problem that not all the words and concepts in one of your languages have exact translations in the other one. If you can't find translations, you have to create equivalents. Then you can create your own bilingual glossaries. For terms and concepts that have no exact equivalents, create a brief description of the concept and then use that to decide how to say them in your indigenous language or English.

Section 7.3 showed you how to practice speaking your glossary terms. Your terms will just be words on a list if you don't practice them. Say them out loud. The best way to activate them is to say them out loud in context. Practice these three strategies:

(1) Make up a conversation out loud, (2) Interpret videos that discuss the topic(s) and (3) Practice with role plays.

Building glossaries can feel hard and slow at first. But soon the process gets easier. The more you make glossaries, the better and faster you will get.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 8.1

Explore the importance of interpreter self-awareness as part of "knowing yourself."

Learning Objective 8.2

Examine the interpreter's attitudes toward other people.

Learning Objective 8.3

Develop strategies to manage the interpreter's emotions while interpreting.

Overview

This module teaches two important new concepts: self-awareness (knowing yourself) and bias (your attitudes toward others). The first section of Module 8 focuses on the importance of interpreter self-awareness when you interpret. Another way to talk about self-awareness is "knowing yourself." The second section focuses on helping interpreters understand the attitudes they have toward others and how those attitudes can affect their interpreting. The third section helps us understand how to manage our emotions when we interpret. In this way, we can reduce the impact of our own feelings and attitudes about the people we interpret for.





Interpreter Self-awareness

Learning Objective 8.1

Explore the importance of interpreter self-awareness of "knowing yourself."

Introduction

Interpreters often find themselves in the middle of a misunderstanding. When a cultural miscommunication happens, you may be the only person to see what is happening. Now you have to make a choice. Do you interrupt to point out the problem? Or do you do nothing? Should you let the provider and the indigenous person figure things out?

Self-aware: Having conscious knowledge of one's own character and feelings: we're self-aware enough to know we're making mistakes.

Oxford Living Dictionaries⁴⁵

Before you make that decision, you need to be aware of how the situation makes you feel. You have to separate your personal reaction from your professional role. Knowing how you feel is part of self-awareness. Self-awareness is knowing yourself.

Why self-awareness is important

Self-awareness, or knowing yourself, means knowing *how* you feel and *why* you feel the way you do. Health care and community services are complicated. They help people who might be sick, upset or in crisis. You, the interpreter, are put into the middle of these situations. You have to help people communicate who may be scared, angry or afraid. You will also experience your own reactions to these situations.

Everyone has an emotional response to his or her experience.

⁴⁵ Retrieved from https://en.oxforddictionaries.com/definition/us/self-aware

Having emotions is part of what makes us human. As an interpreter, you have to make sure those reactions don't get in the way of your work. Your feelings shouldn't affect the people you interpret for. The way to prevent that is *not to show, or act on, your feelings.*

Interpreters should avoid showing their own feelings

All this is easy to say. But it is not an easy thing to control your own emotions. It is not always easy to keep them invisible. For example, let's say you interpret for a therapist. The client says that she was raped, at fourteen, by someone you know and trust. Without even realizing it, you could have a reaction of shock, confusion or anger. Maybe you wrinkle your face. You close your eyes a bit. You tighten your lips. You draw your shoulders together.

Even with these small reactions, the client might think that you are judging her. She might stop telling more information to the therapist. She might hide the truth. That would be bad for her. To help her, the therapist needs to know her whole story. (Module 15 discusses mental health interpreting and therapists.) Before you can control your reactions, you have to realize that you are *having* a reaction. You have to *pay attention* to your feelings.

Attitudes toward others

The second step is to become aware of the attitudes you have toward others. These attitudes are called bias. Bias can be positive or negative. We all have attitudes about different kinds of people and cultures. Most of the time, we don't realize we have these attitudes. They are unconscious. But everyone is biased. It's part of being human. Often, providers and clients think that interpreters have no bias. That's not true. Interpreters are human beings too.

Why it's important for interpreters to know their biases

Interpreters have to be aware of their own attitudes toward others so that their opinions don't interfere with interpreting. For example, a Spanish-speaking receptionist at a nonprofit that serves immigrants from around the world was fired. Why? She mistreated many clients that she served and interpreted for. She talked harshly to them. Which immigrants did she mistreat? The Mexicans.

But she was Mexican. Why would she do this? The clients she was rude to—including

Who Is in the Conversation?

DOCTOR

PATIENT

The interpreter is NOT part of the conversation.

The interpreter FACILITATES the conversation.

indigenous Mexicans—were less educated than she was. She looked down on them. Being an interpreter, even from the same country as the client, does not make us less biased. As interpreters, it is normal for us to be biased. But it is an important part of our job to become aware of our biases and to make sure we *act* as if we're *not* biased when we interpret.

Manage your feelings

Even if you shouldn't *show* your emotional reaction while you interpret, you still have feelings. You may see something so difficult you can't control your reaction. Sometimes a patient dies. A child describes her abuse. You may feel anger at a rude provider or client. You may feel happiness when a baby is born healthy. Or you may feel upset by something in your life that has nothing to do with the interpreting.

The first step to making good decisions is understanding your own emotional reaction to a problem.

Understanding our emotions

Sara's story

Let's look at this example of a young Mixteco woman who gives birth to a baby in the hospital.

Sara is a young indigenous patient who goes to the hospital to have a baby. After the baby is born, Sara doesn't spend much time with her new baby. Sara's mother and aunts come to care for the baby, but they can't stay all day long.



The nurses think something is wrong. To them, Sara seems depressed. They are worried the baby won't be taken care of at home. They call Child Protective Services (CPS) and a social worker comes to evaluate the situation.

The social worker has to decide whether or not to take the baby from Sara. The nurses want the baby removed because they think Sara won't take care of it. When Sara and her family find out, they are terribly upset. Of course, the baby will be taken care of! There is nothing wrong. How can they take the baby away?

Cultural perspectives on Sara's story

What is going on here? Is the mother depressed and putting her baby in danger? Are the nurses right to want CPS to take the baby away? Or is there another explanation? When you read this story, how does it make you feel? Do you agree with the nurses? Is Sara doing something wrong? Or do you see the situation differently?

As it turns out, in the mother's culture, right after a woman gives birth, her family members take care of the baby. The mother's job is to recover and rest so that her milk can come in. Also, the family will wait a certain amount of time before naming the baby. Many babies die just after childbirth. Many cultures have similar traditions.

What Sara feels

Sara is not depressed. She is welcoming her baby into the world. To the nurses, she seems distant and uninterested. Sara feels she is recovering and getting ready to take on the responsibility of caring for her child. Her mother and aunts are helping her make this transition. She feels supported and safe. The whole family assumes responsibility for the new life, not just Sara.

The interpreter's response

As an indigenous interpreter, you might understand what is happening with Sara. When the nurses get upset, you might feel shocked or surprised. When they threaten to take the baby away, you could feel angry and frustrated. Your heart might start beating faster. You may breathe more rapidly. You may worry. You are there to interpret, but you can't escape your own emotions. You will feel them. Having feelings is not a problem as long as you don't show them or act on them unprofessionally.

Emotions and our bodies

We don't just feel emotions in our mind. We also feel them in our bodies (Nummenmaa et al., 2013). Our bodies react to how we feel. If an angry dog runs to you, you could feel fear. Your body reacts by sending oxygen to your muscles and raising your heart rate so that you can run away, if you need to.

Any strong emotion—joy, fear, anger, surprise—causes a physical reaction. Think of a time when you had a strong physical reaction to your emotions.



Where did you feel them the most? Do you tend to get a racing heart? Do you often feel like you can't breathe? Do you feel shaky? Which reaction do you have most often?

Have you ever tried to interpret when you are feeling a strong emotion? Most interpreters will tell you that a racing heart or lack of breath makes it almost impossible to keep interpreting well. Interpreters have to control their emotional responses so that their emotions don't interfere when they interpret or have a negative effect on anyone.

Emotions and faces

In English, there are expressions like "to wear your heart on your sleeve," or "The face is the window to the soul." They mean you show your emotions on your face.

Our faces are expressive. They often show how we are feeling. As interpreters, we rely on facial expressions to interpret. They help us to understand the meaning of a message.



How does *your* face show emotion? How do you think the patient or client will feel if you show shock or sadness at what they say? What if you are angry with the doctor and your face shows how you feel? Remember: The session is not about *you*. *Your* emotions should not be part of *their* communication. Try not to frown, look angry or seem scared.

Emotions and beliefs

We all have emotions, but where do they come from? Emotions come from our experiences and beliefs. From birth, our feelings are shaped by:

- Our experiences.
- Our family and friends.
- Our culture and society.

We all feel the emotions such as happiness, sadness, fear, anger and surprise, but not for the same reasons—or at the same time.

Hidden beliefs

Most people usually know how they feel. They often do not know why they feel a certain way. That's because the beliefs that affect our feelings are often hidden to us, or unconscious.

Unconscious: (The unconscious is) the part of the mind that is inaccessible to the conscious mind but that affects behavior and emotions.

Oxford Living Dictionaries.46

Unconscious beliefs are beliefs we don't know we have. Everyone has

hidden beliefs. Our parents tell us what is "right" and "wrong." Our society tells us what is "normal" and "abnormal." Our religion tells us what to believe and not believe. We don't think of these opinions as "beliefs." We think that's just the way the world is. We may not know that others believe differently until we interact with them.

For Sara, the way her culture cares for mothers and babies is normal. It's "right." She may not understand that other cultures care for babies in different ways. For the nurses, Sara's behavior is strange and "wrong." The nurses have their own ideas about the "normal" way to care for babies. When people with different hidden beliefs interact, things can get confusing. The nurses don't realize there is another way of looking at the situation. Neither do Sara and her family. If no one helps them see this misunderstanding, there might be a terrible result: The baby will be taken away.



Knowing yourself (self-awareness)

Providers have feelings too. Like interpreters, they have to control their reactions. In fact, many providers receive training on how to handle their emotions.

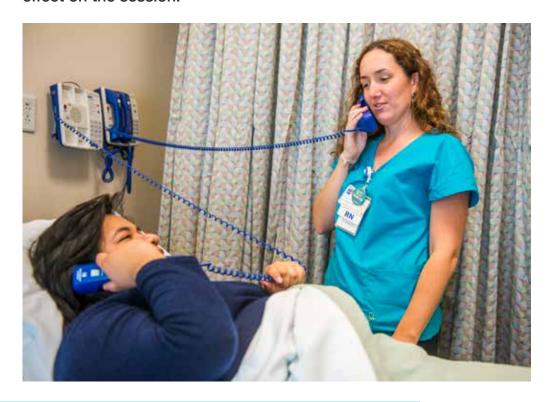
⁴⁶ Retrieved from https://en.oxforddictionaries.com/definition/unconscious

Most interpreters never get that kind of training, but they need to develop the same kind of self-knowledge. Knowing how you feel gives you control over how to react. The next two sections will help you become aware of your own attitudes and feelings so that you can control your facial expressions and emotional reactions when you interpret.

Review of Section 8.1

Emotions are part of being human. Everyone has them. We feel emotions in our minds *and* bodies. Strong emotions can cause physical reactions. These feelings and reactions can interfere with our interpreting if we do not recognize and control them. To understand our emotions, we need to understand our belief systems.

Many of our beliefs are hidden. We've had them for so long that we don't think about them or whether they are "right" or "wrong." What we believe shapes our reactions. Our reactions often lead to actions. Interpreters need to know themselves so that their hidden beliefs and emotional reactions don't become visible or have a negative effect on the session.





Interpreter Attitudes Toward Others

Learning Objective 8.2

Examine the interpreter's attitudes toward other people.

Introduction

Interpreters need to pay attention to what they feel and why. This section examines the concept of *bias* and how it can lead interpreters to take action for or against one party. Such behavior can be unprofessional.

What is bias?

Bias is a personal attitude or perspective that is not impartial and tends to prefer one viewpoint or one social group to another. Bias is often unconscious. Whether it is conscious or unconscious, bias can lead to prejudice and acts of discrimination against an individual or group (Bancroft et al., 2016b, p. 133).

Bias can be described in simple terms as the attitudes that we have toward other people or groups. Everyone has attitudes about people and cultures. As humans, we often react to people and situations that are familiar in a positive way. We feel more comfortable with people who are like us. We often react negatively to

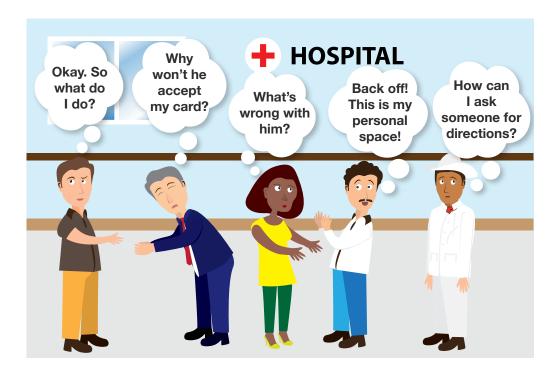
Bias: Inclination or prejudice for or against one person or group, especially in a way considered to be unfair.

Oxford Living Dictionaries.47

people and situations that are unfamiliar—that feel different.

For example, when we first meet someone who looks like us, talks like us, dresses like us and is from our culture, we usually feel comfortable with this person. But if he or she has a different skin color, dresses in strange clothes and is from a different community, we might feel less comfortable. We might trust that person less. We might even want to stay away.

47 Retrieved from https://en.oxforddictionaries.com/definition/bias



Look at the cartoon above. Each person is from a different culture. They all have different ways of greeting a stranger. The first man (starting from the left) is trying to shake hands. The second man bows in greeting. The woman stands very close to the fourth man as she says hello. Perhaps she's expecting to kiss his cheek. The man leans away from her and looks uncomfortable. He might feel she is too close. The man on the right looks confused. He sees all the different ways people greet each other: Maybe he's not sure what to do.

Is there a "right" way to greet someone? Of course not. Different cultures have different greetings. But when someone from a different culture uses a different greeting, it can seem interesting, wrong or strange. We all have hidden attitudes. Our attitudes become a problem when we react unprofessionally because of those attitudes.

Interpreter attitudes toward others (bias)

At work, interpreters often make poor decisions because of their hidden attitudes, for example, by:

- Becoming the "helper."
- Being afraid to challenge the provider's authority.
- Judging others.

The indigenous interpreter as helper

Consider this story from an indigenous interpreter.

The other day I was with a patient who needed knee surgery. The doctor told him he needed to lose weight for his knee to get better. The patient got mad and said, "What does my knee have to do with my weight?" The doctor tried to explain that the extra weight on the patient's body was heavy. It was pushing down on the bones in his knee and making them grind together.

The patient didn't accept the doctor's explanation. He wanted medicine to cure the pain, not surgery. The doctor was frustrated but asked him to think about it and come back the next week. After the appointment, the patient asked me to help him find a different doctor who would give him a "real" cure.

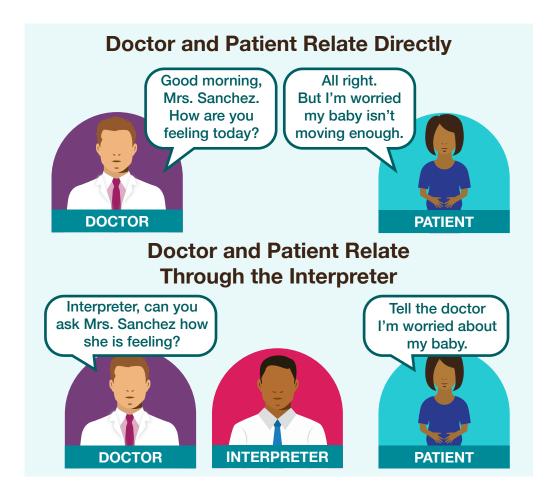
What should the interpreter do? A member of his own community asks him for help. The interpreter understands why. The patient can't miss work and doesn't have insurance. He doesn't believe what the doctor is saying. The patient's culture has a different way of explaining the cause of the injury.

The problems with being a "helper"

If the interpreter doesn't help the patient to find a new doctor, he could get a bad reputation in his community. If he does help, though it's a "nice" thing to do, he can destroy the relationship that the doctor is trying to have with the patient. By helping out, the interpreter may send a message that the doctor is wrong and can't be trusted. Losing trust with this doctor (and others) could hurt the patient's goal to get better. The interpreter might even lose his job for going outside his role.

Most community interpreters come from immigrant families. Many of them *want* to help their communities. Perhaps you have been helping your community for years. You may feel comfortable interpreting *and* helping.

When you work as an *interpreter*, however, "helping" can hurt. Providers and clients need to form relationships with each other, not with you. For the knee surgery, if the interpreter decides to "help" the patient by finding another doctor, the patient will start the



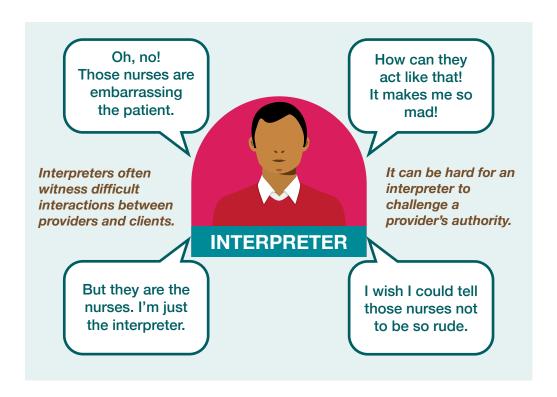
process all over with a second doctor, which could delay his care and make his injury worse. As the interpreter, your role is to facilitate a conversation, not get involved.

The provider authority figure

Let's look at another story from an indigenous interpreter.

The other day I interpreted for a patient. Everyone was yelling for a Mixteco interpreter. The patient was a mom carrying a baby on her back and with two young children. She wore a traditional skirt and had the baby wrapped in an embroidered shawl.

When she walked into the clinic, some of the staff were looking at her and laughed. That intimidated the patient. After that, even with me there, she didn't want to talk. She just answered "uh-uh" to everything. The nurse said to me, "What's wrong with her? Is this some kind of weird cultural thing? I can't do anything if she just sits there."



How would you feel if you were the interpreter? The staff behaved badly and shamed a patient. You understand the patient's reaction. You probably feel compassion for her. You might feel angry with the nurses. Now the nurse wants you to explain the patient's culture. What should you do?

It can be hard to challenge authority

The nurse is the provider. She is an authority figure. Most cultures have deep respect for providers. Indigenous patients and clients often do not argue with providers. The interpreter too can find it difficult to challenge a provider. In both examples, the interpreter can make the situation worse by:

- Not understanding his or her emotions.
- Not taking action based on what's best for the purpose of the session.

If you don't pay attention to your feelings, you can act on them without thinking. In the next section, you will explore how to observe and manage your own feelings while you interpret.

Review of Section 8.2

Biases are viewpoints or beliefs that we have about other people and their cultures. Everyone is biased. We have hidden attitudes that come from the way our beliefs and emotions are shaped by our own culture and experience. These attitudes are often unconscious: We don't know we have them.

Biases can be positive or negative. We tend to feel positively about people and cultures that are familiar to us. We often have negative feelings about people and cultures that are different from us. Interpreters need to be aware of their attitudes. Biases cause emotional reactions that can lead to harmful actions. Interpreters are often asked to do things that go beyond their role as interpreter. To make professional decisions, they need to be in control of their own reactions.





Managing Our Emotions

Learning Objective 8.3

Develop strategies to manage the interpreter's emotions while interpreting.

Introduction

If all interpreters have emotions and bias, how can interpreters use self-awareness to manage their emotions while they interpret? The most effective strategies for managing your emotions are:

- 1. Watch your feelings and your body's reactions.
- 2. Write down your feelings.
- 3. "Ground" yourself during the session.
- 4. Practice deep breathing.
- 5. Evaluate your feelings and actions after the session.

How to watch your own bias

It's hard to be aware of something that is unconscious or hidden about ourselves. We all have hidden biases and beliefs. Interpreters need to see them, but how? The simplest way is to observe your own reactions and emotions to stressful situations. Try the following strategies.

1. Watch your feelings and your body's reactions.

Imagine the doctor is angry with the patient because she didn't tell him she had stopped taking her medication. Your heart starts to race. Your face gets red and hot. You start to hold your pen too tightly, making it hard to take notes. If you feel a reaction in your body, then you are feeling emotions that *could* affect your interpreting. They might also show in your face and body.

You don't want that. The first step is to pay attention to the feelings you are having. Watch for small signs of change, not only big ones.

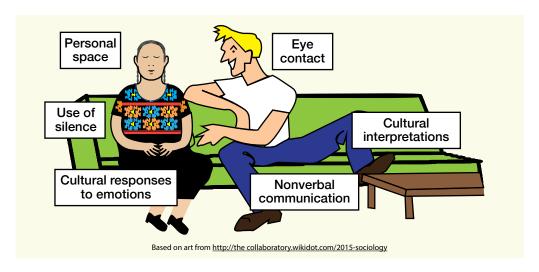
Perhaps you breathe a bit more quickly. Your breathing, instead of coming from your diaphragm (near your stomach) comes from your chest or throat. This is shallow breathing, and it is often caused by stress. Or perhaps your voice gets weak, or you feel dizzy. *Any change in your body can mean a change in your feelings.* Watch for these changes. Ask yourself: "What are my emotions right now? How could they affect my interpreting?"

2. Write down your feelings.

You can't write down your feelings while you interpret. You should watch yourself at other times and write down what you feel then. When you meet new people, do you have opinions about how they look, talk or act? Are they negative or positive? If someone has a different skin color, how do you feel around that person? Think of any social situation, especially with people different from you. Note down your feelings as soon as you can after each situation.

Be honest with yourself. If your reactions are more negative than positive, why? Where do these attitudes come from? Do you feel this way because your culture disagrees with how that person is behaving? Or do you feel embarrassed if someone acts differently from the way things are done in this country (or in this institution)?

Remember, these feelings are not right or wrong. They are just feelings, and you need to be aware of them. Do this kind of exercise several times a week. Soon you'll start noticing your feelings *while* you have them, even when you interpret. Once you notice them, *then* you will have more control over your reactions.



3. "Ground" yourself during the session.

"Grounding" is a term that comes from psychology and therapy. It means you focus on what you feel "here and now." Grounding is an important technique. It helps you think less about your feelings and more about your role as interpreter. (Grounding is discussed in detail in Module 19.)

For example, let's say the doctor tells the parents that their child will die. Or the immigration representative says that the mother of a family of seven is going to be deported. Or the teacher informs the parents that the child will fail his grade this year because the parents (who don't speak English) didn't help with his homework. You have strong emotions. You need to manage them. One way is to focus on other real things, such as:

- The work of interpreting. (It's hard work!)
- Feeling the chair you sit on and your feet on the ground.
- Moving your toes inside your shoes.
- Noticing how it feels to hold your pen and notepad.
- Hearing the sound of a clock tick in the room.

Another part of grounding could be to remember that you are just a voice for the speakers; you are not part of the conversation. You carry the message from one side to another. Then you let it go, like opening your hands to let a bird fly away. Research shows that grounding techniques really work. They calm us. They can help you to manage your feelings.

4. Practice deep breathing.

One of the best ways you can manage your feelings is one you need to practice *outside* the session. But if you get a pause in the session, you can do it then too. Just take a few deep breaths. It's that simple.

There are many other ways to practice deep breathing. Do a search on the internet for "breathing exercises" (look for the ones that help to reduce stress). Then spend 10 to 15 minutes per day practicing the exercises you like best. You will find they help you to relax everywhere. Deep breathing helps you to interpret—and it helps many other parts of your life too. It's one of the best things you can ever do for yourself. Here are a few examples.

Stomach breathing

- Lie down. Breathe in deeply through your nose.
- Notice how your stomach fills with air.
- Rest your hands on your stomach or put a box of tissue there so that you can feel your stomach rise and fall.
- Breathe out through your mouth.
- When you breathe out, make that breath last two to three times as long as your in-breath.

4-7-8 breathing

- Sit down with one hand on your stomach and place the other hand on your chest.
- Breathe in slowly and deeply for four seconds. Feel your stomach move.
- Hold your breath for about seven seconds.
- Breathe out. Try to be silent. Make the out-breath last eight seconds, until your lungs are empty.
- Repeat.

Roll breathing

- Place a hand on your chest.
- Take a deep breath from deep down. Breathe slowly.
- Make sure your chest doesn't move.
- Use your nose to breathe in and your mouth to breathe out.
- Repeat eight times.
- On the ninth time, take a breath that lets you move your chest up, the way you would normally. Feel your lungs fill completely.
- Gently breathe out through your mouth, and empty your lungs so you can hear your breath as it goes out through your mouth. Your stomach and chest should fall.
- · Repeat this exercises for at least five minutes.

Deep muscle relaxation and breathing

For this exercise, pay special attention to muscles that are tight or uncomfortable.

 Sit down in a comfortable position and close your eyes (if you feel safe to).

- Bring your eyebrows together (tighten your forehead). Then let them relax. Feel your face relax.
- Bow your head down toward your neck. Push your chin down to your chest, hard. Hold it there a few seconds. Then raise your head. Feel your neck relax.
- Move your shoulders upward and tighten them (shrug.)
 Hold the position a few seconds. Then let go and feel your shoulders relax.
- Push both your arms away from you and stretch them out as far as they will go for a few seconds. Then let them fall back down to your side.
- Point your toes out as far as they will stretch. Let them relax. Feel the relaxation in your feet and legs and in your body.

Evaluate your feelings and actions after the session

Check in with your feelings

How do you think the session went? Did it affect you? What did you feel? Do you think your feelings showed? Why or why not? Did your feelings affect your interpreting? Why or why not? If they did, what was the impact? Was there something you could have done to manage your feelings and reduce the impact?

Talk with friends or colleagues

Talk about situations that make you feel emotional with colleagues or friends. How do your friends feel in similar situations? What kind of reactions do they have? Do they share your opinions or have different thoughts and feelings?

Study cultures

Study the cultures you interact with. Start with your own. If you are Triqui, find out as much as you can about Triqui culture. Search online for articles, videos or websites on Triqui history, culture, beliefs and current events. Do the same for U.S. culture. For example, read about common holidays, history or education.

What does Thanksgiving mean? What is celebrated on Memorial Day?

Try to understand why Americans might behave one way and a Triqui person a different way. Ask yourself: Do cultural beliefs affect the way you feel in a particular session? That is always a good question to ask. All these actions will help you start to understand your own belief systems and emotional reactions

Review of Section 8.3

Biases affect our feelings. Our feelings, unless we manage them, can have an impact on the session. To manage your feelings, interpreters can:

- 1. Watch your feelings and your body's reactions.
- 2. Write down your feelings.
- 3. "Ground" yourself during the session.
- 4. Practice deep breathing.
- 5. Evaluate your feelings and actions after the session





Review of Module 8: Interpreter Self-awareness

Interpreting situations can create strong emotions. Interpreters feel them too. Section 8.1 looked at the way interpreters react to their feelings when they interpret and how they can be helpful or harmful. As a result, it is important for interpreters to know themselves so they can know what they are feeling, and why.

Section 8.2 examined bias, which means the hidden attitudes we don't know we have. Every person has a different set of beliefs. They can be positive or negative. Everyone is biased because we all have hidden attitudes. They come from the way our beliefs and emotions have been shaped by our cultures and life experiences. Our biases can provoke emotional reactions that lead to harmful actions when we interpret.

Section 8.3 explored how we can control these emotional reactions to situations. Interpreters need to make wise decisions. To do so, they need to be in control of their own reactions so that the interpreter's emotions or reactions do not harm the session.





Module 9

Strategic Mediation

Learning Objectives

After completing this module, you'll be able to:

Learning Objective 9.1

Discuss five common communication barriers in healthcare and community interpreting.

Learning Objective 9.2

Practice the five steps of the Strategic Mediation Model.

Learning Objective 9.3

Create scripts for strategic mediation.

Overview⁴⁸

Every day, interpreters encounter problems at work. Some misunderstandings seem to happen more often than others. For example, even when you interpret accurately the people you interpret for often don't understand each other. This module gives clear, practical guidance about how to handle some of the most common communication challenges that happen during interpreted sessions. You will have to decide *when* and *how* to interrupt a session. Interrupting the session is often called intervening. What you do to handle the problem is called mediation.

This module explores:

- Five barriers to communication that community interpreters face often.
- The five steps of the Strategic Mediation Model.
- How to create scripts when you need to intervene.

The Strategic Mediation Model offers you five steps to follow whenever you need to intervene. These steps let you interrupt the session to solve a communication breakdown quickly, easily and professionally. With practice, these steps will help to make you a confident interpreter who can handle almost any problem during the session in a professional way.

⁴⁸ This module is based on Bancroft et al. (2015a); the Strategic Mediation Model is used here with permission.



When to Intervene

Learning Objective 9.1

Discuss five common communication barriers in healthcare and community interpreting.

Introduction

This section focuses on learning when you need to stop interpreting and take care of a communication problem. You do not need to stop for every misunderstanding. It's important for you to know when to take action—and when not to. Community interpreters find they often need to intervene for these five barriers to communication:

- 1. Environmental challenges
- 2. Language barriers
- 3. Confusion about the interpreter's role
- 4. Cultural misunderstandings
- 5. Barriers to accessing services

Barriers to communication

Five Barriers to Communication Environmental challenge A problem with noise, positioning or another distraction. You don't understand the provider or patient, or you need to correct an error. Role confusion The interpreter is asked to do something outside his/her role. Cultural misunderstanding Communication is hurt because there is a cultural barrier. The patient can't access a service or is treated unfairly due to a system barrier.

Ideally, interpreters would be able to "just" interpret during assignments. However, many things can get in your way.

1. Environmental challenges

If something makes it hard to interpret, you need to intervene. If you can't hear what is being said, you can't interpret. If you get too tired, you make mistakes. The most common environmental problems you'll find include:

- You cannot hear what is being said.
- You cannot see something important.
- More than one person speaks at the same time.
- You need a break.
- You need food or water.
- There are too many distractions, such as a TV on in the background.

Community interpreters work in many different kinds of environments, for both face-to-face and remote assignments. Look at this experience from a Triqui interpreter:

Sometimes when I interpret over the phone, it's really frustrating. The doctors and nurses make a lot of noise, and it's hard to understand what is being said. One time the doctor said, "Tell the patient she is going to be admitted to the hospital." They pass the telephone to the patient and I tell her and then I interpret her response. But no one responds after I interpret. Sometimes the doctors get distracted and don't stay on the call. You are ready to interpret, and they aren't there, and you can't hold what was said in your memory.

Environmental Challenges to Interpreting





- You cannot hear.
- You cannot see.
- More than one person is talking at the same time.
- You need a break.
- You need food or water.
- There are too many distractions.

Community interpreters are often asked to interpret over the phone. The sound quality can be poor. You can't see anyone's face. It's not always easy to ask for what you need. You might feel nervous about interrupting the provider or asking someone to speak louder. If an assignment has lasted a long time and no one else seems tired, you may think that you'll seem weak or unprofessional if you ask for a break.

The opposite is true. You are there to interpret accurately. When something stops you from doing that, the *most* professional action you can take is to ask for working conditions that let you do your job. Speaking up can feel hard. But making mistakes because you *don't* speak up is worse.

2. Language barriers

Probably the most common problems you'll experience when you interpret are language barriers, for example:

- The interpreter doesn't understand what someone says.
- One of the parties does not understand the other.
- The speakers don't pause for you to interpret.
- You make a mistake.

If you don't understand a term, you can't interpret it. And if the patient or provider doesn't understand, there is no real communication.

One problem that many indigenous interpreters face is being sent to interpret for an indigenous patient or client who does not speak the same language. A Mixteco interpreter shared this story:

One time I was asked to interpret for a patient who spoke Mixteco from Guerrero. I don't speak that variant. We couldn't find another interpreter, and the nurse pushed me to stay and



interpret anyway. The patient spoke a little bit of Spanish. I spoke with the patient and said, "I'm going to speak Mixteco, but if you don't understand, I'll say it in Spanish. I was able to help the patient communicate, but I had to do a lot of checking to make sure the patient understood what I was saying."

Note: This interpreter found a tolerable solution for a difficult situation. Ideally, the indigenous interpreter would withdraw so another interpreter who spoke the patient's variant could do the session.

3. Confusion about the interpreter's role

Sometimes the barrier to understanding comes from confusion about your role. These misunderstandings include:

- The provider asks you to explain the client's culture or behavior.
- The indigenous person asks for your help or advice.
- You are expected to provide non-interpreting services, such as physically moving a patient.



"Wow-all the work I did today was actually in my job description!"

Indigenous interpreters and role confusion

Staying in your role can be a challenge. One Mixteco interpreter shared this story:

We had a case where a mother sent her child across the border to the U.S. hospital to be diagnosed after years of poor medical care in Mexico. The girl was diagnosed with complications from a serious illness, which she had gotten when she was little. The local doctors got the child accepted into a larger, specialty hospital for more tests. The mom didn't want the extra services. She asked for medicine so her daughter could be calm during the day when she worked. Afterward, the doctor pulled me aside and asked why she didn't want the specialist treatment. I told him I didn't know what the mom understood and that he had to ask her.

Here, the doctor tried to understand what seemed like a crazy choice to him. He asked the interpreter to explain. The interpreter refused. He offered to interpret the doctor's questions instead. The interpreter knew she couldn't speak for the mother. Only the mother could explain her choice.

4. Cultural misunderstandings

Many times, providers and clients have trouble understanding each other because of cultural differences. Indigenous clients may also feel more alone than other immigrants. They may face problems of poverty and discrimination. A cultural breakdown can happen when:

- A cultural concept or practice is unfamiliar to one party.
- Providers don't notice a cultural misunderstanding.
- You are asked to explain a cultural issue as if you are an expert.
- The patient or client doesn't understand Western health care or community service cultures.

Culture is one of the hardest topics to manage when you interpret. A cultural misunderstanding is not as easy to see or understand as a language barrier. You might not have any idea what to do. Here's how one Triqui interpreter handled a cultural challenge:

I once interpreted regularly for a mother who had to spend several weeks at a large hospital because her baby was born prematurely. On the second day, the mother said she hadn't eaten anything since the day before. When I interpreted this, the nurse was surprised. "Why didn't you say you were hungry?" she asked. She didn't understand how hard it was for the indigenous mother to ask for what she needed. Eventually, with my assistance, they worked out a system of pictures on the whiteboard by the baby's bed. When she was hungry, she could point to the pictures to communicate what she needed.

For cultural reasons, the nurses didn't understand that a patient wouldn't ask for something as basic as food. The patient did not understand how hospital meals worked. She didn't know what she could ask for. The interpreter helped the mother get what she needed. In this case, the interpreter showed cultural awareness, an ethical requirement. She didn't fix the problem herself. She pointed out the misunderstanding and let the mother and the nurses come

up with a solution. How to perform cultural mediation is the focus of Module 11.

5. Barriers to accessing services

Sometimes there is a service system barrier. The clients are eligible for the service. They should receive it, but a problem causes confusion or discrimination. These barriers can include:

- Providers who treat English-speaking residents differently than non-English-speaking people.
- Discrimination.
- Immigrants who don't understand Western health care or service systems.

When not to intervene

Now you know when you probably *should* intervene. But when should you *not* do so? The answer is simple. "When in doubt, stay out." In other words, if you are not sure if you should intervene—don't. Instead, *watch the situation*. See how it develops. You might see later that you *do* need to intervene. But don't rush. *If you have to ask yourself the question, "Should I intervene or not?" then the answer is "No."* Only intervene if the risks of *not* intervening seem too big to ignore.

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Review of Section 9.1

Interpreters encounter many kinds of problems when they interpret. Sometimes you don't have to solve the problem. Other times you do. This section explored five common communication barriers that *might* lead you to take action:

- Environmental challenges
- Language barriers
- Confusion about the interpreter's role
- Cultural misunderstandings
- Barriers to accessing services





The Strategic Mediation Model

Learning Objective 9.2

Practice the five steps of the Strategic Mediation Model.⁴⁹

Introduction

Once you decide to take action about a communication problem, what do you do? This section introduces you to the Strategic Mediation Model. The model gives you a five-step process for intervening that you can use almost any time you need to intervene.

Five Steps for Strategic Mediation

- Interpret the last thing said.
- 2 Identify yourself as the interpreter.
- **3** Mediate briefly with one speaker.
- 4 Tell the other speaker what you said.
- **5** Go back to interpreting.

⁴⁹ Bancroft et al. (2015a), pp. 191-269.

Strategic mediation

Read the following interaction between a doctor, a patient and an interpreter.

DOCTOR

OK, Mr. León, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction surgery.

INTERPRETER

OK, Mr. León, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction procedure.

PATIENT

(Looks confused) Um, is that a kind of surgery?

(Interpreting into English) Um, is that a kind of surgery?

Yes, we have to repair the distal radius fracture, or you might lose some of the range of movement in your wrist.

Doctor, I don't think the patient understands what you are saying. You are using complicated terms. I'm pretty sure he can't read or write. (to the patient) I just clarified something with the doctor.

Here, the interpreter sees a barrier to communication. The doctor is using medical terms that the patient doesn't seem to understand. The interpreter takes action to "fix" the problem. But how did he handle the situation? The interpreter:

- Tells the doctor the patient doesn't understand.
- Assumes the patient isn't literate and can't understand.
- Doesn't tell the patient what he told the doctor.
- Might have offended the patient.
- Forgets the patient might understand more English than he speaks.

This kind of situation happens so often. Untrained interpreters see a communication problem and try to fix it. Instead, they often create new problems in the *way* they intervene. It's not enough to see a communication problem. Knowing *how* to address it is important too.

Intervening vs. mediation

During the session, you are doing one of two things:

- Interpreting, or
- Intervening.

Any time you interrupt the session to intervene, you stop interpreting. When you intervene, you need a process for doing it well. This process is called strategic mediation.

There is a lot of confusion about the terms "intervene" and "mediation." Let's keep it simple. If you stop interpreting to interrupt the session, you *intervene*. Then you *mediate* a problem. Then you go back to interpreting. In other words, when you interrupt the session, you *intervene*, and what you do after you intervene is strategic mediation. Strategic mediation is a special technique that interpreters use to address communication problems.

Intervene to Mediate

Intervention

The act of intervening, that is, interrupting the session for any reason.

Strategic Mediation

Refers to any act or statement by the interpreter that goes beyond interpreting and is intended to remove a barrier to communication.

Interpreters *intervene* in order to perform *strategic mediation*.

Five steps for strategic mediation

Here are the five steps for strategic mediation:

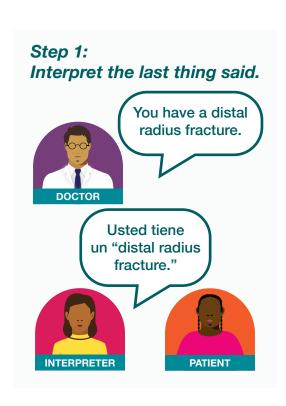
- 1. Interpret the last thing said.
- 2. Identify yourself as the interpreter.
- 3. Mediate briefly with one speaker.
- 4. Tell the other speaker what you said.
- 5. Go back to interpreting.

Let's look at each step. We'll use the conversation you saw in the box. Here, the doctor used the term *distal radius fracture*. The interpreter knows how to interpret the term correctly. However, she's pretty sure the patient doesn't understand it. Maybe the patient will leave the session not understanding his diagnosis and treatment. The solution is to alert the doctor to simplify his language. But instead of saying, "I don't think the patient understands," the interpreter can ask for *clarification*. That way, the doctor can explain what a distal radius fracture is in simpler language.

Step 1: Interpret the last thing said.

As soon as you have to interrupt, first, interpret the last thing said. If you don't, you probably won't remember to interpret it after you have mediated. Yes, that first step seems obvious, but it is easy to forget. You get distracted by needing to solve the problem of not understanding the term.

Let's go back to the term distal radius fracture. What if you don't know how to interpret it? In that case, ask for clarification for yourself. But if you do, then how do you interpret "the last thing said" if you don't know that term? The answer is usually simple. Leave the term in the source language (the original language—in this case, English) and interpret the rest of the statement.



You will probably forget Step 1 sometimes. That's all right. Keep practicing and it will become easier to remember.

Step 2: Identify yourself as the interpreter.

This step is important. When you interpret, you are saying someone else's message. When you intervene, you have to be clear you are speaking as the *interpreter*. For community interpreters, there are two ways to identify yourself. Both are simple:

- Excuse me, the interpreter needs... (third person).
- Excuse me, as the interpreter I need... (first person).

If you skip this step, things can get confusing. For example, the doctor might think the patient is asking for clarification, not you. Also, it is not required to say, "Excuse me," when you intervene, but it is a good idea. *Excuse me* is polite. It helps everyone to understand that *the interpreter* is entering the conversation.

Finally, in court and legal settings, use only the first option (third person): "The interpreter needs..." In court, whatever you say is taken down by the court reporter and written in the public record. The record has to show clearly when you, the interpreter, are speaking as yourself. You are *required* to identify yourself as "the interpreter" when you intervene in courts or during depositions.

Step 3: Mediate briefly with one speaker.

Now you need to manage the communication problem. The first decision you make for Step 3 is whom to speak to first. In community interpreting, the decision is up to you. (In *legal* interpreting, you should address the provider first—the judge in court, or the lawyer in a private interview, or the immigration officer, for example.) For community interpreting, let's go back to the



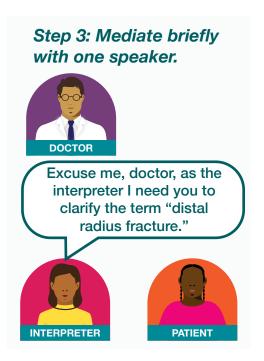
example of the *distal radius fracture*. If you start with the patient, you could say:

Excuse me, as the interpreter
 I need to clarify the term distal radius fracture with the doctor.

If you start with the doctor, you might say:

 Excuse me, as the interpreter I need you to clarify the term distal radius fracture.

However, the doctor might answer you right away before you can interpret what you said for the patient. In this case, it might be better to mediate first with the patient. But either choice is fine. It's your decision.



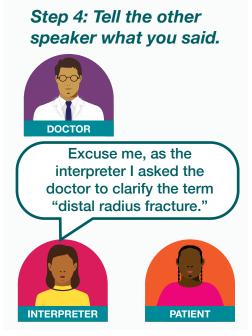
Step 4: Tell the other speaker what you said.

Your next step is to tell the other person (the patient or the doctor) exactly what you said. Step 4 is *very* important but easy to forget. Never forget it. Skipping this step can lead to problems, for example:

- You will violate the requirement to be transparent and accurate.
- You can get into a side conversation.
- You might lose the trust of one party because he or she doesn't know what you are saying.
- You could get stuck explaining something.

Here is one way to do Step 4. If you intervene first with the patient, you might tell the doctor:

Excuse me, as the interpreter I just informed the patient that
 I need you to clarify the term distal radius fracture.



If you intervene with the doctor first, you could tell the patient:

• Excuse me, as the interpreter I just informed the doctor that I needed him to clarify the term *distal radius fracture*.

Step 5: Go back to interpreting.

You've made it through the first four steps. Now go back to interpreting. Don't get stuck in a discussion. Don't explain anything, or ask questions. Just pull back, look down at your notepad and interpret the answer you get.

You are now back to interpreting. It may take the provider and client a few moments to realize you are interpreting again. They might look at you or talk to you. Use your body language to help them understand. Avoid eye contact. Move your body back a bit. If you need to, remind them to speak to each other.



Put it all together

Now let's put the five steps together. Remember, *this* interpreter knew how to interpret *distal radius fracture*. Terminology was not the problem. But it was clear to the interpreter that the *patient* did not understand the term. Now, the interpreter's original mediation could be offensive. Compare it with this one.

Follow the Steps for Strategic Mediation

DOCTOR

OK, Mr. León, the X-ray shows that you have a distal radius fracture.

INTERPRETER

Step 1: Interpret the last thing said.

OK, Mr. León, the X-ray shows you have a distal radius fracture. (The interpreter leaves "distal radius fracture" in English.)

Step 2: Identify yourself as the interpreter. As the interpreter:

Step 3: Mediate briefly with one speaker.

I need you to clarify the term "distal radius fracture."

Step 4: Tell the other speaker what you said.

As the interpreter I asked the doctor to clarify what "distal radius fracture" means.

Oh, I see. Well, it means someone with a broken bone in his arm, near the wrist.

Step 5: Go back to interpreting.

Oh, I see. Well, it means someone with a broken bone in his arm, near the wrist.

This new mediation is:

- Clear.
- Brief.
- Transparent.

It also:

- Points to a possible misunderstanding.
- Shows no assumptions (such as the patient being uneducated).
- Allows the patient and provider to solve the problem.

The Strategic Mediation Model helps you to step in quickly, mediate, and get back to interpreting. It's polite. It is respectful. It solves the communication barrier. To do it well, these five steps require *practice*. The next section will show you what to say when you mediate. Then you can practice all five steps.

Review of Section 9.2

It is important to know how to intervene. This section showed you a five-step model for intervening in a professional way. These steps allow you to intervene quickly and politely. It is easy to forget one or two steps, but practicing them will make them easy to follow. The five steps of the Strategic Mediation Model are:

Interpret the last thing said.
 Identify yourself as the interpreter.
 Mediate briefly with one speaker.
 Tell the other speaker what you said.
 Go back to interpreting.



Scripts for Strategic Mediation

Learning Objective 9.3

Create scripts for strategic mediation.

Introduction

To mediate well, plan what to say ahead to address common problems in your work. Then practice what you will in say in *both* your working languages. The best way to practice is to create sample scripts for each kind of communication barrier you saw in Section 9.1:

- Environmental challenges
- Language barriers
- Confusion about the interpreter's role
- Cultural misunderstandings
- Barriers to accessing services

Once you have basic scripts for these situations, you will find it easy to adapt them to many different assignments.

Mediation scripts

Why mediation scripts are important

Accuracy and transparency

The five steps of the Strategic Mediation Model help you to stay in your role when you intervene. The ethical principle of accuracy requires you to be transparent and interpret everything that is said—including what you say when you speak as the interpreter. Mediation scripts also help you to:

- Say the same message to both parties.
- Point to the problem and not try to explain or discuss it.

Practice makes "perfect"

You need to practice a skill to make it automatic and easy. There is no other way. For example, you have to practice your professional introduction until you can say it quickly and smoothly. Mediation scripts are the same. If you practice them, you will be able to intervene quickly and well. You will sound professional and polite. You will impress providers and clients with your ability to solve problems.

Review the sample scripts on the following pages. They address common communication barriers that you will see often. Translate these scripts into your indigenous language. Then try to come up with your own wording for the same ideas. Do it in both (or all) of your working languages. That way, when you mediate what you say will feel natural for *you*.

Now study your scripts. Try them in real life. Were they easy to say? Did they feel natural? If not, change them. Try again. Keep trying until you have your own scripts. Once you have scripts for common situations, memorize them. Learn them by heart. Then you will find it easy to adapt them to similar situations.

Having mediation scripts will help you feel prepared. You will be ready to face nearly any problem that comes up when you interpret. You will feel confident—and look professional.



Writing a mediation script

As we saw in the example above, when you intervene you should say the same thing to both parties. Your scripts should be as brief and simple as possible. No long explanations.

Let's practice with an example of a patient using a word in Zapotec that the interpreter doesn't know, the term "chikon." To the doctor, the interpreter might say: Excuse me, as the interpreter I need to ask the patient to clarify what "chikon" means. Now, the interpreter needs to tell the patient the same thing: Excuse me, as the interpreter, could you please clarify what "chikon" means?"

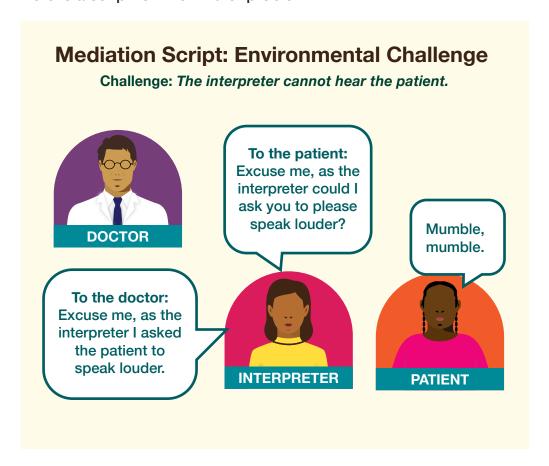
The interpreter can also start the intervention with the patient: Excuse me, as the interpreter, could I ask you to clarify what "chikon" means? Then you could say to the doctor, Excuse me, as the interpreter I asked the patient to clarify what "chikon" means. This mediation script:

- Is brief.
- Says the same message to the doctor and patient.
- Is simple to say.

Mediation Script When you mediate, report exactly what you say to the other party! To the doctor: When I was young Excuse me, as the and felt afraid or interpreter I asked confused. the patient to I always asked the clarify the term chikon for guidance chikon. and protection. To the patient: Excuse me, as the interpreter could I ask you to clarify the term chikon? PATIENT

Scripts for environmental challenges

Let's start with the easiest kinds of mediation first. A common problem is not being able to hear the speaker clearly. Sometimes the speaker's back may be turned or the patient might speak too softly. Here is a script for this kind of problem.



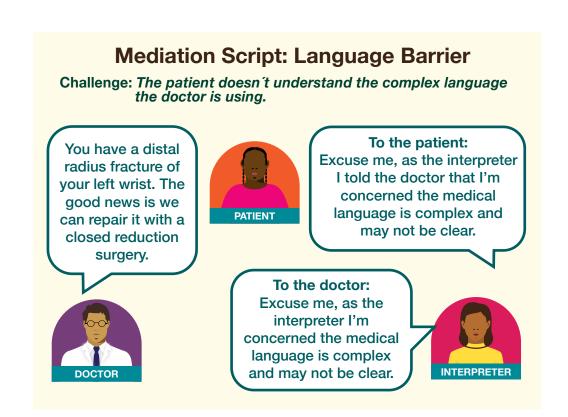
Other environmental problems include needing to change your position, take a break or deal with too much background noise. Practice writing your own scripts for what you would say to both parties for these problems. Write each script in both languages.

Scripts for language barriers

Asking for clarification due to a language barrier is probably the most common kind of mediation that most interpreters perform. There are two kinds:

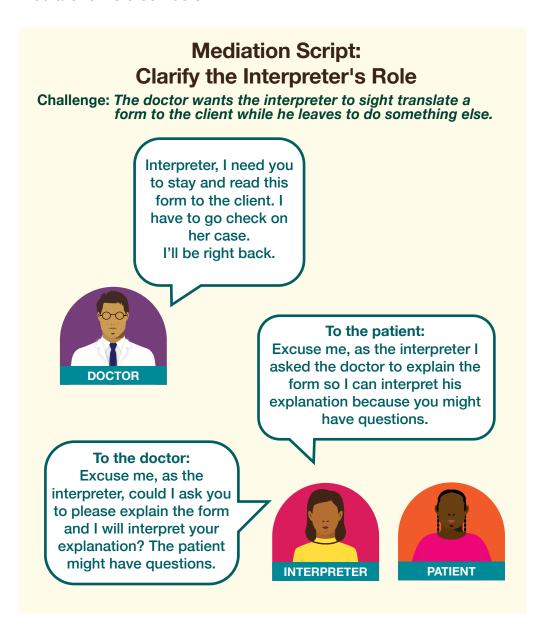
- Requesting clarification for a term that you, the interpreter, don't understand.
- Requesting clarification when you suspect someone else doesn't understand.

You've just seen examples of clarification for the terms *distal radius fracture* and "*chikon*" that you could use for both cases. Another way to ask for clarification when the doctor is using technical language is to say something like: *Excuse me, as the interpreter I'm concerned the medical language is complex and may not be clear.* Usually, this kind of mediation lets the doctor know that he or she needs to use simpler language. Yet the interpreter has not offended the patient by assuming he doesn't understand. If the interpreter is wrong, the patient and doctor will know and the interpreter can simply keep on interpreting. The interpreter isn't doing harm.



Scripts to clarify the interpreter's role

Interpreters are often asked to do something that goes outside their role. For example, providers often want to leave the interpreter alone with the client to sight translate a form while they go off and do something else. Here is an example of a script that can help you mediate for role confusion.



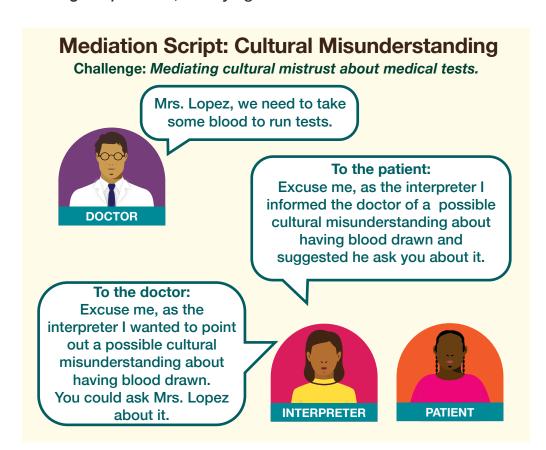
There are many other kinds of role confusion. Some of them are addressed in Module 10.

Scripts for cultural misunderstandings

Cultural mediation is complex. It takes time to learn. This skill is explored in Module 11. For now, let's look at one example. A common cultural issue for many indigenous patients is having blood drawn for medical tests. Often, doctors ask for a lot of blood to be taken in case they need to run more tests later. Some indigenous patients believe that taking blood out of the body will weaken them. They don't understand why so much blood has to be taken.

As the interpreter, you might want to intervene to encourage the doctor to discuss the problem. When you intervene, you should identify the *possible* problem without assuming what the problem *is*.

You are familiar with both the doctor's and patient or client's culture. If a cultural problem creates a misunderstanding, many times you can guess what it is. However, as the interpreter, don't assume you know what the doctor or patient is thinking. Respect that it is their problem to solve, not yours. You are pointing out what might be causing the problem, not trying to fix it.



Mediating language and cultural misunderstandings

For indigenous interpreters, language and cultural barriers to communication are often more difficult than for other interpreters. Many terms and cultural concepts used by providers don't exist in indigenous languages. And even if a doctor simplifies the language, the concept (such as cancer or Down syndrome) is often still not clear. Many indigenous interpreters report that they have to be firm when they mediate for cultural reasons. Here are two scripts developed by an indigenous Mixteco interpreter. The first script addresses terms and concepts that don't exist in Mixteco.

To the provider: Excuse me, as the interpreter I need to mention that this term does not exist in Mixteco. If you explain what it means in simpler language, I can interpret your explanation.

To the patient: Excuse me, as the interpreter I told the doctor this term doesn't exist in Mixteco. I asked him to explain it in simpler language so I can interpret his explanation.

The interpreter uses the next script when it is clear to her that the patient or client does not understand what the provider is saying. When providers use a visual image or model to demonstrate what they are explaining, it helps patients understand.

To the provider: Excuse me, as the interpreter I see a possible cultural misunderstanding here. If you use a visual aid or drawing to explain the idea, I will interpret your description.

To the patient or client: Excuse me, as the interpreter I see a possible cultural misunderstanding here. I suggested that the provider use an image or drawing to explain the idea, and I will interpret his description.



Service system barriers

Immigrants are often confused about services in their new countries. Like the Deaf and Hard of Hearing, they may face discrimination. When interpreters intervene because of service system barriers, they often have to go into an advocacy role. You are allowed to advocate in certain circumstances. But advocacy is risky. It is complicated. Instead of offering scripts here, we will discuss advocacy in Module 11.

Review of Section 9.3

Strategic mediation works best when you practice it ahead of time. Interpreters need to write scripts for different kinds of mediation, then practice saying them out loud to see if they sound natural. Try out your scripts in real life to find out if they work. If not, adapt them. Try again, until your scripts feel smooth and easy to say. Have a few basic scripts that you know by heart. Then you can adapt them to common situations. Your scripts should be:

- Clear.
- Brief.
- Transparent.

They should also:

- Point to a possible misunderstanding.
- Show no assumptions.
- Allow the people you interpret for to solve the problem not you.



Review of Module 9: Strategic Mediation

This module showed you how to intervene to address a communication barrier. Section 9.1 showed *when* you should intervene. Usually you will have to intervene because of five common barriers to communication:

- Environmental challenges
- Language barriers
- Confusion about the interpreter's role
- Cultural misunderstandings
- Barriers to accessing services

Section 9.2 showed you the five steps of the Strategic Mediation Model. This simple process helps you address a communication breakdown quickly. The five steps are:

Interpret the last thing said. Identify yourself as the interpreter. Mediate briefly with one speaker. Tell the other speaker what you said. Go back to interpreting.

You need to practice these five steps to remember them. You will also need to create mediation scripts and practice them in both languages, in real life.

In Section 9.3 you saw how to write scripts for common communication barriers. Find out which scripts work well for you. Then practice with them until the five steps for strategic mediation feel automatic. You can adapt your scripts to fit real-life assignments.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 10.1

Explore four core biomedical concepts.

Learning Objective 10.2

List basic procedures for interpreting the patient history form.

Learning Objective 10.3

Understand the medical interview process.

Overview

Every service system has its own belief system and professional culture. Educational, social services and health care systems in the United States have their own procedures and practices. Scientific beliefs inform those practices. This module focuses on the belief system in Western medicine called "biomedicine." Biomedicine is a branch of medicine that applies scientific knowledge to the human body to help heal it.

Biomedicine takes research from fields such as biochemistry and genetics to help doctors understand, treat and prevent disease. In biomedicine, the human body is viewed almost like a machine with separate parts that can break down (become ill) and need repair (treatment). Doctors and providers who work in Western medical settings are part of biomedical culture.

Healthcare interpreters work in biomedical culture too. They need a basic understanding of biomedical culture to work effectively as interpreters in health care. This module explores four core concepts in biomedical culture:

- Confidentiality
- Informed consent
- Patient autonomy
- Advance directives

This module also gives an overview of two of the most common processes in biomedicine:

- The patient history process
- The medical interview



Key Biomedical Concepts

Explore four core biomedical concepts.

Introduction

This section introduces you to biomedicine, which is the core of Western medicine and biomedical culture. If you understand biomedicine, you will find it easier to interpret in health care. To help you grasp important concepts in biomedicine, this section describes some of its main elements. It also explores four key concepts that interpreters should understand if they work in health care settings:

- Confidentiality
- Informed consent
- Patient autonomy
- Advance directives

Biomedicine and cultures in health care

Many cultures interact in health care settings. Patients, providers and interpreters each have their own cultures. (The topic of culture is discussed in Module 11.) The cultures of the U.S. health care system may not make much sense to the patient. Patients often have health beliefs that are different from those of Western medicine.

Providers are a part of the health care system culture. They may be unaware of their own hidden beliefs about health and illness. Providers may not understand that patients often have different beliefs about what is causing their illness. As the interpreter, you need to have a good understanding of biomedical culture to be a language and cultural bridge for patients and providers.

Elements of health care culture

Most cultures are based on one group of people sharing a common language, history, education, religion and other elements. The health care system's culture has many similar elements, including:

- A history of medicine that is four thousand years old.
- A language based on ancient Greek and Latin.
- Expected and acceptable behaviors.
- Firm beliefs about what is "true" and "real."
- Strong views about what causes health and illness.
- Technology to make decisions about illness and treatments.

What is biomedicine?

Biomedicine, also called Western medicine, can be defined as:

The branch of medicine that deals with the application of the biological sciences, especially biochemistry, molecular biology, and genetics, to the understanding, treatment, and prevention of disease.

-The American Heritage Dictionary⁵⁰

A system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery.

—National Cancer Institute Dictionary of Cancer Terms⁵¹

Biomedicine is the medicine used in Western health care settings such as hospitals, clinics and health departments. Biomedicine is based on Western scientific medicine. It uses biology to understand the body's structure. It explores the systems that make the body work.

Human anatomy and physiology are the study of the human body and how body parts work together. Anatomy studies the structure of body parts. Physiology studies the function of body parts and how they work together.

In many ways, biomedicine looks at human health as a machine. When the body parts are working together normally, the person is healthy. If something goes wrong, the body part needs to be repaired.

Doctors are a bit like car mechanics who have to figure out which parts of the car are not working. When mechanics discover the problem, they fix the part or replace it with a new part. The human

⁵⁰ Retrieved from https://medical-dictionary.thefreedictionary.com/biomedicine

⁵¹ Retrieved from https://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=454743

body needs care and maintenance to stay healthy. People should eat good food, exercise and get enough sleep. This process is like a car needing gas, oil and the right parts to run.

The Western Health Care System

History-roots in ancient Greece and Rome

Language-terminology, slang, acronyms

Code of Conduct-ethics and standards of practice

Expectations-implicit bias about what is "true"

Methods-forms, tests, the medical interview

Technologies-machines show illness in the body

Our modern health care system used to have much more in common with traditional healing systems than it does today.

In the biomedical view, people get sick when something inside the body goes wrong. A virus makes it malfunction. A broken bone needs to be fixed. Biomedicine uses tests to find out what is wrong. It uses treatment to try and fix what is wrong.

Do no harm

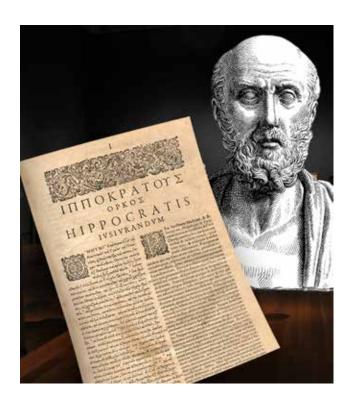
Medical professionals follow codes of ethics, just as interpreters do. One of the most important ethical principles for doctors is, "First, do no harm." That principle is part of the Hippocratic Oath, the first known code of ethics for doctors. (The original words were to "abstain from doing harm.") The Hippocratic Oath is almost 2,500 years old and comes from

Hippocrates, a doctor in ancient Greece. This principle "to do no harm" shows doctors that when they treat a patient, they must not make that patient sicker. It might be better to do nothing than to risk harm.

Four basic concepts in health care

The rest of this section focuses on four health care concepts:

- Confidentiality
- Informed consent
- Patient autonomy
- Advance directives



Each of them come from the core idea of "do no harm." Their purpose is to protect the patient. However, as you will see, these concepts can be confusing for patients and interpreters.

Confidentiality

Confidentiality means keeping information secret or private. The idea of confidentiality is as old as the Hippocratic Oath. In fact, it was first described in that same document.

Confidentiality: The principle in medical ethics that the information a patient reveals to a health care provider is private and has limits on how and when it can be disclosed to a third party.⁵²

Confidentiality is an important concept in modern health care. The United States and many other countries have laws that tell providers how to keep patient information private. Organizations must keep all patient information private, with two exceptions:

- If the patient gives permission, usually in writing, to share the information.
- If a law requires the organization to break confidentiality.
 For example, the patient is suicidal or intends to harm or kill someone.

⁵² Retrieved from http://medical-dictionary.thefreedictionary.com/confidentiality

Confidentiality requirements apply to all health care. They also cover written communication such as letters, online medical records, emails and text messaging. Interpreters are required to keep confidentiality for many reasons that include:

- Federal and state laws
- Health care institution policies
- Interpreter ethics and standards of practice

Keeping confidentiality is hard. Hospitals have to set up systems for keeping patient records private. Hospital staff need training in confidentiality rules. Health care organizations have

Patient Confidentiality

Confidentiality of patient information includes:

- Face-to-face conversations
- Paper records
- Online records
- Emails
- Text messages
- Telephone calls
- Video communication



lawyers to help them follow the law. Following these rules about confidentiality can be especially hard for indigenous interpreters. You may come from a small community or language group. Perhaps you know many of the patients. Module 4 gave you detailed information to help you protect confidentiality.

Informed consent

Informed consent is the process where patients give permission to be treated. Here and in many other countries, patients have the legal right to understand what the provider is doing and the risks of treatment. The doctor is responsible for recommending treatments. The patient is responsible for accepting or rejecting them. The idea of informed consent is linked to the idea of patient autonomy (discussed below):

In nonemergency situations, written informed consent is generally required before many medical procedures... The physician must explain to the patient the diagnosis, the nature of the procedure, including the risks involved and the chances of success, and the alternative methods of treatment that are available.⁵³

⁵³ Retrieved from http://medical-dictionary.thefreedictionary.com/informed+consent

Informed Consent

A formal process that includes signing a written document

- 1. Patient is told about *all treatments* and the provider checks for *understanding*.
- 2. Communication with patient should respect his/her *beliefs and values*.
- 3. The patient should receive information about the treatment and a written explanation about it.
- 4. Give patient the chance to *ask questions* about treatment.
- 5. Patient knows he/she can stop treatment at any time.
- 6. Patient must *sign a form that gives consent* for the chosen treatment.



Informed consent is a *legal* process. Federal and state laws require health care providers to get the patient's informed consent. These laws include specific steps that providers have to follow:

- Tell the patient about all treatment options.
- Explain the risks and benefits of treatment.
- Make sure the patient understands this information.
- Respect the patient's beliefs and values.
- Explain in detail the treatment option that the patient chooses.
- Give the patient the same information in writing.
- Let the patient ask questions about the treatment.
- Tell the patient that treatment can be stopped at any time.
- Have the patient sign a form that gives consent to the chosen treatment.

Informed consent and the indigenous interpreter

The process of informed consent was introduced in Module 6 on sight translation. Many non-English-speaking patients do not understand it. They are often confused by:

- Never having gone through the process.
- Having to choose which treatment to accept instead of the doctor choosing for them.
- The legal nature of the process.
- Signing documents they can't read or understand.
- Being told about the risks of treatment, which can include death or serious harm.

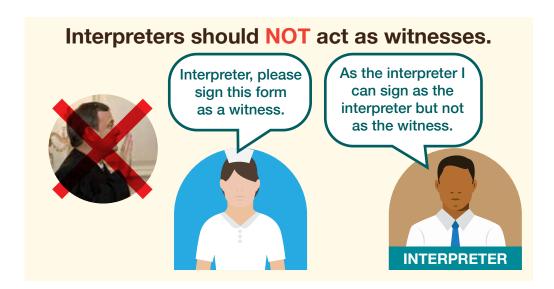
As the interpreter, you play a critical role. Interpret accurately and completely. Intervene if there is a cultural misunderstanding. (See Module 11 for details.) Here are other challenges with informed consent:

- Many indigenous languages are not written.
- Sight translation of written consents into the indigenous language often is not practical or possible. (Too many concepts do not have equivalents in the indigenous language.)
- A formal informed consent process may not have existed in the patients' native countries—it can seem strange and confusing.
- Indigenous patients may expect a husband or elder, not the patient, to sign for consent to treatment.

For informed consent forms, ask the provider to explain the document and interpret the explanation. *Don't sight translate the form*. Ask the provider to explain any terms that do not have equivalents in your indigenous language. Above all, never let the provider leave you alone to sight translate the form. *Informed consent is a process, not a form*. That process *requires* that the provider explain the treatment plan *before* the form is signed. The form is just one part of the process—the part that comes at the end.

Do not serve as a witness

A "witness" is a person who signs that he or she saw the patient sign a form.



When you are a witness, your signature can mean that you believe the patient understood the document that he or she is signing.

Interpreters are sometimes asked to sign as witnesses. You should refuse—especially for informed consent. You could be called into a legal process to testify. You are the interpreter, not a medical provider. If you are asked to sign as a witness for any form, use the "How to Say No" model discussed in Module 6. Tell the provider you can sign as the interpreter, or you can sign to state that you either sight translated the document or interpreted the provider's explanation. Be firm that you may not sign as a witness because you are the interpreter.

Patient autonomy

The word autonomy means independence. Autonomy is the idea that people have the right to make their own decisions. The idea of "patient autonomy" means that patients have the right to decide what medical care they want to accept. The doctor is not allowed to decide for the patient. The doctor should not tell the patient what to do. Patient autonomy is a legal concept, like confidentiality and informed consent.

Patient Autonomy

The right of patients to make decisions about their medical care without their health care provider trying to influence the decision.

Patient autonomy allows for health care providers to educate the patient but does not allow the health care provider to make the decision for the patient.

MedicineNet⁵⁴

⁵⁴ Retrieved from http://www.medicinenet.com/script/main/art.asp?articlekey=13551

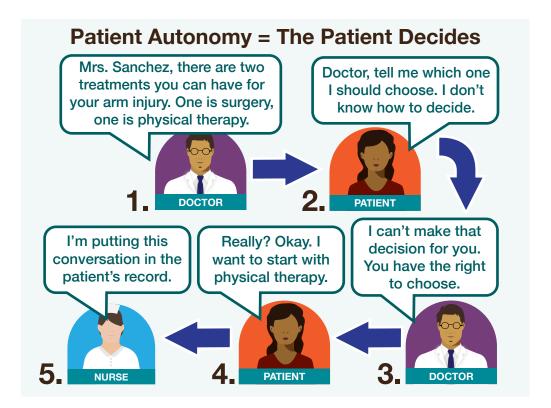
To support patient autonomy:

- Hospitals and providers have to educate patients about their medical care.
- Patients are told it is their right to make their own decisions.
- Providers cannot make decisions for patients about their care.
- The conversation about patient rights and the patient's decision has to be recorded in the patient's medical record.

Patient culture and patient autonomy

The idea of patient (or client) autonomy often causes problems between patients and providers. Many patients expect their doctors to tell them what to do. But doctors cannot tell patients what to do. It is against the law.

For many cultures, doctors are often seen as the authority, the boss. They have the medical skills. The patient does not. Patients often don't know that doctors are following the law when they refuse to tell patients what to do. If patients are more familiar with traditional medicine, they may expect a more personal relationship with the doctor.



Advance directives

Another important health care concept is the "advance directive." This legal document tells doctors what you want to happen if you are too sick or hurt to say so yourself. You choose someone to make decisions for you when you can't—usually when you are dying.

Western medicine has technology that can keep a patient alive even after the body or brain has stopped working. When that happens, family members have to decide what to do. Should they let the machines keep their family member alive? Or ask the doctors to turn off the machines? These are painful decisions.

ADVANCE HEALTH CARE DIRECTIVE FORM			
	NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I ate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I ate the alternate agents whom I have named, in the order designated.		
	PART 2 INSTRUCTIONS FOR HEALTH CARE		
f you 1	ill out this part of the form, you may strike any wording you do not want.		
2.1) or with	END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, draw treatment in accordance with the choice I have marked below:		
	(a) Choice Not to Prolong Life		
	I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain ousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR		
	(b) Choice to Prolong Life		
	I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.		
(2.2) discon	RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or fort be provided at all times, even if it hastens my death:		
	(Add additional sheets if needed.)		
(2.3) wish to	OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you add to the instructions you have given above, you may do so here.) I direct that:		
	(Add additional sheets if needed.)		

 $^{55 \ \} Retrieved from \ \underline{http://ag.ca.gov/consumers/pdf/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf}$

In the United States, a law called the Patient Self-Determination Act was passed in 1990. It says that providers *have* to give patients information about advance directives. The goal is to protect the patient and make it easier for family members to make decisions when the patient is ill. A Triqui interpreter shared his experience interpreting for advance directives:

Many times the advance directive process doesn't make sense to the indigenous patients. They say, "What is this? I don't need anyone to make decisions for me." The patients think the document is for their current problem and not about the future.

Advance directives ask patients and their families to discuss, and make decisions, about death and dying. These are not easy discussions to interpret.

Patient culture and advance directives

Advance directives often conflict with cultural beliefs about death and dying. This table describes some differences between Western health care and indigenous cultures.

WESTERN HEALTH CARE SYSTEM	INDIGENOUS CULTURE
Death is often talked about openly.	Death is often taboo, or hard to discuss.
Discussing death helps the patient and family prepare before difficult situations happen.	Discussing death can be viewed as disrespectful to the patient, or seen as causing bad luck or making the patient lose hope.
Doctors are required to talk to patients about death and dying.	The patient might not want to challenge the doctor's authority by discussing a diagnosis.
Patients are expected to make their own decisions about health care.	Many patients may expect doctors to tell them what the best decision is.
Doctors expect individual patients to make their own decisions.	Often, the family members of a patient would make decisions as a group for that patient.

In the United States, providers speak directly with patients about dying. Any patient may feel afraid when a doctor asks questions about dying. Many patients do not want to fill out the advance directive forms. Often, they feel that talking about how they want to die is inviting death. Many providers feel frustrated that patients won't talk to them about their "end-of-life" plans. As the interpreter, you may be the only person who sees that there is cultural misunderstanding. Use the cultural mediation strategies in Module 11.

Review of Section 10.1

Western medicine is also called biomedicine. It has its own history, culture and understanding of health and illness. Biomedicine is a branch of medicine. It applies scientific knowledge to the human body to help heal it. That scientific view often conflicts with traditional views of indigenous cultures about health and illness.

This section explored biomedical culture and introduced four important concepts in health care:

- Confidentiality
- Informed consent
- Patient autonomy
- Advance directives

Patients and providers often have misunderstandings because these concepts are confusing for patients. Indigenous interpreters need to study the concepts, understand them well and know how to interpret them accurately and sensitively.



Learning Objective 10.2

List basic procedures for interpreting the patient history form.

Introduction

When patients arrive at the doctor's office, they have to fill out forms. There are forms for patient registration, consent for services, patient information and the patient medical history. Interpreters are often asked to help patients fill out these forms. This request can cause ethical dilemmas for interpreters.

This section focuses on the patient medical history form. It gives you strategies for how to interpret during the patient history process. It shows you what to do if someone asks you to help the patient fill out forms.



The patient history form

The patient history form asks patients about their current and past health. The form is part of the process that doctors use to diagnose the patient. First, the patient answers questions on the form. It is then given to a nurse, who reviews it and asks the patient why he or she has come to see the doctor. Then the patient sees the doctor.

The patient history form usually includes questions about:

- The patient's name, age, address and contact information
- The current illness or physical complaint (fever, headache, sore muscles, etc.)
- Current doctors, medications or other illness
- Past illnesses, hospitalizations and treatments
- Current and past use of tobacco, alcohol and illegal drugs
- Pregnancy history (for girls and women)

Steps for Sight Translation of Patient History Forms

- 1. Sight translate the question.
- 2. The patient answers orally.
- 3. The patient writes the answer on the form.
- 4. Sight translate the next question.
- 5. Repeat the process until the form is completed.

PATIENT MEDICAL HISTORY

Please answer the following questions:

- 1. Why did you come to the doctor today?
- 2. Have you ever been hospitalized?

 ☐ Yes ☐ No
- 3. Write down the names and ages of any children you have.



What to do when you arrive

When you arrive, introduce yourself to the receptionist. Ask the receptionist to point out the patient. Then introduce yourself to the patient. Bring the patient to the receptionist's desk or window so the patient can talk to the receptionist, sign in, pay if needed and get the patient history form or any others forms to fill out. If there are forms such as a patient history form, sit near the receptionist so you can interpret any questions the patient might have about the forms.

Steps for sight translation of patient history forms

Module 6 on sight translation recommended the strategy of asking providers to explain forms you shouldn't sight translate so you can interpret their explanation instead. In general, this strategy is *not* recommended for patient history forms. Interpreters should sight translate these forms for patients. Receptionists and providers will usually refuse to go through all the questions with patients while you interpret. You will need to sight translate it.

The patient history form is a question-and-answer form. It is usually written in simple English. Follow these steps:

- 1. Sight translate the first question.
- 2. Wait for the patient to answer it.
- 3. The patient will write the answer on the form.
- 4. Sight translate the next question.
- 5. Repeat the process until the form is completed.

For patient questions about where to write down answers, show them where to write. If the patient asks what something means, do not answer. Instead, write down the question. When the rest of the form is complete, return to the receptionist or provider to have them answer the patient's questions. If the patient cannot read or write, a service provider should do the writing—not you. (After all, some native English speakers cannot write, and they do not have an interpreter to write down answers for them.)

The patient history process

The Patient History Process

Interpreters have to make many decisions when they meet patients in the waiting room.

- 1. Where do you sit after introducing yourself?
- 2. What position do you take when helping the patient with paperwork
- 3. Do you sit alone with the patient?
- 4. Do you stand next to the receptionist?
- 5. Do you answer the patient's questions about the form?
- 6. Do you fill out the form for the patient? If so, in what language?
- 7. Where do you sit after the forms are filled out?



For many appointments, the first thing you are asked to do is help a patient or client with an intake or patient history form. Your first reaction may be "No! Interpreters shouldn't fill out forms for patients." You are correct that you should not *write in* the form for the patient, but you *should* assist patients with intake forms.

How you talk about the form is an important first moment between you and the patient. Interpreting in the waiting room is different from interpreting during the medical exam. In the waiting room, a provider is not always part of the conversation. You cannot avoid direct conversations with the patient. When you work directly with the patient, you need strategies to keep your professional boundaries. Interpreters have to make several important decisions, including:

- Where to sit.
- Who fills out the patient history form.
- Who answers the patient's questions about the form.

Remember: Sit near the receptionist when filling out forms with the patient

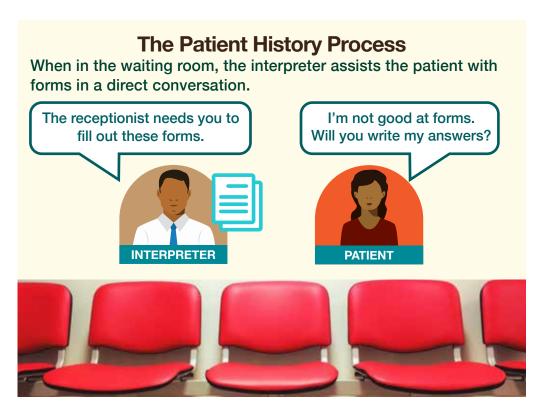
When interpreters are left alone with patients, the patients often ask personal questions. They tell interpreters important information about their illness and then say, "But don't tell the doctor!" Not being alone with patients for long periods helps you avoid these problems. But it is normal to spend brief amounts of time alone with the patient, especially in the waiting room.

When you help the patient fill out forms, sit near the receptionist. When the patient has questions about the form, the receptionist can answer them and you can interpret the answers. As you help with the form, you are both sight translating *and* helping with the form. You and the patient are in a direct conversation. That is all right. Just keep the conversation focused on completing the form.

Avoid writing in patient history forms

The next question is who will write down the patient's answers? Ideally, interpreters should not fill out patient forms. In the real world, you almost always are expected to. When possible, sight translate the questions on the form and have the patient fill in answers.

Some patients feel uncomfortable filling in forms. They may hand you the pen and ask you to do it. They may not read or write well but don't want to say that. Many forms have questions that need check marks. For example, a childhood patient history form usually lists many illnesses. The parent puts a check mark next to any sickness the child has had, such as chickenpox or the flu.



Even someone who doesn't know how to write can fill in checkboxes.

But other sections need written answers. For example, if the patient checked "yes" to a question about past illnesses, the form might ask about those illnesses. Now what? Even patients who write well usually can't write in English. How is the doctor supposed to read it? When this happens, you have two options:

1. Have the patient write the answer in his or her own language. This works only if the patient can write and when the indigenous language has a written form. Take the form back to the receptionist and point out the patient's answers. You can sight translate them and let the receptionist write the information down in English.

2. Leave the answer blank.

After you have finished with the form, show the receptionist the blank sections. The receptionist can ask the patient to answer and write on the form while you interpret the answers.

What about the receptionist?

Many interpreters will tell the receptionist, "I can't write down the answers for the patient. I suggest you help the patient with the form and I'll interpret your answers." This seems like a reasonable request, but it usually doesn't work well. Doctors' offices are busy. Receptionists do not usually help patients fill out forms. They can answer questions, but they do not have time to help each patient go through every question.



Write down patient questions about the form

Patients often have questions about forms. They might ask you:

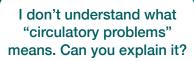
- My son spent the day in the ER three years ago. Should I put that down?
- My husband has insurance through his work. Do I say that?
- I don't understand "circulatory problems." Can you explain?

Do not answer patient questions. Write them down in your notepad. If you answer questions, you go outside your role as interpreter. When you have finished helping with the form, have the patient take it back to the receptionist. Interpret the questions and answers.

⁵⁶ Retreived from https://media.defense.gov/2010/Mar/23/2000382531/-1/-1/0/100317-F-7574S-001. JPG

The Patient History Process

When a patient asks you questions about the patient history form, write the questions down and ask the receptionist. Interpret the answer.



I'll write that question down. We can ask the receptionist after we finish with the form.







Do not sit with the patient

Once the forms are filled out, the patient will wait for the doctor—and so will you. While you wait, do not sit with the patient. This will lead to more direct, personal contact. Instead, smile warmly and tell the patient that you will be glad to interpret when you are needed but you will now sit in a different place. The patient needs to feel confident that you are available to interpret. Then take out your phone, a book or a notepad. Make yourself busy.

This strategy allows you to maintain professional role boundaries without being rude. A kind way to say this would be, "I'll be working over there. If you need me to interpret anything for you, please come and get me and I'll be happy to interpret."

Waiting room interpreting strategies

Let's review what you just learned. To follow your interpreting ethics, take these steps in the waiting room:

- Introduce yourself: When you arrive, introduce yourself to the receptionist. Ask the receptionist to point out the patient. Then introduce yourself to the patient.
- Bring the patient to the receptionist's desk or window:
 Help the patient talk to the receptionist to get any forms or instructions.
- Sit near the receptionist: If possible, find a place near the receptionist when you sight translate a form. This makes it easier for you to interpret any questions.
- Write down any patient questions: If the patient has questions about the form, write them down. Do not answer the questions.
- Tell the receptionist the patient has questions: First, sight translate the entire form. When you are done, go back to the receptionist with the patient. Tell the receptionist the patient had questions. Sight translate them, and interpret the answers.
- Don't sit with the patient while waiting: After the forms are filled out, tell the patient you are available to interpret if you are needed. Choose a seat that is not next to the patient.
 Make yourself busy. Read a book or look at your phone.
 When the patient's name is called, return to the patient.

Use these strategies to plan how you will interpret in waiting rooms *before* you arrive.

The Patient History Process

Follow these steps when interpreting for patients in waiting rooms.

I need to:

- Introduce myself.
- Interpret for the receptionist and the patient.
- Sit near the receptionist.
- · Sight translate the forms.
- Decide who will write in answers as needed.
- Write down any patient questions.
- Interpret the questions with the receptionist.
- Not sit with the patient while waiting.







Review of Section 10.2

This section focused on interpreting in waiting rooms and assisting with patient history forms. When you interpret in waiting rooms, assist the patient with any forms or questions. Do not answer the questions—write them down and sight translate the questions for the receptionist. Then interpret the answers.

After the forms are completed, tell the patient you will be working nearby but you will be happy to interpret as needed. Then sit away from the patient until a provider calls the patient's name. Be friendly and polite. Act busy. With practice, you will learn how to set professional boundaries without being rude.



Understand the medical interview process.

Introduction

In Western medicine, the most important process that doctors use to diagnose the patient is the medical interview. Doctors follow a structured interview to find out what is causing the patient's symptoms. They also use laboratory tests and technology to take pictures of the inside of the patient's body. The medical interview helps doctors choose which treatments patients need. This section explores the medical interview and gives you strategies for how to interpret it.

The medical interview: A tool for patient evaluation

In Western medicine, doctors follow a step-by-step process to identify what is making the patient sick. The process includes:

Steps for Patient Evaluation The patient medical history → • The history form is filled out before seeing the doctor. **Medical interview** • What is the chief complaint? Physical exam • What are the physical symptoms? Laboratory and screening tests → • Tests might be needed. **Diagnosis** The doctor decides what is causing the illness. **Treatment** The patient receives a treatment plan.

If the patient gets better after this process, no more evaluation is needed. If the patient doesn't get better, the doctor will go through the same process again. The doctor will try different treatments until, ideally, the patient is cured.

The differential diagnosis

Doctors need to find a diagnosis for what is making the patient sick. The process they use is called the differential diagnosis. It helps doctors to decide the specific cause of the patient's symptoms. Finding that cause is critically important.

Differential diagnosis: The process of weighing the probability of one disease versus that of other diseases possibly accounting for a patient's illness.

MedicineNet⁵⁶

For example, a Mixteco man comes to the emergency department with a severe headache. The doctor has to decide what caused it. Extreme sunlight and heat? Tight muscles? A problem in the brain? Using his eyes too much? Working too hard? The cause might be easy to treat or a symptom of something serious.

After evaluating the patient through the differential diagnosis process, the doctor can decide what is wrong. In other words, he or she will make a diagnosis.



57 Retreived from: https://www.medicinenet.com/script/main/art.asp?articlekey=2991

The medical interview process

Doctors diagnose patients based on the patient evaluation. The medical interview is the most important part of that process.

A good medical interview should include asking about:

- The chief complaint: why the patient came to see the doctor.
- A history of the current illness or condition.
- Other current problems.
- Past medical history.
- Family medical history.
- Current symptoms.

During the medical interview, the doctor is most interested in what is happening with the patient

The Medical Interview

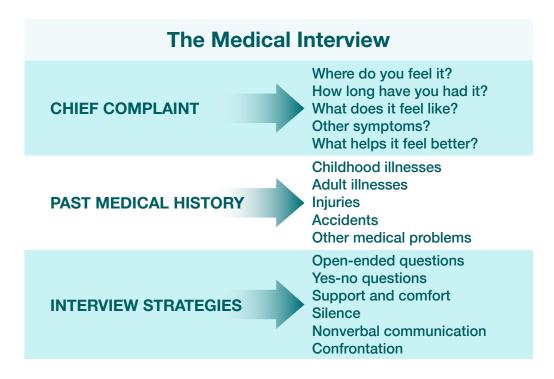
- Why did you come in today?
- How long have you had this problem?
- What are your symptoms right now?
- What have you done to feel better?
- Do you have any other problems right now?



right now. He or she will focus on current symptoms. Patients often want to give long explanations of their problems. Doctors usually have only 10 to 15 minutes per patient. Their goal is to get the information they need as quickly as possible.

To get patients to answer their questions, doctors use different strategies. During the interview, often doctors:

- Ask "yes or no" questions: such as "Do you have any pain?" The patient answers "yes" or "no."
- Ask open-ended questions: "What kind of pain do you have?" The patient describes the pain.
- Are supportive and sympathetic: "I know how badly that can hurt. Please tell me what you are feeling."
- Stay silent: The doctor is quiet and waits for the patient to respond.
- Use gentle confrontation: "Mr. Gomez, if I'm going to help you, I need to understand more about your problems."



Interpreting for the medical interview

As a healthcare interpreter, you will interpret often for medical interviews. When doctors see patients, they almost always ask questions based on the medical interview process. Interpreters should prepare for medical interviews.

Prepare for questions and terminology

The questions asked during the medical interview depend on the patient's problem. For example, if the patient has a broken arm, you will be interpreting terms related to the bones, tendons and muscles. The questions for a pregnant woman will focus on the growing baby, reproductive systems and symptoms such as nausea, fatigue, sleep and nutrition.

Below are questions commonly asked for two different kinds of medical interviews: a pain evaluation and a social history for a mental health client. You can see the different kinds of terminology needed for each interview. Use the structure of the medical interview to help you prepare for assignments. Make sure you understand the words and phrases. Then study how to ask these questions in your indigenous language(s).

	PAIN INTERVIEW	SOCIAL HISTORY
1.	Do you have pain right now?	1. What is your name?
		2. How old are you?
2.	How long have you had this pain?	3. Where do you live?
3.	Is this the first time you've had this type of pain?	4. What's your address?5. Are you:
4.	When was the first time you felt this pain?	5. Are you:- single?- married?- separated?
5.	How long does the pain last each time?	– divorced?– widowed?
6.	How often do you feel this pain?	single, but living with partner?Do you have any children?
7.	Is the pain: - severe? - mild? - moderate? - sharp? - intermittent? - constant? - boring? - dull? - burning? - cramping?	 7. How many children do you have? 8. Are you employed? 9. What type of work you do? 10. Where do you work? 11. Are you the sole financial support of your family? 12. How much money do you earn a month?
8.	Where do you feel the pain?	13. Does anyone else in the family work?
9.	Does the pain radiate?	14. How much do they earn?
		15. Do you have medical insurance?
10	. Is there anything thay you do that makes the pain feel better?	16. Do you have an insurance/ Medicare card?
11	. Show me using one finger where the pain is.	17. Do you have a primary care doctor?

Recognize interview strategies

In the last section, you learned about strategies that doctors use in the medical interview. Now they won't surprise you. But the patient might be surprised. This interview can feel strange to them. Providers ask many questions about personal topics: the patient's health, family history, income, relatives, drug and alcohol use, sexual behavior and abuse histories. These are topics that many cultures keep more private.

For patients use to traditional medicine (discussed in Module 11), the medical interview can seem rude. They may expect a more informal, personal conversation. They want time to tell the story of their illness and talk about their feelings. They aren't ready for the quick, direct way Western doctors ask questions. When misunderstandings come up, you may need to use cultural mediation skills to point to the problem. Cultural mediation is discussed in Module 11.

Review of Section 10.3

The medical interview is part of the patient evaluation process. Doctors use this interview to diagnose what is wrong with the patient. It helps doctors determine the most likely cause of the patient's illness. The process of finding out the cause is called the differential diagnosis. Providers use special interview strategies to get information from patients. Interpreters should prepare for the medical interview and know how to interpret the terms and phrases commonly used in these interviews.



Review of Module 10: Biomedical Culture

Biomedicine is a branch of medicine that applies scientific knowledge to the human body to help heal it. Section 10.1 explored how this scientific view can conflict with indigenous cultural views of health and healing. It also explored four important biomedical processes: confidentiality, informed consent, patient autonomy and the advance directive. The purpose of these processes is to protect patients and give them control over their own treatment. However, patients often find these processes confusing or frightening.

Community interpreters are constantly asked to help patients and clients fill out forms. Section 10.2 gave you strategies for interpreting a patient history form and managing interpreting in waiting rooms. The same strategies will help you in social services and educational interpreting.

Section 10.3 explored interpreting for the medical interview, which is a critical part of the way that doctors diagnose patients. It explained what differential diagnosis is, why it matters and how it works.



Module

Cultural Mediation

Learning Objectives

After completing this module, you'll be able to:

Learning Objective 11.1

Explore cultural issues that affect indigenous interpreters.

Learning Objective 11.2

Use the Strategic Mediation Model to perform cultural mediation.

Learning Objective 11.3

Understand advocacy in community interpreting and use a decision-making tool to know if, when and how to advocate.

Overview

This module discusses the cultural barriers that indigenous interpreters often face. It offers strategies to address them. The pressure on indigenous interpreters to solve cultural problems is huge. Without guidelines, you risk speaking *about* the client, and you can be wrong. Each client or patient is unique. You might give inaccurate information. Providers can think what you say applies to *everyone* from that culture.

This module offers a solution: Use the Strategic Mediation Model to provide cultural mediation. It can help the client and provider to express their *own* cultural beliefs and make their *own* decisions. The first section discusses common cultural misunderstandings in indigenous interpreting. The second section shows how to use the Strategic Mediation Model to perform cultural mediation. The third section focuses on the hardest form of mediation, and the one often used to address discrimination due to cultural breakdowns: advocacy.

Your cultural knowledge is a precious resource. Use it wisely.



Cultural Issues in Indigenous Interpreting

Learning Objective 11.1

Explore cultural issues that affect indigenous interpreters.

Introduction

Culture is part of communication. The words that indigenous residents and providers use reflect their cultural beliefs. This section focuses on health care as an example. First, it defines culture. Then it looks at how indigenous health care practices and beliefs often differ from the views of Western medicine. It also discusses how the differences between client and provider cultures can lead to communication problems. The interpreter's own views on health and culture are just as important. Interpreters need to know themselves so that their hidden attitudes don't interfere with communication.

Finally, this section also looks at some of the most common cultural problems that interpreters face, including the risk that interpreters can *stereotype* clients. Stereotyping can mean making all clients or patients sound the same when each person is culturally different.

Culture

Defining culture

What, exactly, is culture? There is no definition that everyone agrees on. Culture is a huge, complex topic. It has many elements, including language, history, religion, education, arts and music, government, family traditions,

Culture: The customs, arts, social institutions, and achievements of a particular nation, people or other social group.

Oxford Living Dictionaries⁵⁷

class, dress, food, customs, beliefs, values, social attitudes and many others. Culture includes many forces that shape our lives.

57 Retrieved from https://en.oxforddictionaries.com/definition/culture

We are all many cultures

None of us is "one culture." To show you what we mean, consider one person. Let's say she is an indigenous interpreter from Guatemala named Rosa. She is 23 years old. Her father is Costa Rican. Her mother is indigenous. Rosa has lived in California for ten years, since she was 12. She loves to sew and sing in a church choir. Rosa has her own family culture, with elements of both Costa Rican and Kekchi (indigenous) customs, food, dress and beliefs. She is happy living in the Santa Barbara area of California and her small town, each of which have their own cultures. The church and the choir she sings in have their own cultures too. Even her circle of friends, who gather once every two weeks to sew, have their own culture.



Still, Rosa cherishes her mother's indigenous culture and language. She honors the people with community activism and cultural activities such as helping out with festivals. What, then, is Rosa's "culture"? Rosa is many cultures. She is complex. She is a unique individual. Even members of the same family don't belong to exactly the same culture.

The impact of language and culture on communication

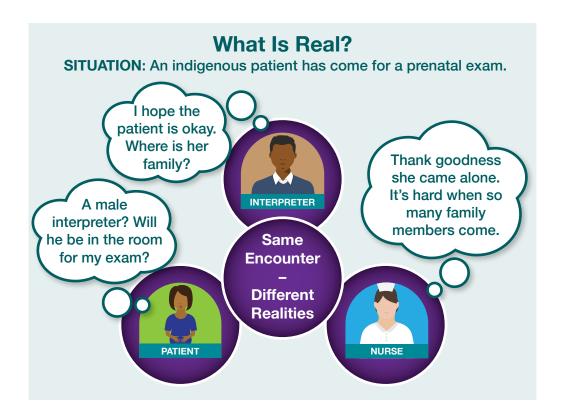
Language cannot be separated from culture. And culture cannot be separated from language.

You, the interpreter, also bring your own language and cultures into the encounter. As a result, all three of you—the client, provider and interpreter—experience the same encounter, but you may have different views about what happens.

Take, for example, the situation shown in the picture on the next page. An indigenous woman comes to the clinic for a prenatal exam. The nurse, patient and interpreter each have their own perspective.

- The patient is indigenous. This is her first time giving birth in the United States. She sees the male interpreter and worries about privacy during the exam. She is not comfortable with the idea that a male interpreter will see her dressed in the hospital gown.
- The interpreter is also indigenous. He has interpreted for many prenatal exams. He knows how to position himself for privacy. But he worries that the patient has come alone. Indigenous women often have their husband or family to support them. The interpreter wonders why she is alone. Yet he senses that the nurse is more comfortable with no family members there.
- The nurse sees that the woman is alone and feels relieved.
 In her experience, indigenous families often bring many family members. Having a lot of people makes it harder for the nurse to do her job or speak directly to the patient.

Nothing is "right" or "wrong" in this example. Each person is reacting, at least in part, to his or her own culture. But these different perspectives can cause problems. A cultural misunderstanding can occur. For example, the patient might be quiet and shy. The nurse may not realize that having a male interpreter is causing her shyness. Perhaps the patient is worried because she is alone. The interpreter might sense her feelings. You, the interpreter, are caught between different ways of seeing the situation.

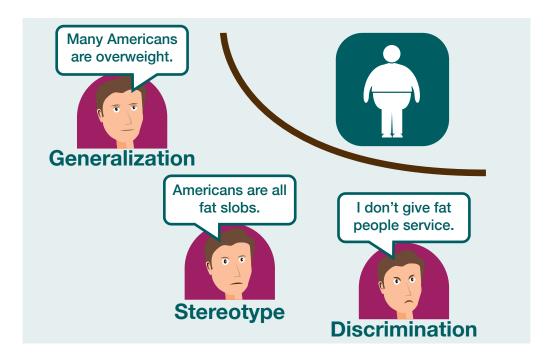


Interpreter attitudes (bias) and culture

We all have hidden attitudes or *bias*. (Bias is discussed in Module 8.) If someone is not part of our culture, we are more likely to feel uncomfortable or think in a negative way about that person. Interpreters are often asked to share their cultural knowledge. Sharing it is risky, partly because interpreters have biases too. To understand some of the problems of bias, interpreters first need to see the difference between *general* statements about culture, *stereotypes* or *personal* statements.

General statement: A general statement about culture gives a broad description of a group of people. It is based on facts, not opinions. It does not apply to everyone. For example, the statements, "Some immigrants from Mexico are undocumented," or, "There are many Americans who still think white people are better than black or Latino people" are *general* statements.

Personal statement: A personal statement speaks about an individual. If you mention, "The patient feels this way because..." or "The client believes that..." you are making a personal statement. Avoid making personal statements.



Stereotype: A stereotype suggests that *all* people who share a certain characteristic are the same. Stereotypes are usually (but not always) negative. The statements, "Guatemalans are illegals," "Mexicans work hard" or "Americans are racist" are stereotypes. They do not allow for exceptions. They often have a negative impact. They can help cause discrimination. Speaking of "they" ("They have a cultural belief about..."), this word can also be a stereotype because the use of "they" in cultural statements suggests that everyone in that cultural group is the same—which is never true. *Avoid stereotypes*.

Discrimination: Discrimination often happens when stereotypes are used to treat people unfairly. The people discriminated against could be any group. They might be Mexicans, Muslims, women or overweight people. You may hear people say things like, "I never hire Mexican immigrants because I know they're here illegally" or "Women aren't allowed to work on cars here because they're bad mechanics." These are examples of discrimination.

Stereotypes and personal statements cause many problems. Even generalizations can be risky or wrong. For example, an interpreter might say, "You can't tell the patient she is dying. You should tell the family members, because in her culture you don't tell people they are going to die." That is a stereotype, because some indigenous patients do want to know if they are dying.

On the other hand, let's say outside the session that a provider asks you about this issue and you say, "Many indigenous patients prefer it if you tell a family member that the patient is dying, not the patient." *You* were careful. *You* made a generalization, not a stereotype or a personal statement. But then often the provider walks away thinking that *all* indigenous patients don't want to hear they are dying. That's not true. But even general statements can turn into stereotypes. Be careful. Stereotypes cause a lot of harm.

A clash of cultures: Western vs. traditional medicine

To understand cultural issues for interpreters in health care, let's explore some of the basic differences between Western medicine (biomedicine) and traditional medicine. As you learned in Module 10, Western medicine is based on science. Most U.S. doctors believe that sickness has a biological cause, such as a virus that causes the flu. It focuses on treating symptoms, diseases or conditions rather than the whole person.

To decide what is causing illness, the doctor evaluates the patient's symptoms and decides which illness is most likely to be the cause. This process is called the differential diagnosis, also discussed in Module 10. Then the doctor might choose medications to treat the symptoms.

Traditional medicine is a huge subject. It is practiced in different ways in thousands of cultures around the world. These cultures have practiced traditional medicine in their own unique ways for thousands of years. It is not possible to define traditional medicine in one or two paragraphs.

Western Medicine: A system in which medical doctors and other healthcare professionals (such as nurses, pharmacists, and therapists) treat symptoms and diseases using drugs, radiation, or surgery.

National Cancer Institute Dictionary of Cancer Terms⁵⁸

Traditional Medicine: The sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

World Health Organization⁵⁹

⁵⁸ Retrieved from https://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=454743

⁵⁹ Retrieved from www.who.int/medicines/areas/traditional/definitions/en/

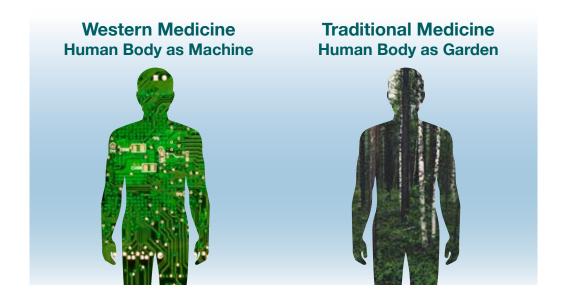
In a general sense, traditional medicine often looks at the whole body and person. Traditional folk healers, herbalists and spiritualists are examples of providers who practice traditional medicine. Instead of looking at symptoms, these healers may see illness as a condition caused by emotional states and spiritual forces. Traditional medicines are often plant-based. Healing often focuses on restoring balance to the person's physical, emotional and spiritual balance, or well-being.

The table below lists some the ways that Western medicine and traditional medicine can differ.

Western Medicine	Traditional Medicine
Focuses on the specific part of the body that is sick for treatment.	Focuses on the whole body when treating the illness. Views the body as a whole system.
Focuses on the symptoms of the illness. Treats them with medications.	Considers illness to be caused by an imbalance in the body and treats it to restore balance.
Views disease as caused by biological factors (such as germs, bacteria or viruses).	Understands disease to be caused by biological and/or spiritual forces.
Uses medicines made by big companies to treat specific symptoms caused by the disease.	Uses medicines from natural sources that are not too strong and treat the whole body.
Tries to destroy or cure the disease.	Asks what the disease can show us about the person or body.
Uses a health history process that asks questions about the patient and family members.	Uses a health history process that focuses on the patient and the environment where the patient lives.
Uses medicines that can cause painful side effects.	Uses medicines that come from natural plant-based sources with fewer side effects.
Has doctors who give instructions and recommendations for the patient to follow.	Encourages the individual to take care of himself or herself.
Is controlled by rules and regulations.	Often has no formal laws or regulations.

Adapted from http://www.carewaysgroup.com/traditional-vs-western-medicine-perhaps-both/

The image below is a visual example of another way to view differences between Western and traditional medicine. Again, there is no "one" form of traditional medicine. Western medicine also has many different practices.



Healthcare interpreters often find themselves in the middle of these different approaches to medicine. What patients believe about the cause of their illness affects whether or not they will accept a treatment plan.

The example of diabetes

Diabetes is a major illness. Type 2 diabetes is the leading cause of death in Mexico. In southern Mexico, where the majority of indigenous people live, diabetes is increasing faster than in any other part of the country (Espinoza Giacinto et al., 2016). In the United States, Latinos (including indigenous Latinos) are twice as likely to have diabetes as non-Latinos. They are more likely to experience complications and be hospitalized (Caldera & Lindsey, 2015).

Western medicine views diabetes as an illness caused by the body's immune system attacking the cells in the pancreas that make a hormone called insulin. Then the body does not have enough insulin. This problem leads to high levels of sugar in the blood. Symptoms can include feeling thirsty, hungry and tired and needing to urinate a lot. Diabetes can run in the family (be

inherited). It can also develop from eating foods with high sugar and high fat. Western medicine treats diabetes with medicines and by controlling the patient's diet.

In the Oaxacan region of southern Mexico, some indigenous communities view diabetes as an illness caused by an emotional shock, a major scare or a traumatic event like domestic violence. The emotional shock is seen as the cause for extreme changes in blood sugar. *Curanderos* (healers) often use herbs, massage and symbolic cleansings to treat the disease (Espinoza Giacinto et al., 2016). One indigenous interpreter explained this view:

When a patient receives a diagnosis of diabetes 2, he often believes it's caused by an enojo [anger], or because of a big fight with his girlfriend. The patient thinks that if he's been drinking a soda while angry, the blood and the sugar get mixed up and the sugar gets stuck in the blood. Some patients believe that's what causes diabetes.

This table shows the results of a study that asked indigenous people in Oaxaca, Mexico, what they believed caused diabetes and how it can be cured

Research on Indigenous Health Beliefs about Diabetes (in Oaxaca, Mexico)

Table 1: Cultural beliefs for diabetes causality and treatment/cures

English - Causal and cure survey questions

Emotional causation

Diabetes is caused by a traumatic event

Experiencing a strong "anger" that can cause diabetes

Experiencing a strong "shock" or "susto" can cause diabetes

Punitive and Mystical retribution causation

Diabetes is caused by being Mexican

Diabetes is a punishment for doing something bad or wrong

Diabetes is caused bu not having a "cleansing" or "limpia" done when necessary

Traditional diabetes cure beliefs

Medicinal herbs can be used to cure diabetes.

Eating nopales (prickly pear) can cure diabetes

Eating chaya can cure diabetes

Drinking urine can cure diabetes

Espinoza Giacinto et al. (2016), p. 1416.

The next table shows answers from a study done in Oaxaca about indigenous diabetes patients from that region: 70 percent of the patients went to Western medical doctors, and 30 percent visited a traditional healer for their illness. Here is a list of the kinds of healers they visited, the kinds of symptoms they wanted help with and why they saw a healer instead of a Western doctor (Espinoza Giacinto et al., 2016, p. 1418).

Have you ever visited a curandero, santero, espiritista, or any other type of traditional healer to treat any physical or emotional problems?	30% of the Oaxacan patients with diabetes said yes to this question.
What type of traditional healer?	 Naturist (<i>Naturista</i>) Healer (<i>Curandero</i>) Herbalist (<i>Yerbero</i>) Homeopath (<i>Homeopata</i>) Spiritualist (<i>Espiritualista / Espiritista</i>) Massage therapist (<i>Sobador</i>) Religious healer (<i>Santero</i>) Bone-setter (<i>Huesero</i>)
For what issue did you visit a traditional healer?	 Fright (susto), anxiety (nervios), bad air (aire) or cleansings (limpias) Ear, nose and throat issues Diabetes Kidneys, heart, cholesterol, triglycerides, blood pressure, weight Injury, body pain Depression, stress, emotional issues Prevent or treat multiple health problems Female reproductive issues Dermatology related
Why did you see a traditional healer instead of your usual care doctor?	 Recommended to me by friends and/or family. Prescribed medications were not effective or had a negative effect on my health. Some illnesses cannot be treated by biomedicine. I prefer "natural," traditional medicine. I use both traditional and conventional medicines. No insurance/no medical services available. It costs less economically. The doctor recommended that I see a traditional healer. I have a greater faith in traditional medicine.

Adapted from Espinoza Giacinto et al. (2016).

This kind of information is important for interpreters. It shows them that:

- Some indigenous patients agree with Western medicine more than traditional medicine.
- Some indigenous patients prefer traditional healers.
- Some indigenous patients visit both Western doctors and traditional healers.

Many indigenous cultures still practice forms of traditional medicine. That does not mean that all indigenous people still use traditional medicine. When you interpret, you cannot be sure what the patient believes. For this reason, if you see a cultural barrier to communication, *point to* the barrier but do not explain it. Interpreters cannot read minds. The next section of this module shows you how to "point to" a misunderstanding and not explain it.



The patient's role in communication

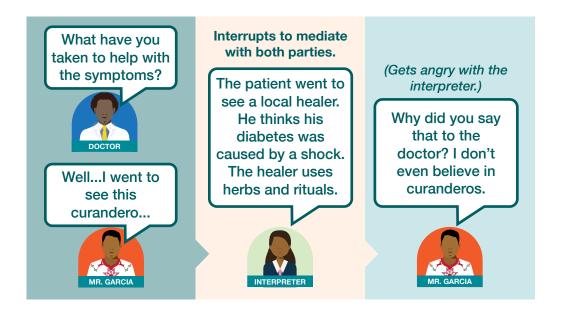
Now let's use the example of diabetes to explore one patient's beliefs. In the first example, the interpreter acts *unprofessionally*. In the second example, the interpreter acts *professionally*. Read the two examples and see if you can see differences.

Interpreter #1: Interpreter acts as cultural expert

Example: Mr. García has been diagnosed with diabetes. He is meeting with the doctor to talk about his symptoms and treatment. The doctor asks Mr. García what remedies he has tried before coming in. Mr. García looks uncomfortable and says: "Well... you see... I went to see this person... this curandero..." He stops and looks at the interpreter. He seems embarrassed.

The interpreter interrupts and says, "Doctor, the patient is referring to a local healer. He believes diabetes is caused by some kind of emotional shock. The healer uses herbs and massage to treat diabetes."

Then the interpreter tells Mr. García what he told the doctor. Mr. García gets upset. He says, "My mom made me go. I don't believe in curanderos. But she gave me this horrible tea to drink and told me it would help my diabetes. Why did you say that to the doctor?"



What happened here? The interpreter attempts to explain a cultural barrier and gets it wrong. The interpreter:

- Thinks the patient likes to visit curanderos.
- Assumes she (the interpreter) knows why the patient went to see the curandero.
- Describes the patient's culture to the doctor instead of asking the patient to explain it.

The interpreter then rushes in to act as a cultural expert to try to fix a problem. But the interpreter has misunderstood the problem. The patient doesn't have a traditional health belief about this condition. The patient was *embarrassed* about having a seen a curandero. By acting as a cultural expert, the interpreter risks losing everyone's trust. She has also made it harder for them to discuss the problem. Remember. *There is only one cultural expert on the patient.* And that person is... the patient.

Interpreter #2: Interpreter points to a cultural barrier

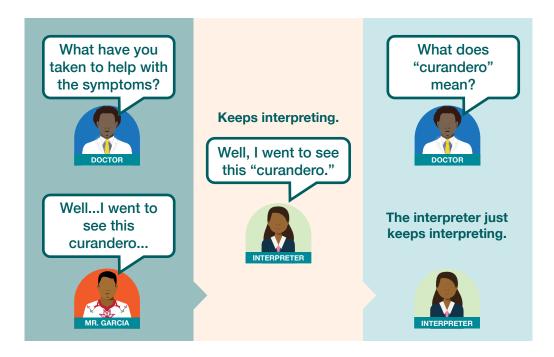
Now let's see how the interpreter handles the same example *without* acting as a cultural expert.

Example: The doctor asks Mr. García what remedies he has tried before coming in. Mr. García looks uncomfortable and says: "Well... you see... I went to see this person... this curandero..." He stops and looks at the interpreter. He seems embarrassed.

The interpreter interprets what Mr. García says into English, leaving the term "curandero" in Spanish. The doctor says, "Curandero? What is that?"

The patient says, "A curandero is a healer. My mother insisted I go see one. I don't really believe in curanderos. The curandero gave me this horrible-tasting tea, but it didn't help. I didn't know if I should tell you."

This time, the interpreter interprets what the patient says but leaves the term curandero in Spanish. This is one good way to let the provider know that the patient is sharing something the provider should explore. In this case, the provider asks the patient what a curandero is.



Then the *patient* tells his story. As a result, the interpreter did not cause confusion, offend anyone or explain anything. Instead, the doctor and patient solved the problem themselves.

The only true expert about the patient's health belief is the patient. Never speak for the patient—or the provider. Find a way to let them speak for themselves. Be their voice.

Review of Section 11.1

Western service providers and indigenous peoples come from different cultures. The differences between Western and traditional medicine often lead to cultural misunderstandings. But interpreters need to understand the risks of explaining cultural issues to providers. If they try to, the hidden attitudes of both interpreters and providers could lead providers to believe that *all* indigenous patients believe the same thing. Also, the interpreter could be wrong. Each of us is culturally unique. Interpreters can't read minds. Instead of explaining culture, help the provider and the client to discuss the cultural issues with each other—the next section shows you how. And remember: Patients and clients are the only true experts on their own health and culture.



How to Perform Cultural Mediation

Learning Objective 11.2

Use the Strategic Mediation Model to perform cultural mediation.

Introduction

Community interpreters around the world face cultural misunderstandings every day. If a cultural barrier causes a problem, interpreters can use the Strategic Mediation Model to intervene and *point to* the problem but not *explain* it.

Module 9 showed you how to create strategic mediation scripts. This section gives you more practice. It will also help you to create scripts for *cultural* mediation. Cultural barriers to communication can be some of the hardest kind to mediate. Indigenous interpreters need practice. They also need scripts. Create your own. Strong cultural mediation scripts can:

- Help you to find equivalent terms for concepts that don't exist in the indigenous language.
- Suggest to providers that they use visual aids (such as models of anatomy or photographs) to explain concepts.
- Point out cultural barriers without explaining what anyone believes.

Cultural mediation for community interpreters

The interpreter's cultural balancing act

As the interpreter, you often have knowledge about the provider's culture, American culture and the patient's culture. (Remember, though, that each one of us has *many* cultures.) You are also familiar with the cultures of the service system. People often sense that you have this knowledge. Providers and patients may

ask you to explain cultural issues and act like a cultural expert. For example, a provider might ask you:

- Is there some kind of cultural problem here?
- Why is this client not answering me?
- I don't want to talk to her husband. Why is he speaking for her?
- Why isn't the mother holding her baby?

A client might ask you:

- Is this provider any good?
- Why do I have to fill out all these forms?
- Should I sign this paper? What does it mean?

Untrained interpreters often answer such questions. They think it is their job to *explain* cultural issues. But explaining culture is not the interpreter's job. **STOP!** Instead, use strategic mediation to *point out* a cultural problem. Then let both parties address it. Let's look at how you can do this.

Cultural mediation for indigenous interpreters

To practice cultural mediation, you will need scripts to guide you about what to say when a cultural problem comes up. Like all mediation scripts, your cultural mediation scripts should be:

- Clear.
- Brief.
- Transparent. (Say the same thing to both sides.)

In addition, your cultural scripts should:

- Point to a possible cultural misunderstanding.
- Make no assumptions.
- Allow the patient or client and the provider to solve the problem.

In other words, your scripts are not about providing cultural *information*. Your scripts will help the client and provider *talk to each other* about the cultural issues. For example, you could say to both parties (or people present):

 The interpreter senses a possible confusion about what a progress report is.

- As the interpreter I sense a possible cultural misunderstanding about a condition called susto.
- As the interpreter I suspect there's a breakdown in communication about what chemotherapy involves.
- The interpreter senses a possible confusion caused by the legal meaning of "probation" here.⁶⁰

For indigenous interpreters, cultural barriers to communication are common. Indigenous interpreters frequently have to mediate for:

- Concepts that don't exist in the indigenous language or English.
- The client's lack of understanding about the service system.
- The provider's lack of familiarity with traditional medicine or customs.
- Topics that are culturally taboo.

Cultural mediation scripts

Scripts for cultural concepts that don't exist in the indigenous language

Interpreters often have to request clarification for terms they don't know. For most language pairs, there is usually an equivalent term or quick explanation they can use. Even an interpreter who does not know the exact equivalent for "cancer" could describe the illness using other medical terms after talking with a doctor. The interpreter might then say cancer is "a disease where cells grow out of control in one of your body's organs."

For the indigenous interpreter, such a description might not work. There might be no real cultural equivalents for the ideas of "cancer," "cell" or "organ." The interpreter has to find a simple way to describe the disease *without* using Western medical terms. But be careful. The description has to be *brief* and should not turn into a medical explanation. Any medical explanation you make is risky or dangerous. *Always check your explanation with the doctor or provider.*

⁶⁰ This example could be used during a lawyer-client interview, but not in court. See Module 14.

Consider what this Triqui interpreter said:

When a child is born with Down syndrome, it is hard for the parents to understand what their child has. The doctors talk about chromosomes. The parents say, "What is that? I've never heard of that." It's really hard to explain the cause of Down syndrome so that the parents understand. I look for a way to describe it. I say we are going to talk about the child's appearance. The child will have difficulty with a lot of things and will be behind other children and will need a lot of services.

But this is not a clear definition. The *doctor* needs to define Down syndrome and break it down in words that are simple, clear and easy to understand. This interpreter goes on:

The same thing happens when I have to interpret for children with mental health problems. The doctors explain how the brain works. They try to tell the parents the child's behavior is because of his brain. That their child can't control what he does. It's how the child was born. The parents say, "I've never had a child with

that problem. What is the doctor talking about? They probably did something at birth." Some want to go back to Mexico to see a curandero to cure the child.

Again, the interpreter needs to alert the doctor that the doctor's explanation isn't clear. What good will it do for the family to go back to Mexico to find a curandero? Indigenous interpreters need simple, direct ways to tell providers and patients that certain terms and cultural issues are hard to interpret. The *interpreter* should not explain them: The *other parties* should.

Down Syndrome

- 1. (medical) a congenital condition characterized by moderate to severe mental retardation, slanting eyes, a broad short skull, broad hands with short fingers, and trisomy of the human chromosome numbered 21.
- 2. a condition that someone is born with and that causes below average mental abilities and problems in physical development.⁶¹

Here is a simple script that you can use for these situations:

To the provider: Excuse me, the interpreter is not aware of a word for this illness in Mixteco. If you explain what Down syndrome is, I can interpret your answer.

To the patient: Excuse me, the interpreter is not aware of a word for this illness in Mixteco. I asked the doctor to explain it so I could interpret her answer.

⁶¹ Retrieved from http://www.merriam-webster.com/dictionary/Down%20syndrome

Another way to approach the same problem is:

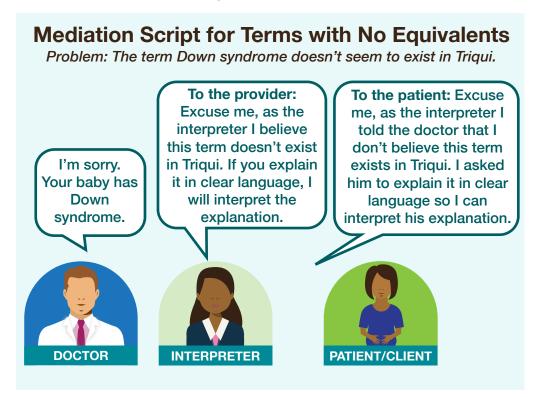
To the provider: Excuse me, as the interpreter I want you to know that Mixteco does not seem to have terms for genetic problems. I suggest you discuss this issue with the patient.

To the patient: Excuse me, as the interpreter I told the doctor that Mixteco doesn't seem to have terms for the kind of problem she is describing and I suggested she discuss that issue with you.

You can also say:

To the provider: Excuse me, the interpreter is worried that what I'm interpreting about the genetic problem isn't clear. If you explain it in simple language, I can interpret it more clearly.

To the patient: Excuse me, the interpreter is worried that what I'm interpreting about the genetic problem isn't clear. I suggested if the doctor explains it in simple language, I can interpret it more clearly.



This kind of script will work for almost any service.

Script for addressing a barrier to communication relating to the service system

Often, patients don't understand providers. Providers assume that the patient has basic medical knowledge. For example, most women raised in the United States know that the fetus (baby) grows in the uterus. However, some indigenous women have never seen a picture of a woman's reproductive system. They do not understand what the doctor is saying. They have a different understanding of how their body works. To overcome this barrier, the same Mixteco interpreter often asks the provider to use a visual aid, such as a model or image of body parts.

I interpreted for a mother whose baby was born with heart problems. She was referred to a regional cardiac center several hours away. When we met with the cardiologist [heart specialist], he explained the baby's condition, but without much detail.

I intervened and told the doctor that what he was saying didn't make much sense in Mixteco. I said, "Can you show her images about what you are talking about? If I try to say it like you are explaining it, it doesn't make sense." He agreed and drew a picture of a heart to explain to her the problems her baby's heart had.

Sometimes the doctors are surprised that the patients don't understand. They ask, "Why doesn't the patient understand what am I'm saying? Is it a lack of knowledge"? But usually they are OK with using some kind of image or model to explain what they mean.



You can certainly say, "If I try to say it the way you are explaining it, it won't make much sense in Mixteco," and suggest a visual aid.

Here is another script you can use:

To the provider: Excuse me, as the interpreter I believe there is a cultural misunderstanding. If you use a visual aid or drawing to explain the concept, I can interpret your description.

To the patient or client: Excuse me, as the interpreter I believe there is a cultural misunderstanding. I asked the doctor to use a visual aid or drawing to explain the concept so I can interpret the description.

Mediation scripts for cultural taboos

Every culture has topics that are taboo. These are topics that are difficult to discuss openly. Taboo topics in many cultures include speaking about death and dying, domestic and sexual abuse, suicide, drug addiction, gender issues and depression or other mental health problems.

In America, many of these topics are talked about more openly today than in the past. Decades ago, these subjects were kept secret and private. Most native-born Americans are now aware that depression is an illness that requires treatment and that sexual assault is not the victim's fault. Still, even today, these are not topics that most Americans might discuss at work, especially about themselves or their own family. For many other cultures (perhaps most), such topics may be even more private. These are sensitive issues.

Another example is death and dying. In America, these are not comfortable topics to discuss, yet they are not taboo. For many other cultures, death is often not discussed openly. The idea of telling a patient he or she is dying seems shocking and horrible to many. When taboo topics come up between patients and providers from different cultures, misunderstandings often result. How can you, the interpreter, intervene in a respectful way? Consider this example shared by a Triqui interpreter.

It is hard to talk directly with a patient who is going to die. In our indigenous community, we rarely talk about dying. One time I worked with a patient who was going to die, and with his family. They didn't accept the diagnosis. They held on to the hope that the patient wasn't going to die.

The doctor tried to refer them to another service for palliative care. This patient wouldn't accept the care. The patient went home and spent his last days at home close to family. But he didn't receive any palliative care. I have interpreted for several patients with similar reactions. The doctors aren't sure how to treat the patients when they refuse to accept their diagnosis.

Here is a script you can use in these kinds of situations.

To the provider: Excuse me, as the interpreter I wanted to alert you that in some cultures, this kind of health problem might not be talked about openly.

To the patient: Excuse me, as the interpreter I told the doctor that in some cultures, this kind of health problem might not be talked about openly.

This mediation will alert the provider that there is a deep cultural sensitivity about death and dying. The provider can decide how to address the problem. In this example, the interpreter doesn't mind-read, stereotype or speak for the patient. Instead, he or she gives just enough information to guide the provider. Now consider another example.

You are asked to interpret for a therapist who is meeting for the first time with the parents of an indigenous girl who tried to kill herself. The girl is in now in a mental health residential treatment program. You realize the parents think their daughter is in a regular hospital, not a mental health facility.

Here is a script to alert the provider to a taboo cultural issue:

To the provider: Excuse me, as the interpreter I think there is cultural misunderstanding about what residential treatment programs and mental health services are. You may want to explore this issue with the parents.

To the patient or client: Excuse me, as the interpreter I believe there is a cultural misunderstanding about what residential treatment programs and mental health services are. I suggested the therapist discuss them with you.

Mediation Script for Cultural Taboos

Problem: The indigenous parents do not understand what a mental health residential program is.

To the provider:

Excuse me, as the interpreter I think there is a cultural misunderstanding about what residential treatment programs and mental health services are. You may want to explore this issue with the parents.

To the parents: Excuse me, as the interpreter I think there is a cultural misunderstanding about what residential treatment programs and mental health services are. I suggested the therapist discuss them with you.

We need to talk about your daughter's suicide attempt.







Mediation scripts for requests for cultural information during the session

Let's say you are interpreting for a patient who needs to have blood drawn. The patient resists. You suspect he thinks having too much blood drawn will weaken him. The doctor turns to you and says, "What's going on here? Why won't the patient agree to have his blood drawn?" The easiest way to handle this is simply to interpret the doctor's question. Perhaps the patient will answer. If that strategy doesn't work, you could say:

To the provider: Excuse me, as the interpreter I sense there may be a cultural issue about having blood drawn. I suggest you ask the patient about it.

To the patient or client: Excuse me, as the interpreter I told the doctor there may be a cultural issue about having blood drawn. I suggested he ask you about it.

The indigenous interpreter as cultural informant

We have shown some of the risks when you act as a cultural expert. But often people need your help. After all, you are not a cultural expert, but you are a communication specialist. You are also a cultural *treasure*. You have so much valuable information! Providers interviewed for this training manual described many sessions where interpreters helped them understand many cultural issues, for example:

- Childbirth.
- Having blood drawn.
- Childhood illnesses.
- Parenting.
- Curanderos (healers).
- Herbal medicines.

One hospital social worker described how important the cultural information from indigenous interpreters can be:

As a social worker, I want to be leading the communication. But it's a cultural process. Before we talk to an indigenous patient, I do a pre-session with the interpreter. Afterward, I do a debriefing to make sure I didn't miss anything. I respect the interpreters' superior knowledge of the culture. I listen to their perspective during the pre-session and planning. Sometimes I have missed stuff, and the interpreters have ideas about what is going on. I'll use all the help I can get.

The indigenous interpreter's cultural knowledge is a valuable resource. But there is no safe way to ask interpreters to be cultural experts. Without clear guidelines, interpreters risk speaking about the client or about health care and other service systems. They can be wrong. They may give inaccurate information. As a result, providers can make incorrect assumptions about how the indigenous person feels, or what he or she believes. Clients might misunderstand the nature of their health condition, or how special education or social service programs work.

You are also seen as a cultural resource by the patient or client. They sense your knowledge of "how things work." They are right. It is valuable cultural knowledge.

How to be a cultural informant without being a cultural expert

How can you avoid acting as a cultural expert? The answer is simple. Instead of giving cultural information, give information about what might be causing the misunderstanding. Then let the provider and client explore it together. In other words, instead of explaining the subject, show them what to talk about.

Let's say the patient is crying. The doctor is frustrated and asks you why. You don't *explain* the cultural belief that you think is causing her to cry. Here are several examples giving different reasons for why a patient is crying and how you can intervene with the provider:

- Example: The patient is cold and thinks the cold hospital room is making her much sicker. As the interpreter, you say to the provider, "The hospital is cold. You might wish to ask the patient how she believes cold affects people's health." Then you inform the patient of what you said.
- Example: The doctor tells the patient she needs to lose weight for health reasons, but you suspect that in her cultural belief system she thinks she needs a layer of fat to protect her health. As the interpreter, you say to the provider, "You might wish to explore what the patient thinks about the relationship between weight and good health." Then you inform the patient of what you said.
- Example: The patient has just given birth in the late morning. Staff bring her a cold meal and a cold drink. She believes cold food and drink in the morning will harm her health. As the interpreter, you say to the provider, "You might want to ask her how she thinks hot and cold foods affect her health." Then you inform the patient of what you said.

In other words, when you perform cultural mediation, give just enough information for the two parties to discuss and solve the misunderstanding by themselves. You are there to interpret, not to fix problems. To overcome a cultural misunderstanding, use your knowledge to help both parties talk to each other. Let them solve the problem.

Cultural mediation outside the session

How to handle cultural misunderstandings before or after the session

Cultural mediation can also take place *outside* the session. There are two main ways to handle it. One way is through cultural mediation *without* the five steps for strategic mediation (but keep other parts of the Strategic Mediation Model). The second way involves having you step out of your role as an interpreter to act as a "cultural liaison" — with permission. But being a "cultural liaison" is a different job. It is not the job of the interpreter. You need different training for it. That job is discussed at the end of this manual, in Section 20.3.

If you are going to perform cultural mediation outside the session as an *interpreter*, here are three points to remember:

- Don't be alone with the patient or client. If you can't avoid being alone with the client, don't answer cultural questions about health care, the system or "how things work here." Instead, as the interpreter, take the client to a staff member—even the receptionist—and interpret the question. Let the staff person decide how to answer.
- If you are a bilingual employee with another job-do your job! If interpreting is only one part of your job, after the session you can do that job. You can do anything for indigenous clients that you do for other clients in your main job, such as letting the patient know where to go next. You are no longer acting as an interpreter but as an employee of the institution.
- You are not a cultural expert. Interpreters are not researchers or anthropologists. They are not cultural experts.



The interpreter's role outside the session

Outside the session, you can perform cultural mediation *if* you are careful and *if* you follow the guidelines in this module. Let's look at some common examples.

The provider asks:

- How are relationships between men and women in her culture?
- Is she mentally all right, or was there some sort of cultural issue?
- What was all that about the bracelet on the baby? I didn't really understand.

The indigenous person asks you:

- So how does health insurance work?
- Can you tell me how to catch the bus?
- Where do I go next? I don't understand what she told me to do.

What could you say each time? First, you can't perform all five steps of the Strategic Mediation Model. Outside the session, usually only the provider or the indigenous person is with you. But you *can* still perform cultural mediation. Let's consider some answers to the questions above.

The provider asks:

- How are relationships between men and women in her culture?
 You say:
 - I'm afraid those relationships are just as complicated there as they are here. If you had a specific question, I'd be happy to interpret it. Would you like me to see if the client is still here?

The provider asks:

- Is she mentally all right, or was there some sort of cultural issue?
 You say:
 - I really don't know. I'm not a mental health specialist. But you might want to ask him about his cultural beliefs about what causes back pain.

The provider asks:

What was all that about the bracelet on the baby?
 I didn't really understand.

You say:

That's a great question! I'd be happy to interpret it for the mother. There
are lots of different cultural beliefs about this kind of bracelet. They're
all important. Whatever I say might be wrong, so it's better to ask the
mother.

If you are alone and the client or patient approaches you, ideally try to avoid being alone with that person. Here are some practical suggestions.

The indigenous person asks you:

So how does health insurance work?

You say:

 That's a really important question. I'm so glad you asked. Let's find someone who can answer it, and I'll interpret for you. Or I can interpret for you while you make an appointment to ask the provider about it.

The indigenous person asks you:

Can you tell me how to catch the bus?

You say:

 There's definitely a good bus system here. I'm not the expert, but I can find someone who knows about it and interpret for you. If you prefer, I can read out loud any brochures they have at the reception.

The indigenous person asks you:

• Where do I go next? I don't understand what she told me to do.

You say:

 I'm so glad you want to understand her instructions. They're really important. Let me find a nurse who can explain, or the social worker.
 I'm not allowed to explain anything myself.

In the same way, if the client approaches you after the session with a question about how things work or what to do, take the client back to the receptionist's desk to interpret the question so the receptionist answers the questions.

If a cultural misunderstanding comes up, point to what is causing it—and then use the five steps for the Strategic Mediation Model, just as you would during the session. For example, you could say to both sides:

- As the interpreter I sense a possible misunderstanding about what health insurance is.
- The interpreter is concerned that how special education programs work isn't clear.
- As the interpreter I wonder if you could explain the meaning of "income support."

Remember, whether you are asked for cultural information inside or outside the session, don't act as the cultural expert.

Review of Section 11.2

Cultural mediation is challenging. Interpreters need to practice creating scripts for cultural misunderstandings. Remember to *point* to the cultural misunderstanding. Don't explain it! You are not an expert about culture, or about the client or the provider. During the session, use the five steps for the Strategic Mediation Model in this way:

- 1. Write mediation scripts for common cultural issues, just as you would for other communication problems. Try them out. Practice them.
- 2. In your scripts, point out what might be *causing* the misunderstanding (for example, "The interpreter senses a possible misunderstanding about what mental health services are.") and let the two parties discuss it with each other.

To perform cultural mediation outside the session:

- With providers, give just enough information to help the provider ask helpful questions at the next appointment or on the telephone.
- With indigenous persons, take the person to the nearest provider or staff member and interpret the person's question.



Understand advocacy in community interpreting and use a decision-making tool to know if, when and how to advocate.

Introduction

So far, this module has showed you how to perform cultural mediation, which is a challenging form of strategic mediation. Advocacy may be the *hardest* kind of strategic mediation. Often—in fact, most of the time—it involves cultural misunderstandings. This section shows you a special tool for doing it safely: the roadmap for advocacy. This tool can help you decide if, when and how to advocate. It is a simple and clear tool to help you make decisions in tough situations.

Advocacy

Advocacy means speaking up or taking action to help someone. For interpreters, it means you step out of your role. Let's say you realized, at the last minute, that the surgeons are going to amputate the wrong foot. (Yes. This does happen.) You see a serious situation. You make a quick decision. You tell the surgeon.

You are no longer acting as an interpreter. You are acting as a human being with a heart.

The NCIHC ethical principle of advocacy states that interpreters may take action outside their role as the interpreter when the patient's health, safety, well-being or human dignity is in danger (NCIHC, 2004). As a community interpreter, sometimes you also witness discrimination or mistreatment. Other times, a mistake has been made and no one else realizes it. For example, you know the patient is allergic to latex gloves. The doctor is putting on latex gloves. If you say nothing, what will happen?

Now you have to make a decision. Will you stay in your role? Or will you take some kind of action to help out?

To advocate or not to advocate can be a difficult decision. Stepping outside your role is risky. If you help someone, the decision might have consequences that you don't expect. Maybe the patient doesn't want your help. Interpreters should advocate only when absolutely necessary.

A roadmap for advocacy

To help you decide whether or not to advocate, use the roadmap for advocacy. This tool was developed for healthcare interpreters in a training program called **The Community Interpreter® International** (Bancroft et al., 2015a, pp. 387-390). It helps you think through the problem. To make the decision to advocate or not, follow these steps:

- 1. Ask yourself, why do I think I need to advocate?
 - a. If you want to do something to make *you* feel better—don't.
 - b. If you think something might be seriously wrong, go to Step 2.
- 2. Is the patient's health, safety, well-being or human dignity at serious risk?
 - a. If not, take no action. Keep interpreting.
 - b. If the risk seems serious, and you are worried, go to Step 3.
- 3. Is the risk immediate?
 - a. If not, wait until after the session. Either report the problem to a manager or act as an advocate.
 - b. If the danger is immediate, consider taking action and advocating.

Let's apply the roadmap to a real-life example.

As the interpreter, you are interpreting for an indigenous patient who is going to get surgery on his left foot. Before surgery, the nurse marks which foot needs surgery with a black pen. As they push the patient into surgery, you realize that the nurse has marked the wrong foot.



What do you do?

Step 1: Ask yourself, why do I think I need to advocate? In this example, you are the only person who realizes that the wrong foot has been marked for surgery. You are concerned for patient safety.

Step 2: Is the patient's health, safety, well-being or human dignity at serious risk?

Yes. The patient will get surgery on the wrong foot.

Step 3: Is the risk immediate?

Yes. The patient is in immediate danger. No one else knows there is a problem. Take action to tell a nurse or a doctor what is happening.

Advocacy is risky. You should only advocate if you think you have no other choice. Advocacy creates conflicts with other ethics, such as impartiality, confidentiality and role boundaries. When you advocate, you are making a decision to act *for* the patient. Advocating goes outside your role.

Most of the time, the best decision is to take no action and keep interpreting. Watch the situation. If it changes, you can advocate. The second-best choice is to wait until after you have finished interpreting. Then you can report the problem to a supervisor or manager. Only advocate if you really feel you have no other choice.

How to advocate

If the risk is not immediate

Let's take the example of a provider treating an indigenous person in a rude, cold way. He or she is much nicer to other patients or clients. The risk is not immediate. In that case, treat it as a critical incident. Report it. Try to work inside the system. After all, this situation probably violates the policy of the organization. You *should* report it. If a provider is discriminating against indigenous people, he or she may also be violating laws.

Which person do you report to? If you are an *employee*, report to your supervisor. If you are a *contract interpreter*, report to the language service that sent you to the assignment. If you make a report, be sure to keep patient or client information confidential.

If the risk is immediate

If the danger seems immediate, take the *smallest* action you can to solve the problem. Be polite. Do not show your emotions. State facts. Ask questions. For example, you could ask, "Are you sure this foot marked for surgery is the correct foot?" or "Have you checked that the client understands the document he is signing?"

Advocacy and the indigenous interpreter

Advocacy is a hard decision. It can be even harder for indigenous interpreters. Often they live in small communities. You are likely to know many of the people you interpret for. You may also act as a leader in your own community. For newer communities, you might be one of just a few who speak English.

Maybe you help people communicate with their landlords, explain their letters from social services or go to court to help a neighbor with a traffic ticket. If you also interpret for your community at the hospital, the same people may not understand why you can "only interpret" for them. They might say, "Why can't you help me the way you usually do?" You may find it hard to "just interpret." For example, a Triqui interpreter shared that he is often asked to give patients a ride home from the hospital.

It's really hard when patients ask for a ride home. I know how hard it is to find transportation. We live 30 miles away, and many people don't have cars. They ask for a ride to go to their appointments. Then they may not have a way to get home when it's over. If I say no, then I'm afraid they will say I am not a good person. They don't understand when I tell them I could lose my job. I don't want my community to think I don't want to help.

It is natural to want to help members of your community when they need you. It can be hard for you and your community if you don't. Often they can't see why you have to "just interpret." You may feel pressure to help out. You may worry that if you don't, you will hurt your reputation. But this section—and this whole training manual—will help you to make good decisions.

Sometimes, advocacy is the best decision. You are not just an interpreter. You are also a human being.

Review of Section 11.3

The hardest form of mediation is advocacy. For indigenous interpreters, cultural misunderstandings and discrimination are probably the top two reasons they want to advocate. Advocacy means taking action to defend a client. The NCIHC code of ethics gives interpreters permission to advocate if a patient's safety, health, well-being or human dignity is in danger. But when you advocate, you are no longer interpreting. You step outside your role to help the client. Advocacy is risky.

This section introduced the roadmap for advocacy to help you make good decisions. Follow the roadmap for advocacy to help you decide if, when and how you should advocate. Only advocate if you feel you have no other choice.



Review of Module 11: Cultural Mediation

Module 11 gave you a brief introduction to culture and its impact on interpreting. Section 11.1 showed how interpreters need to be aware of their own cultural biases and expectations. They also need to understand the cultural views of providers and clients. Interpreters are often asked to explain culture. Instead, use your knowledge about culture to point to what is *causing* a cultural misunderstanding. That way *the provider and client* can explain the cultural issues to each other.

Section 11.2 applied the five steps of the Strategic Mediation Model to cultural mediation. First, do not try to explain culture or speak about an individual person's cultural beliefs. The indigenous person and the provider are the only experts about their own feelings, opinions and experiences. Instead, during the session use the five steps of the Strategic Mediation Model and cultural mediation scripts to point to a cultural misunderstanding. Practice creating simple cultural mediation scripts.

If you perform cultural mediation outside the session, be careful to talk about culture in *general* terms. Avoid stereotyping or making personal statements about anyone. Give just enough information to help both the provider or client go back and talk to each other. Let *them* solve the cultural misunderstanding. Do not take away anyone's voice. Let each and every person speak for himself or herself.

In extreme cases, cultural mediation is not enough. Section 11.3 discussed advocacy. If the client or patient's health, safety, well-being or human dignity is at risk, you may want to advocate. In other words, you step out of your interpreter's role to defend that person. You are permitted to advocate in extreme cases. But advocacy is so risky that you should use the roadmap for advocacy to make good decisions about if, when and how to advocate.





Learning Objectives

After completing this module, you'll be able to:

Learning Objective 12.1

Understand how community services are provided in the United States.

Learning Objective 12.2

Discuss the delivery of U.S. health care, education and social services.

Learning Objective 12.3

Practice a four-step process to prepare for community interpreting assignments.

Overview

Indigenous interpreters work in many different settings. They help patients and clients access health care, education and community services. Most of these services assist people who do not have much money and can't pay for the services on their own. If you are an immigrant, you probably saw how community services work where you come from. Now you are here. You need information about the kinds of services you interpret for. Understanding them will help to make you a more accurate and professional interpreter.

This module introduces you to community services in the United States. It provides general information on health care, education and social service programs and shows you how to prepare for these assignments.



Community Services in the United States

Learning Objective 12.1

Understand how community services are provided in the United States.

Introduction

This section offers a general introduction to community services in the United States. Every country provides basic services to the community. They include health care, education, social services (such as housing and food aid) and many others. In the United States, community services are paid for by a mix of federal (national), state and local government funds and also private funding. Services in every state and county or city are a bit different. To receive them, you usually have to "qualify" to meet certain requirements. They can be based on your income, age, gender, job and family size.

Community services in the United States

As an indigenous interpreter, you probably work in many places. To be successful, you need to understand as much as you can about the services where you interpret. For example, perhaps you are asked to interpret for a parent-teacher conference for a child who is having a hard time learning to read. The child gets reading assistance and disability services for dyslexia (a learning disability that affects a person's ability to read). If you do not know these services, you will probably have a hard time interpreting for this assignment.

Programs for those in need

Community services are programs that help individuals and families with basic needs and little money. These services are provided in many different ways by many different organizations.

Community Services

These are just a few examples of community services that you might interpret for.

HEALTH CARE

- Hospitals
- Clinics
- Community health centers
- Health departments
- Dental and eye care



EDUCATION

- Public schools
- Special education
- Preschools
- After-school programs
- Community colleges
- Universities

SOCIAL SERVICES

- Food assistance
- Cash assistance
- Child care
- Housing
- Job assistance
- Transportation
- Refugee resettlement

Every U.S. state and community is a bit different. Not all programs are offered everywhere. Community services can be provided by:

- A government agency (federal, state or local), for example, a health department or a department of social services.
- A nonprofit organization, for example, a domestic violence agency or a homeless shelter.
- A for-profit business, such as an office for family counseling services or special homes for adults with disabilities.

Some federal programs are provided in all states. The departments of social services in most or all states give at least some money to people in poverty. This money is called cash assistance. The program is called **Temporary Assistance for Needy Families (TANF)**. Government social services also help parents pay for childcare, and many offer job training. The amount of money each state spends on social services is different.

Funding for community services

are free. Others charge a little money. Still others may be more expensive.
Government programs are funded through our taxes—public money. A nonprofit community service organization has a goal is to help people and receives both public money and private gifts of money. Private businesses exist to make money. They are "for profit." For example,

Some community programs

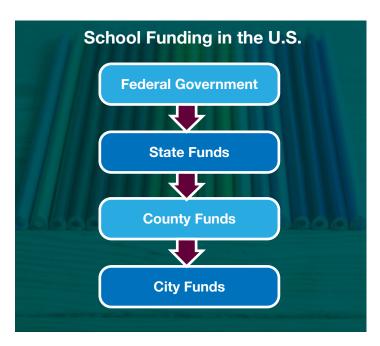


Funding for education

some hospitals are for profit.

Money for public education in the United States starts with the federal government. It pays about 10 percent of the cost. State and local governments pay for the rest. Schools are mostly paid for with a combination of different kinds of taxes, such as sales, income and property taxes (Verstegen, 2014).

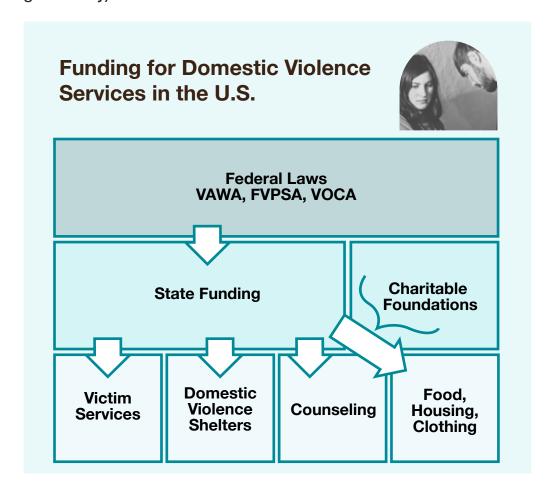
When you work, taxes are usually taken out of your pay. (If you are self-employed, you pay those taxes yourself about every three months.) The most basic tax is income tax-the tax on how much money you make. Then, if you own a house or land, you pay a property tax. Every time you go to the store to buy things, in most (but not all) states, you pay a sales tax on some or all of what you buy. A part of all these taxes helps to pay for running public schools.



Private schools can be nonprofit or for-profit. Nonprofit schools are funded by families who pay tuition, government money and money given to the school by people or organizations. For-profit schools often get government funding also.

Funding for social services and health care

Every service gets money in a different way, usually a combination of federal, state, local and private funds. Let's take an example: domestic violence services. They help people abused by their partner or another family member. Every state receives money for these services from the federal government. Each state takes this money and combines it with state funds. States then give money for victims of abuse to different government and nonprofit services. They can include domestic violence shelters, counseling services and programs that provide food, clothing and housing for victims. Nonprofit organizations also get money from charitable foundations and private donors (people who give money).



How to get community services

You have to *qualify* to receive a community service. Let's say you need food, health insurance or help because your partner is abusing your child. You find an agency that can help you. Then, to get the service, you have to meet its *eligibility requirements*. Staff can ask the client for proof of:

- Income and expenses (for example, a pay stub, or last year's tax forms).
- Age and gender (you might need a birth certificate).
- The number of people in the family.
- Legal status in this country.
- A disability.



Example: The Migrant Education Even Start program

To understand eligibility requirements, let's look at the **Migrant Education Even Start** program. It helps many indigenous families. This federal program helps adults and children of migrant families learn to read. Here is a list of what a person needs to prove to get services.

Migrant Education Even Start

Requirements for Eligibility

- A child is considered "migrant" if the parent or guardian is a migratory worker in the agricultural, dairy, lumber, or fishing industries and whose family has moved during the past three years.
- A "qualifying" move can range from moving across school district boundaries or from one state to another for the purpose of finding temporary or seasonal employment. A young adult may also qualify if he or she has moved on his own for the same reasons.
- The eligibility period is three years from the date of the last move.
- Eligibility is established through an interview conducted by a Migrant Education recruiter who visits both home and employment locations where migrant workers are employed.
- The law states that migrant education services are a priority for those students whose education has been interrupted during the current school year and who are failing, or are most at risk of failing to meet state content and performance standards.⁶²

This list is just one example of thousands of programs with eligibility requirements. Each service has different requirements. They can confuse indigenous families. The provider might not notice. During the session, you might need to request clarifications. If not, the person might leave and not understand what he or she has to do to get the service. As the interpreter, you play an important role. You can help to make sure that the client or family gets the service. Prepare well for each assignment. If you don't, you could be confused too. Then the person or family who needs the service might not get it.

⁶² Retrieved from http://www.cde.ca.gov/sp/me/mt/overview.asp

Review of Section 12.1

Community services provide help to people who do not have many resources. They are the places where community interpreters work. Every city and county have their own services. Many indigenous families need these programs. As the interpreter, you should learn more about the kinds of services and programs available in your area. Otherwise, you will not know how to prepare for assignments and the terminology can confuse you. Then you and the families might not understand the services well enough for the families to get those services. You are the bridge that can help the indigenous person or family get the services they need. Study these services.





U.S. Health Care, Education and Social Services Delivery

Learning Objective 12.2

Discuss the delivery of U.S. health care, education and social services.

Introduction

Most community services fall into three categories: health care, education and social services. This section explores how services are delivered in each of these categories.

Health care

The U.S. health care system is one of the most complicated in the world. The United States does not have a national health care system. Instead, both health care and health insurance are a mix of publicly funded and private for-profit hospitals and services. How people get health care is different in each state. U.S. health care is often hard to understand, even for people who work in this field.

Primary care doctor: A doctor who provides both the first contact for a person with an undiagnosed health problem as well as continuing care for the patient's ongoing medical conditions.

Adapted from Wikipedia⁶³

How patients receive health care

Here is how a patient in the United States who has health insurance usually gets treatment:

- The patient makes an appointment with a primary care doctor.
- The primary care doctor examines the patient.

- If needed, the primary care doctor runs tests.
- If the problem is mild, the patient is treated and gets well.

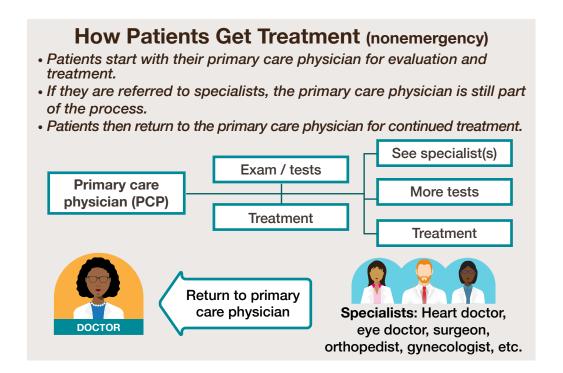
In some cases, however:

- The primary care doctor decides that the patient needs to see a specialist.
- The patient is then referred to the specialist (such as a heart doctor, surgeon or orthopedic doctor).
- The specialist examines the patient and runs tests.
- The specialist creates a treatment plan.
- The patient returns to the primary care doctor, who supervises his or her treatment and health.

Outpatient: A patient who attends a hospital for treatment without staying there overnight.

Inpatient: A patient who lives in a hospital while under treatment.

Oxford Living Dictionaries⁶⁴



Many people do not have health insurance, including many indigenous people. They might not have a regular doctor. In that case, patients often get care at a walk-in clinic, an urgent care clinic or a hospital emergency department.

⁶⁴ Retrieved from https://en.oxforddictionaries.com/definition/outpatient and https://en.oxforddictionaries.com/definition/inpatient

A walk-in clinic is a small health facility that provides basic care, such as vaccinations and examinations for a child's ear infection. You might find a walk-in clinic inside a pharmacy, a department store or a shopping plaza. The person on staff might not be a doctor but a nurse practitioner or a physician assistant. The clinic might be open only a few hours each day.

Urgent care is a special kind of walk-in clinic that provides outpatient care. Urgent care is meant for injuries and illnesses that need immediate care but are not emergencies. Most urgent care clinics are open about 12 hours during the day. Patients can go in without an appointment.

A hospital emergency department (also called an emergency room or ER) is supposed to provide care for *serious* illnesses and injuries. Emergency departments are open 24 hours a day. Patients who get care in an emergency department may be treated and go home or be admitted to the hospital. Many patients who have no doctor or health insurance go to the emergency department for small health problems. They might not know where else to go. If there is a language barrier, the hospital might do expensive tests. Even if the problem is a sore throat, the patient might end up with a bill for many thousands of dollars.

Urgent Care

- Walk-in clinics (no appointment needed)
- For injuries and illness needing immediate care
- No life-threatening danger
- Only open during the day
- Not a replacement for primary care providers



Emergency Care

- Open 24 hours a day
- Located in hospitals
- For injuries and illness needing immediate care
- For serious risk to patient's life or health
- Patients may be admitted to the hospital
- Not a replacement for primary care providers



Where health care services are provided

Health care is provided in many places other than hospitals and doctors' offices, including:

- Medical clinics (for basic care).
- Specialist clinics (for specific illnesses such as heart disease, cancer and diabetes).
- Public health programs (for vaccinations, birth control, sexually transmitted infections, etc.).
- Health departments.
- Dental and eye/vision clinics.
- Disability and rehabilitation programs (for developmental disorders, genetic treatment etc.).
- Social services (some are medical, such as Women, Infants, and Children, or WIC, programs).
- Early intervention programs for young children (for example, developmental evaluations, speech and physical therapy).
- Refugee and immigrant health centers.
- Natural disaster medical teams.

Who pays for health care services?

In many countries, the government pays for everyone's health care. In the United States, you need health insurance to get affordable care. It is paid for by employers, employees and government programs. However, many jobs do not offer health insurance, especially jobs that pay little money. Most other countries do not link health care insurance to a person's job, but the United States does. As a result, many people have no health insurance.

Health care without insurance is expensive, especially if someone gets sick or injured. One big hospital bill can financially destroy a family. The federal government provides health care insurance for vulnerable populations, such as young children, the elderly and the poor. The Children's Health Insurance Program, Medicaid and Medicare are three major government programs that pay for health care for the young, the poor, those 65 and over and people who have major disabilities. The graph image shows who has health insurance in the United States.

Where Americans Get Health Coverage

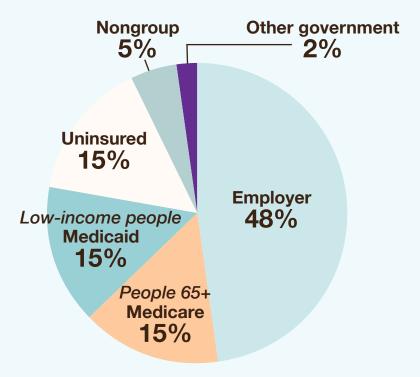
Government health insurance:

- Medicaid (for the poor)
- Medicare (for 65+ and persons with disabilities)
- CHIP (Children's Health Insurance Program)

Private health care insurance:

- Provided by employer
- Purchased by individuals

Immigrants often don't have insurance.

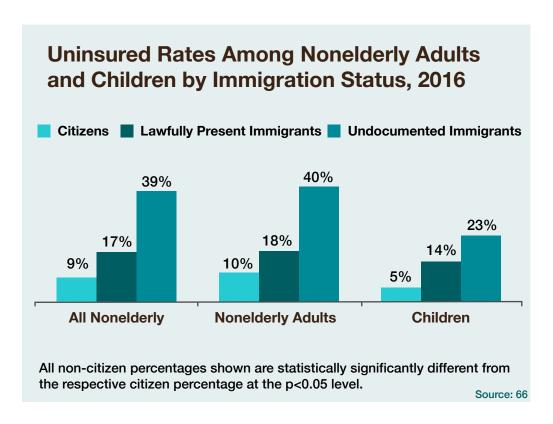


Source: 65

Health insurance and immigrants

Immigrants usually have less insurance than citizens. In 2016, about nine million foreign-born residents in this country do not have health insurance. This number includes about one of every five immigrant children. Latino immigrants are much more likely not to have health insurance than other immigrants: 42 percent have no health insurance. Their jobs don't offer it. Language barriers keep many people from knowing about free programs. The paperwork to apply is complicated (Barry-Jester & Casselman 2015).

⁶⁵ Retreived from: http://obamacarefacts.com/howdoes-obamacare-work/ - 2016



Language barriers and health care

Language barriers affect health care. Immigrants who don't speak English often wait longer to go to a doctor. They have a harder time understanding their illnesses and their treatment plans. They are more likely to go back to the hospital because they don't follow the treatment plans correctly. Getting health care is already difficult. The interpreter makes it possible for patients to understand the services they receive—and to get a service they might miss.

For example, many indigenous families do not realize that even if they have no documents, there could be financial help for a true emergency. Let's say their child is hit by a car. They go to the emergency department. The hospital staff saves the child's life—but the bill is \$45,000. A program called **Emergency Medical Assistance** might pay. But usually the family must apply for this program within 90 days. If not, the family might go bankrupt.

You are important! If you know how the program works, you can prevent big misunderstandings.⁶⁶

⁶⁶ Retrieved from: https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/

The U.S. educational system

The educational system in the United States is big and complicated. It is different in each state. But it has the same general structure across the country.

The graph on the next page shows how education is provided in the United States. There are three kinds of programs:

- Public (paid by the government)
- Private (paid by the family or others, but programs follow federal and state requirements)
- Homeschooling (when parents teach their children at home)

The federal government requires education to be free in *public* elementary, middle and high schools. States are in control of schools.

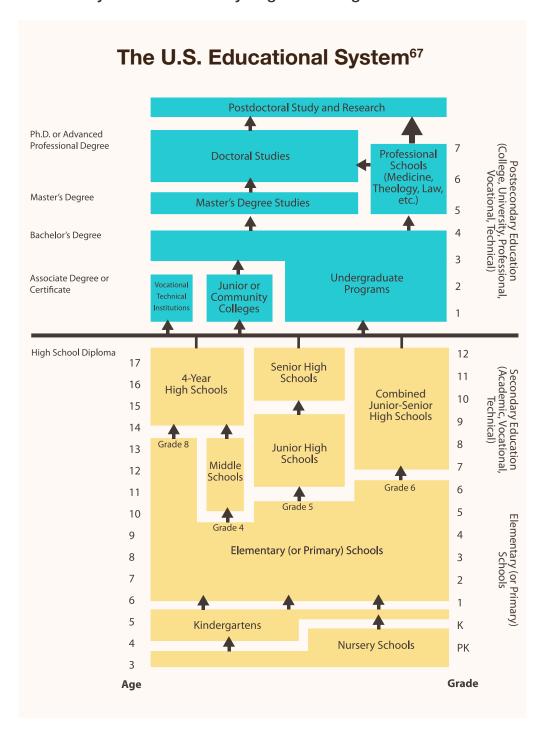
In the United States, all children have to have schooling. It is illegal to keep them at home unless they are part of an approved homeschooling plan. Children have to attend school until they are between 16 and 18 years of age, depending on the state.

The core subjects taught in all schools until high school ends are:

- Math.
- Language arts.
- Science.
- Social studies: history, geography, citizenship and economics.
- Physical education.
- Optional subjects.

After high school, there are vocational schools, two-year community college programs, and universities with four-year degrees (and graduate degrees). Vocational schools offer programs that help students get training for a specific career, for example, as an electrician, a cook, a florist or a plumber. Community colleges offer both practical training programs and academic programs. Most of them also offer a two-year associate of arts (AA) or associate of science (AS) degree. Some offer a work-related degree, called an associate of applied science (AAS), which is a technical degree. (For instance, if you want to be a mechanic, you could get a two-year AAS degree in "automotive technology.")

Many students complete two years of study at a community college and then two more at a university to get a four-year bachelor of arts (BA) or bachelor of science (BS) degree. Other students choose to do all four years in a university to get their degree.



67 Retrieved from: https://commons.wikimedia.org/wiki/File:Education_in_the_United_States.svg

Immigrant children in U.S. schools

Many immigrant families face barriers in educational settings, which include:

- Not speaking English.
- Not being able to read or write (in English and/or their native language).
- Being undocumented.
- Not understanding how U.S. schools work.
- Being confused about school policies, especially for discipline actions (if their child breaks school rules).
- Not understanding special education programs (for children with physical, emotional and/or learning disabilities and disorders).
- Not understanding their legal rights.
- Not knowing how to get English classes or adult education.

Parents face many other problems, such as having their children kept in English as a second language (ESL) or special education classes for too long. Also, many immigrant families do not know that it is illegal not to send their children to school. Some indigenous families might send their teenage children to work because the family needs money. Sometimes they let their daughters marry young and stop going to school. Parents may get into legal trouble for doing so. These are cultural misunderstandings that interpreters often deal with.

Education for people with disabilities

The United States has many federal laws that protect the right to education for people with disabilities. They include:

- Rehabilitation Act of 1973, Section 504, which protects the rights of individuals with disabilities.
- Education for All Handicapped Children Act (EHA), 1975, which guarantees free and appropriate public education for all children with disabilities.
- Individuals with Disabilities ACT (IDEA) 1990, updated the 1975 EHA plan.
- Americans with Disabilities Act (ADA), 1990, which prohibits discrimination against people with disabilities at work, in health care and in public places.

• Individuals with Disabilities Education Improvement Act (IDEIA), 2004.

These laws have led to the creation of special education programs. Community interpreters, including indigenous interpreters, are extremely likely to interpret for such programs. Parents often do not understand their rights or know how to file a complaint. Programs like these are not usually available where they come from. Special education can be confusing. Interpreters help to bridge many misunderstandings and help parents support their children's education.

Interpreting in educational settings

There is growing demand for interpreters in schools. Parents have a legal right to communicate with teachers and administrators in their own language, just as they do in health care. For a long time, these laws were not well followed. That situation is changing.

If you are a sign language interpreter, you interpret for Deaf children and often their parents. In spoken languages, interpreters mostly interpret for parents (or legal guardians). The most common kinds of assignments are for:

- Parent-teacher conferences.
- Back-to-school nights and other school events.
- Special education services.
- Disciplinary actions (such as suspension or expulsion).
- Medical checkups done in schools (vision and hearing).
- The school health room (for example, if parents pick up a sick child).

These are just a few examples. Schools provide many services. They also have many legal processes. You often have to interpret complicated policies and procedures and technical language. Immigrant parents are often confused about how things work in schools. There are many cultural differences. As the interpreter, you need to be aware of how the education system works and how confusing it can be for parents.

Example: Special education

When a child receives special education services, an Individualized Education Program (IEP) is created. It describes the services that the student will receive, such as speech therapy, reading assistance and psychological testing. Parents and the school enter

Special education: Classes or instruction designed for students with special educational needs.

Merriam-Webster⁶⁸

into a legal contract for special education services to be provided. The child and family go through a 10-step process. (See the graph below.)⁶⁹

The Individualized Education Plan

The child is identified as maybe needing special education services and referred for evaluation to see if there is a disability. The child is evaluated by a doctor or psychologist, or both. Eligibility is decided. The child is identified as a "child with a disability." (IDEA) A meeting to create the Individualized Education Plan (IEP) is scheduled. The IEP is created. Services are provided.

Progress is measured and a report is given to the parents.

The IEP is reviewed and services are adjusted if needed.

The child is reevaluated.

⁶⁸ Retrieved from https://www.merriam-webster.com/dictionary/special%20education

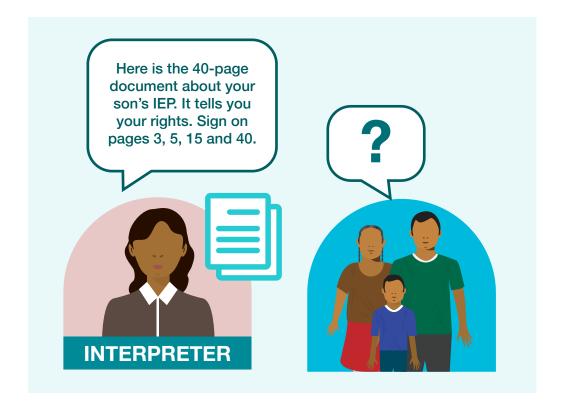
⁶⁹ Adapted from a graph retrieved from https://www.scribd.com/document/105993322/10-STEPS-IN-MAKING-IEP

As long as the child receives special education services, he or she has an IEP. This plan is reviewed and updated as the child grows. IEP meetings are a common interpreting assignment. They are also complicated. They include legal forms and special terminology.

Challenges for interpreting in education settings

Interpreters have to handle the following challenges in education settings:

- Meetings that include many people
- Several people speaking at the same time
- Interpreting for more than one person
- Finding the best position
- Trying to hear what everyone says
- Managing the flow of conversation
- Switching back and forth between consecutive and whispered simultaneous
- Long, complex legal documents
- Families and staff not used to working with interpreters



U.S. social services systems

"Social services" is a term that covers many kinds of community services. These services help people with little money for basic needs such as housing, employment, child care, education and health care.

Human services: A service that is provided to people in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatment and the providing of basic needs.⁷⁰

Social services: The variety of programs made available by public or private agencies to individuals and families who need special assistance.⁷¹

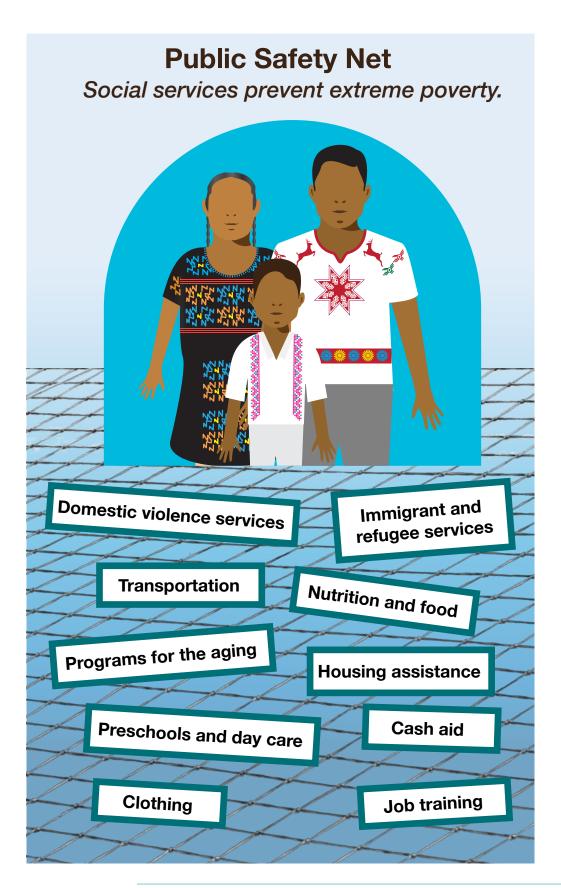
The public safety net

The social services system is sometimes called the "public safety net." There are hundreds, even thousands, of federal and state laws and policies that fund social service programs. These services help prevent extreme poverty. Some support families with low to moderate incomes. Every state and local community has a different mix of services. They are provided by government, nonprofit and forprofit organizations, including volunteers and faith-based (religious) programs. Here are a few examples:

- Cash aid
- Job training
- Food and clothing
- Subsidized housing
- Abuse protection (for domestic violence, child abuse, elder abuse, etc.)
- Day care and preschools
- Counseling and crisis hotlines
- Special or low-cost transportation
- Immigration and refugee resettlement services
- Senior centers and services for the aging

⁷⁰ Retrieved from https://www.humanservicesedu.org/definition-human-services.html#context/api/listings/prefilter

⁷¹ Retrieved from http://www.encyclopedia.chicagohistory.org/pages/1160.html



Challenges for interpreters in social services

Interpreting in social services can be just as challenging as interpreting for health care or education. As the interpreter, remember that:

- Every agency and program has its own rules and procedures.
- There many different types of organizations, and each one is different.
- Programs may not know about their legal responsibility to provide interpreters.
- Most staff members are not used to working with professional interpreters.
- Interpreters are often asked (or expected) to be cultural experts.
- Services are often a mix of community and legal interpreting.

There is no way for interpreters to know all the details about every social service program in their area. Prepare carefully for every social service assignment.

Review of Section 12.2

Community services are different in every country. Immigrants and interpreters need to learn how services are provided in the United States. The three main areas of community service are health care, education and social services. Every state and local area has its own mix of services. They are provided by government, nonprofit and for-profit organizations. They are complicated, with different requirements. Indigenous interpreters need to understand these services well in order to help bridge misunderstandings and make sure there is clear communication.



Assignment Preparation for Community Services

Learning Objective 12.3

Practice a four-step process to prepare for community interpreting assignments.

Introduction

It is important for indigenous interpreters to prepare well for each and every community service assignment because:

- Every service organization is different.
- Each service has different terminology. (Some of it is hard.)
- The services are often new and confusing for indigenous residents.
- If the interpreter doesn't prepare well, the client or family might not understand the service. They might not get it.

Module 3 introduced you to a general assignment preparation checklist and introduced you to glossary creation.

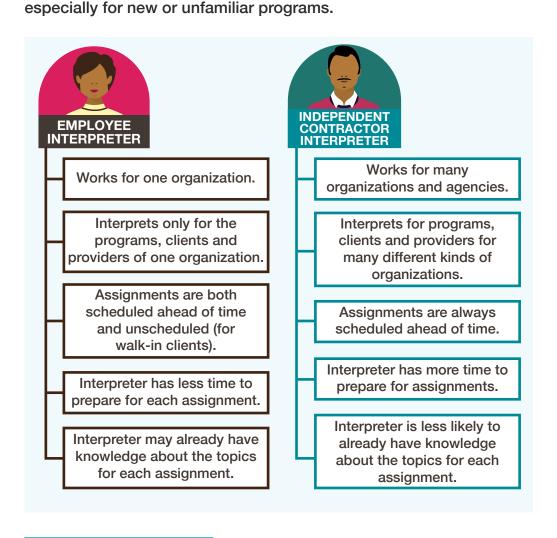
This section offers you a simple four-step process to evaluate whether you are qualified for the assignment and how to research the topics that you will interpret. You can use it for almost any community service. If you prepare well, you will also feel more confident. You will look professional. The service staff will want you to come back. The client or family will be grateful. Above all, if you are prepared, you can be the bridge that helps the client or family get meaningful service. Prepare well for every assignment. You will be glad you did!

Preparing for interpreting assignments

Interpreters work as employees or as independent contractors. When you are an employee, you know a lot about your organization and may interpret the same kinds of appointments over and over. As an independent contractor, you work for yourself. You take assignments from many agencies and interpret for many services. You know some well; others will be new.

Independent contractor:
A self-employed taxpayer who controls his own employment circumstances, including when and how work is done.
Independent contractors are not considered employees, and they must pay their own Social Security and Medicare taxes.⁷²

Both employee interpreters and independent contractors need to prepare for assignments,



⁷² Retrieved from https://www.investopedia.com/terms/i/independent-contractor.asp

How to prepare for an interpreting assignment

Preparation is a normal part of the job. You need to know what subjects will be talked about during the session. You also need to be familiar with the programs and organizations where the assignments take place, including any special terminology. For example, one day, you are asked to interpret for an eye clinic for the first time. Everything feels different. During the eye exam, the doctor says, "OK, today we're going to do a glaucoma test, a perimetry test and a refraction test." You've never even heard of these tests. Suddenly, you're lost.

Is that a happy experience? No. When interpreters go to assignments without preparing, it's hard to do a good job. You don't feel professional. When you get an assignment, follow this four-step assignment preparation process.

- 1. Get information about the assignment from the first contact person.
- 2. Decide if you are qualified to accept the job.
- 3. Research the assignment.
- 4. Save your research for future use.



STEP 1. Get information about the assignment from the first contact person.

You may be contacted about an assignment in several ways. Employee interpreters work with their supervisor or a coworker who helps assign interpreters to appointments. Independent contractors are contacted by interpreting agencies or organizations by telephone, text message or email.

When you are contacted, use this checklist to make sure you get all the information you need about the appointment. This step is *important*. The questions on the list may seem obvious. However, the person offering you the job will not automatically give you this information. Often, the person who contacts you may not have all the answers. If so, ask for help in finding the answers. You need all this information to decide whether or not you should accept the assignment.

First Contact Checklist

Which languages are needed? ☐ What day, time and place is the appointment? ☐ How long will the appointment last? ☐ Which program or service is this for? • Ask for a direct contact person or specific program name. ☐ What is the purpose of the appointment? ☐ How many people will be there? ☐ How many people need an interpreter? ☐ Is this consecutive or simultaneous interpreting? ☐ Will any documents be used during the meeting? ☐ Who is the contact person for the assignment? • Write down his or her name, cell phone and a backup contact. ☐ How will I get paid?

STEP 2. Decide if you are qualified to accept the job.

The next step is to decide whether you are qualified to accept the job. Ask yourself the following questions:

- 1. Do I speak the correct languages for this assignment?
- 2. Do I have enough knowledge and language skills to interpret for the assignment?
- 3. Do I know how to interpret in the modes required by the assignment?

Do I speak the correct languages for this assignment?

You need to make sure that the client or patient speaks the same language and variant you do. Usually, the person asking you to interpret will not understand much about your language. Also, you might feel comfortable interpreting for basic health care or school assignments, but not for legal assignments.



Do I have enough knowledge and language skills to interpret for the assignment?

Know your limits. If you have done a lot of interpreting for schools, you can probably accept a special education assignment. You will still need to prepare, but you understand the process and know what to expect. If not, you might want to interpret for easier assignments first, such as parent-teacher conferences, to build up vocabulary and your knowledge of the school system. Don't start with a special education assignment!

If the assignment is in a legal setting, you should study legal interpreting and legal terminology before you interpret for the courts. The best way to start is to attend the court interpreter orientation provided by your state's Administrative Offices of the Courts. You should also read Module 14 of this manual.

Do I know how to interpret in the modes required by the assignment?

Most health care and community service assignments require consecutive interpreting. Most legal interpreting assignments require both consecutive and simultaneous. Simultaneous interpreting is an advanced skill. It is explored in Module 17.

If an assignment requires simultaneous interpreting and you do not know how to perform it, you have two choices: (1) Ask the provider if the meeting can be interpreted in consecutive mode. (2) If not, decline the assignment. Do not take it.



STEP 3. Research the assignment.

If you accept the assignment, the next step is to research it. In Step 1, you discovered basic information about the assignment: where it will take place, the time and a general idea of the topic. You have *some* of the information you need, but not all. You need three additional kinds of information:

- 1. Information about the *program*.
- 2. Information about the specific *topic*.
- 3. Information about the *terminology* and *documents*.

There are several ways you can get this information:

- Ask the person who gave you the assignment for details.
- Do internet and other research.
- Call the program directly and talk to a provider.
- Visit the program office, collect information and brochures and talk to the provider (or any provider who can speak to you).

Online research

(General tips for online research are discussed in Module 7 on glossary preparation.) For example, you have accepted an assignment to interpret at the Women, Infants, and Children program, called WIC. WIC is part of the county department of social services. You had not heard of this program before. First, research WIC on your computer. (Just type "Women, Infants, and Children program" in quotes and add the name of the county. Use Google or any other search engine.) This information will give you a general idea about the program.

Then look for more detailed information online. Most community service organizations have websites. When you visit the webpage, look for the following:

- Go to the agency's website. (Search for the agency's name online. You should find a link to the website.)
- Start with the agency's homepage (the main page). Get a general idea of the agency's purpose and programs.

- Look for a list of specific programs. Go to the service you will interpret for.
- Read the webpage(s) for that service.
- Look for any documents to download. Many programs have their main forms and brochures online to download.
- If you speak Spanish, download any forms and documents that have been translated.
- Create a glossary for the assignment.

Let's follow this process for the **WIC** assignment. **WIC** is a federally funded program. You can find a national government website for **WIC** and also state websites. This picture shows the home page for the U.S. **WIC** program.⁷³



On this webpage, there are links that you can click on to research WIC programs, forms, general information about WIC, information in other languages and an "En Español" tab. If you click on the "En Español" tab, it will take you to the website in Spanish. This means the entire website is available in Spanish. The "Other Languages" tab takes you to forms about WIC that have been translated into many other languages.

⁷³ Retrieved from http://www.fns.usda.gov/wic/women-infants-and-children-wic

After doing this research, do a general internet search for **WIC**, and for **WIC** and your own state. Select any pages that seem helpful. Finally, create a glossary of terms you might need for the appointment. Refer to Module 7 to learn more about how to create a glossary.

Call or visit the program

Now that you have a general idea of what **WIC** is, it's time to call or visit the program to learn more about your assignment. When you do, ask the following questions:

- What service is this?
- Can you describe it?
- What topics will be covered for this appointment?
- What should I know about the client/patient (illness, disability, age, etc.)?
- Who will be present at the meeting? (Ask for names, job titles and their role in the meeting.)
- Which documents will be used?
- Can I get copies of them ahead of time?
- Is there anything else I should know?

Then call or visit the local **WIC** office. Ask the questions listed above. Here is an example of what to ask.

ASSIGNMENT PREPARATION	CALL OR VISIT THE PROGRAM TO LEARN MORE ABOUT THE ASSIGNMENT.
Interpreter:	Hi. I'm going to interpret for one of your clients next week. This is my first time interpreting for WIC. I need some information about the assignment so I can prepare.
WIC Employee:	OK, sure, I think I can help. Who is it for?
Interpreter:	The client's name is Guadalupe Pinto.
WIC Employee:	Oh, yes, Lupe. What do you need to know?
Interpreter:	What topics are going to be covered during Guadalupe's appointment?

WIC Employee:	Well, we serve mothers and their children under five years of age. We give financial aid to help families buy healthy food and baby formula. We also offer a few nutrition and health education classes, and some support for breastfeeding moms. This is an appointment for Lupe to start services. She just had a baby. We'll be describing the services we offer. We also need to get information about her family, job, health and income.
Interpreter:	Thank you. Can you tell me anything about the client and the services she needs?
WIC Employee:	Well, she has a six-month-old baby and a two-year-old son. She's been referred to get health and nutrition information. And she'll be applying for financial aid to buy food and formula for her family.
Interpreter:	That's very helpful. Can you tell me who will be present at the meeting? It's really helpful if I know their job titles and why they're there.
WIC Employee:	Oh, well, I'll be there. I coordinate all the new applicants. I'm the program coordinator. It will just be me, Lupe and I think her husband is coming.
Interpreter:	Will there be any forms at the appointment?
WIC Employee:	Yes, there are quite a few. This is their first appointment, so they have to fill out all the application forms. Let's see, there's the Family Information Form and the Child Application Form. There are also a couple of brochures that describe our services.
Interpreter:	Wow. OK. I really need a copy of the forms before the appointment so I can prepare. I also want to let you know that it's hard to read forms in English into our indigenous language. We don't have a lot of the same terms. I will need you to help explain the forms, and then I can interpret your explanation.
WIC Employee:	Sure, that's no problem. And thanks for letting me know. You can come by the office any time and pick up the forms. Or you can find them on our website.
Interpreter:	OK, thanks so much. This will really help me be prepared for the assignment.
WIC Employee:	We'll see you next week. Call again if you need anything else.
Interpreter:	I will. Thank you. Goodbye.

Quick research alternatives

Sometimes interpreters aren't given much time to research. If you work for a hospital or a social service agency, you may find out about an appointment the same day, a few hours before the appointment time. You can still do some preparation. When you only have a brief amount of time, do the following:

- Find out as much as you can about the assignment from the person who gave it to you and the contact person.
- Use your smartphone or a computer to look up the program's website.
- Read through the pages briefly to get an idea of the service.
- Find any forms on the website. Read them quickly for any terms you need to look up.
- Create a list of important terms and look them up using online dictionaries.
- If possible, ask the provider for a brief meeting before the appointment starts. Ask for a quick summary of what will be discussed.

STEP 4. Save your research for future use.

The final step is simple but important: Save your research for future appointments. You researched the program. Don't waste that time.

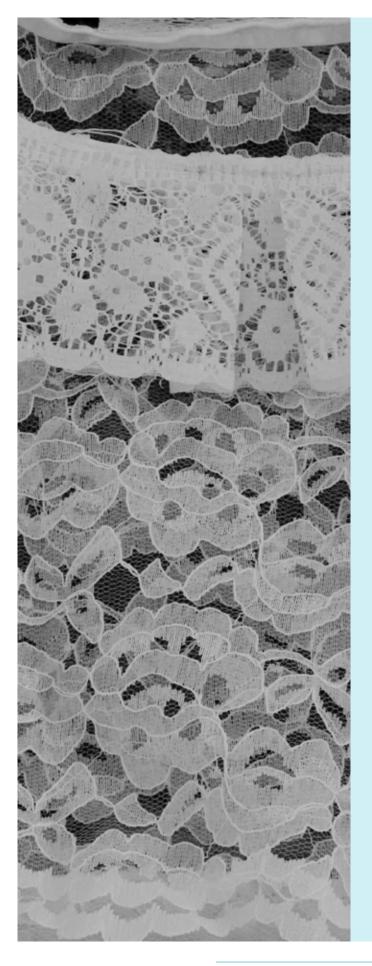
If you have a computer, make a folder with the program name. Put your documents, Web links and glossary into the folder. Another option is to print the documents and save them in a paper folder. The next time you have an assignment for the same program, you will already have most of the research done. If it's the same program but a different service, do the extra research just for that service.

Review of Section 12.3

This section gave you a four-step process to help you prepare for assignments. The four steps are:

- 1. Ask for information about the assignment from the first contact person.
- 2. Decide if you are qualified to accept the job.
- 3. Research the assignment.
- 4. Save your research for future use.

This process will help you for every assignment. It is important to use it when you interpret for a new program or service. There are hundreds of programs in community services. You can't know about all of them, or all the terms that might be used. Preparing for assignments is part of being a professional interpreter. When you arrive prepared, you will do a good job. Your clients will be impressed and call you back to work for them again. Take the time to prepare. It will give you a good reputation and help you get future assignments.



Review of Module 12: Introduction to Community Services

This module introduced you to community services in the United States. Section 12.1 gave you an overview of the three main kinds of services and how they work: health care, education and social services. The United States is a big country with federal, state and local government and private programs. Community services are funded and run differently in every state and county.

Section 12.2 looked at how these community services are delivered. As an indigenous interpreter, you need to find out how they work in general and in your community. Then you should research the programs in your area where you will interpret.

Section 12.3 offered you a fourstep process to prepare for assignments in these services. This process will give you the information you need to be prepared and act professionally for any community service assignment.





Learning Objectives

After completing this module, you'll be able to:

Learning Objective 13.1

Define consecutive relay interpreting.

Learning Objective 13.2

Practice professional interpreting protocols in consecutive relay interpreting.

Learning Objective 13.3

Use the Strategic Mediation Model in consecutive relay interpreting.

Overview

Often, an English-speaking indigenous interpreter cannot be found for an assignment. Relay interpreting is the solution. *Two* interpreters are brought in. One speaks the indigenous language. The other is fluent in English. They share a "bridge" (or common) language, for example, Spanish.

Relay interpreting is complicated. It takes longer than most consecutive interpreting. It can cause confusion. As a result, relay interpreting is a last option. However, it is often a good solution.

This module defines consecutive relay interpreting. It teaches you how to adjust basic interpreting protocols and the steps for strategic mediation when you perform relay interpreting. It addresses spoken interpreting. However, much of this module also applies to relay interpreting for indigenous sign languages.



Consecutive Relay Interpreting

Learning Objective 13.1

Define consecutive relay interpreting.

Introduction

This section introduces you to consecutive relay interpreting. Relay interpreting takes longer than regular consecutive. It requires two interpreters. It is expensive. As a result, relay interpreting is a last option when a qualified English-speaking indigenous interpreter is not available.

Consecutive relay interpreting

Consecutive relay interpreting can be defined as:

An interpreting process in which two individuals attempting a conversation communicate through two interpreters, each of whom speaks only one of the two languages required as well as a common third language. An example of this would be interpreting Quechua into Spanish, which in turn is interpreted [from Spanish] into English (Sampson, 2006, p. 12).

In other words, consecutive relay interpreting is a process that involves two interpreters, neither of whom speaks the language of both parties they interpret for but who share, as interpreters, one other common language.

When is relay interpreting needed?

Consecutive relay interpreting is an important solution when no interpreters are available who speak both the patient's *and* the provider's language. A second interpreter creates a "bridge" between the two languages. For example, one interpreter speaks the provider's language, English, and the indigenous interpreter's second language, usually Spanish (in the United States). The other

speaks the indigenous language and Spanish. The bridge language is Spanish.



The bridge language

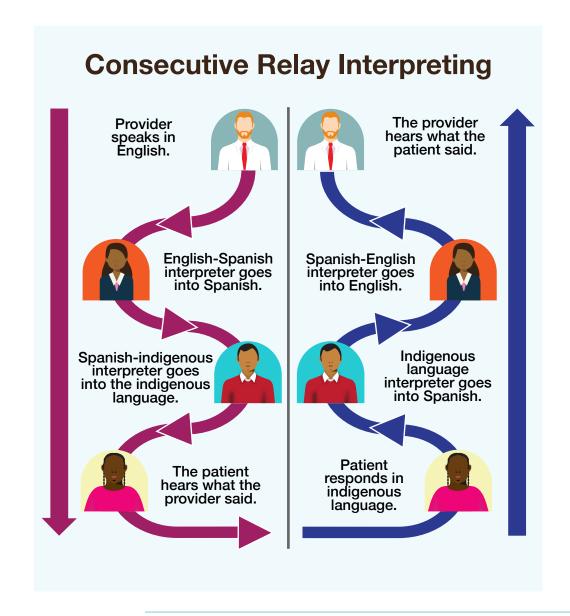
The "bridge" language is usually the main language spoken in the indigenous immigrants' home country. For indigenous immigrants from Mexico and Central America, that bridge language is Spanish. For indigenous immigrants from Asia or Africa, the bridge language might be Mandarin, Korean, Vietnamese, Portuguese or French. For Deaf consumers, the bridge language in the United States might be American Sign Language (ASL). (The Deaf indigenous person who needs services might sign in an indigenous sign language or a sign language created by a small community. The indigenous interpreter might be a sign language interpreter who knows that language and also ASL.)

Consecutive relay interpreting is an important skill for many indigenous interpreters. If you speak Spanish fluently but your English is weak, you can be asked to do relay interpreting.

Steps in consecutive relay interpreting

In regular consecutive interpreting, three steps are needed to interpret an idea.

- One person speaks or signs to another person.
- The interpreter interprets the message.
- The other person receives the message.

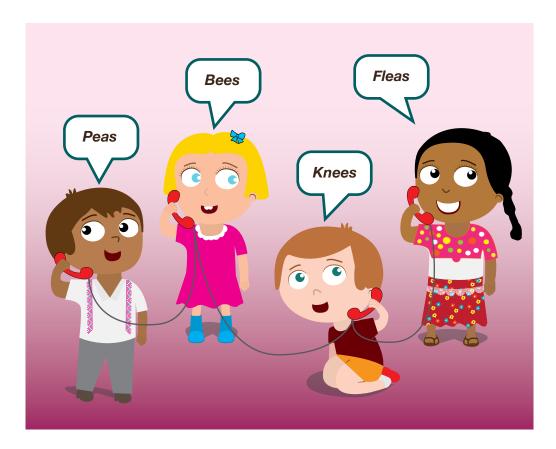


This process then repeats. It usually goes in two directions. It can involve more than two people (for example, family members or two providers). With relay interpreting, *four* steps are needed to interpret the same message.

- One person speaks or signs to another person.
- The first interpreter interprets to the second interpreter.
- The second interpreter receives the message and interprets it to the other person.
- The other person receives the message.

Needing *two* interpreters can double the time an appointment takes. Consecutive relay takes about twice as long as regular consecutive interpreting—or longer. Often the two interpreters have to discuss a certain term or idea. Also having two interpreters increases the number of steps required. Those extra steps take time.

If it is not done correctly, relay interpreting can be like the children's game of telephone. The image here shows how one word can get misunderstood when repeated multiple times. "Peas" eventually becomes "fleas." The original idea is lost.



Relay interpreting is similar. Information will probably be lost or changed. Relay interpreting makes it more likely that the interpreting will be:

- Less accurate.
- Less complete.
- Less transparent.
- Filled with more interruptions.

Relay interpreting can be a confusing process. The two interpreters may not know each other. They may have no training in relay interpreting. Relay interpreting can lead to interruptions, confusion and delays. It can be a difficult, awkward way to communicate.

ASTM International has published standards on language interpreting. The standard supports the idea that relay interpreting should be used only as a last resort.

Relay interpretation shall be used only in exceptional circumstances when interpreters with the required language combinations cannot be found.

ASTM International74

Even with the risks, it is better to use relay interpreting than ask an indigenous interpreter with weak English to interpret alone. Two relay interpreters who speak both languages well will be more accurate than one interpreter who is weak either in English or the indigenous language (Romero, 2008, p. 30).

Relay can also be a good option for interpreting in a new setting, such as a healthcare interpreter who is asked to work in court. You can even ask for a relay interpreter yourself.

⁷⁴ The ASTM 2015 update of this standard on language interpreting no longer refers to relay interpreting. The ASTM 2007 document can be retrieved from https://www.astm.org/DATABASE.CART/HISTORICAL/F2089-01R07.htm. (The quote was taken from p. 2.)



Review of Section 13.1

Consecutive relay interpreting is a process in which two parties who do not share a common language communicate with each other through two interpreters, neither of whom speaks both languages but who share a third language. That bridge language, for Latin American immigrants, is usually Spanish.

Relay interpreting is complicated. It takes longer and is more likely to cause communication mistakes. Because of these challenges, relay interpreting is a last option. However, it is better to have two interpreters who speak (or sign) their languages well than one interpreter who does not.



Consecutive Relay Interpreting Protocols

Learning Objective 13.2

Practice professional interpreting protocols in consecutive relay interpreting.

Introduction

Professional interpreters follow protocols. These protocols include professional introductions, positioning and direct speech (also called first person). In the United States, community interpreters follow the protocols for healthcare interpreting. Legal interpreters use court interpreting protocols. This section adapts professional interpreting protocols to consecutive relay interpreting. Most of these protocols apply to both community and legal interpreting.

Steps for consecutive relay interpreting

It can be helpful to think of your protocols as a series of *steps* to take. These steps, or procedures, help you to have a smooth assignment. They minimize common problems. The main protocols are:

- Ask for a meeting with the provider before the assignment.
- Have a professional introduction with the provider and patient or client.
- Choose the best position to promote direct communication.
- Interpret in direct speech (first person).
- Manage turn-taking between the parties (interrupting as needed to be accurate).
- Intervene to *mediate* if communication problems come up.
- Sight translate appropriate short documents (such as patient history forms).
- Ask the provider to explain documents that are long, filled with complicated or legal terminology and interpret the explanation.

• Ask for a *post-session meeting* (debriefing) with the provider after the assignment, if possible.

These same basic steps apply to a session with relay interpreting. However, many of them need to be changed a little. The changes described below will help you have a smooth, successful relay interpreting session. These new steps are:

Step 1	Plan with the other interpreter before the assignment.
Step 2	Ask for a <i>briefing session with the provider</i> before the assignment.
Step 3	Give a professional introduction.
Step 4	Choose the best position to promote direct communication.
Step 5	Manage turn-taking.
Step 6	Intervene to address a barrier to communication.
Step 7	Sight translate appropriate documents.
Step 8	Ask the provider to explain documents not appropriate for sight translation.
Step 9	Review the session with the other interpreter.
Step 10	Ask the provider for a post-session debrief.

Step 1: Plan with the other interpreter before the assignment.

If possible, ask for the contact information of the other interpreter. The success of your relay session depends on how well you work together. Most interpreters have had no formal training in relay interpreting. You

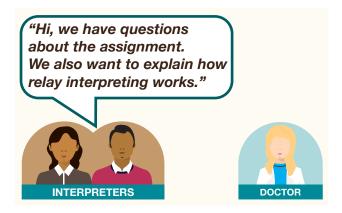
"Hi, can you give me the phone number of the other interpreter? We need to work together to coordinate the relay interpreting."



need to plan the session ahead of time. Talk (in person or over the phone) with the other interpreter about how to handle introductions, where you will sit or stand and how you will manage turn-taking, mediation and sight translation.

Step 2: Ask for a briefing session with the provider before the assignment.

If possible, meet with the provider before the assignment. Ask what you need to know. Then explain how relay interpreters work. Talk about introductions, positioning and turn-taking. Mention that providers should say one idea at a time, then pause to let the interpreters interpret. Ask about any documents and explain how sight translation will work.

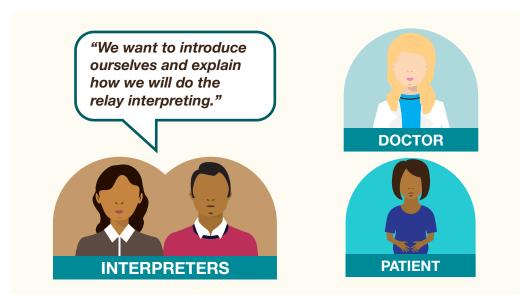


Step 3: Give a professional introduction.

When there is only one interpreter, he or she gives an introduction to the patient and provider. With two interpreters, three introductions are needed:

- The two interpreters introduce themselves to each other (if they have not been able to talk before the assignment).
- The Spanish<>English interpreter gives an introduction to the provider.
- The Spanish<>indigenous-language interpreter gives an introduction to the patient or client.

The introductions might happen before the assignment (with the interpreter(s) and provider) or during the assignment (with the indigenous person). The timing depends on the assignment.



Step 4: Choose the best position to promote direct communication.

It can be hard to know where to sit or stand for relay interpreting. There may not be much room. The Spanish<>English interpreter should be near the provider. The indigenous interpreter should stay near the patient or client. (For sign language, make sure the patient can see the indigenous interpreter easily.)



Step 5: Manage turn-taking.

Turn-taking means one person speaks or signs and then stops for the interpreter to interpret. Then the next person takes his "turn" and speaks or signs. The interpreter has to manage this process. Otherwise, one person could go on too long. In relay interpreting, both the interpreters have to manage turn-taking.



Step 6: Intervene to address a barrier to communication.

The two interpreters need to coordinate how they will address communication problems. For example, if the patient uses an unfamiliar term, the indigenous interpreter will need to ask for a clarification. Both interpreters have to be involved in the process for the process to work. (See Section 13.3.)



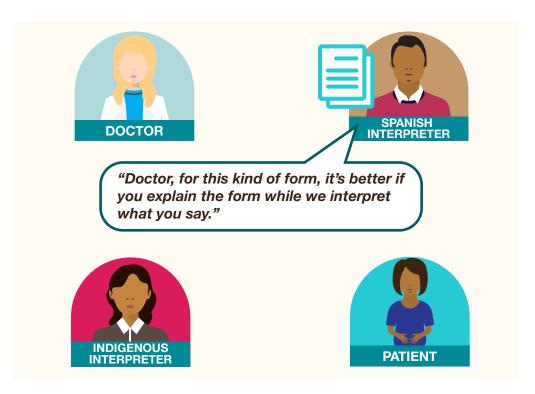
Step 7. Sight translate appropriate documents.

If possible, avoid sight translation in relay interpreting. However, interpreters still need to assist with some forms. In this case, the Spanish<>English interpreter will sight translate the questions from the form and indicate where the patient writes the answer. The indigenous interpreter will interpret what the Spanish<>English interpreter sight translates.



Step 8: Ask the provider to explain documents not appropriate for sight translation.

For consent forms and long, legal or technical documents, the interpreters can ask the provider to explain the form. The interpreters will then interpret the explanation. (This is the same strategy that a single interpreter uses.) In this case, it is important to limit the provider to *one idea at a time*. Otherwise, information can get lost, or the client might not understand it.



Step 9: Review the session with the other interpreter.

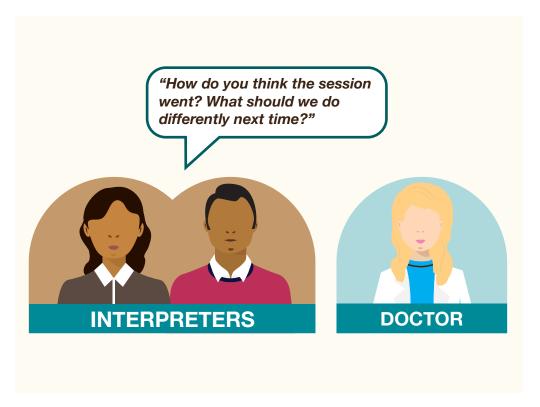
After the session, try to meet briefly with the other interpreter. Evaluate how the session went. Did it go smoothly? Were there misunderstandings? Did you make errors that need to be corrected? Do you need to tell the provider anything?



Step 10: Ask the provider for a post-session debrief.

This last step is often not possible. However, if you often do relay sessions with the same patient or client, a brief post-session with the provider is a good idea. Discuss how the session went. Ask the provider for suggestions on how to make the process work better. Make your own suggestions.

The most important step is Step 1. Plan with the other interpreter ahead of time. If you don't, you may not be able to coordinate your interpreting well. Try to establish a good working relationship so that you can solve problems before and during the session.



The indigenous interpreter as a communication specialist

Indigenous interpreters are more likely to have experience with consecutive relay interpreting than other interpreters. You are also the one who knows the unique challenges of interpreting for indigenous speakers. You should feel comfortable coordinating the relay session. You can help guide the other interpreter.

Plan ahead with the Spanish<>English interpreter.

Interpreters should coordinate relay interpreting sessions ahead of time. Plan how you will handle: introductions, positioning, turn-taking, sight translation, mediation

Hi, I'm the indigenous interpreter. I would like to meet to plan how we are going to work together for this assignment.

INDIGENOUS INTERPRETER Yes, that is a good idea. I have never done a relay interpreting before. Do you have any suggestions?



Adjusting professional interpreting protocols to relay interpreting

Professional interpreting protocols support clear communication. Protocols are a critical tool to help you perform well. Relay interpreting has a big impact on protocols. There are two interpreters in the room instead of one. Two of you have to introduce yourselves, decide where to sit (or stand) and manage turn-taking. You need strategies for adjusting:

- Your professional introduction.
- Your positioning for relay interpreting.
- Your use of first person or third person in relay interpreting.

Your professional introduction

Your professional introduction is an important tool. It helps you communicate your role to both parties before the session starts. Your introduction tells them what to expect. Your usual introduction includes at least your name and title and these statements:

- Everything will be interpreted.
- Everything will be kept confidential (to the health care/ service team).
- Please speak directly to each other.
- I will make this gesture⁷⁵ when I need you to pause.

Interpreter Professional Introduction

Elements of the introduction

- Name and title.
- Everything will be interpreted.
- Everything will be kept confidential.
- Speak directly to each other.
- Pause gesture to interpret or mediate.

Hi, my name is Juan. I'll be your interpreter today. I will interpret everything you say and keep everything confidential. Please speak directly to each other. I will use this gesture to ask you to pause so I can interpret or ask for a clarification.



⁷⁵ Remember to show the gesture that you use.

It's perfectly acceptable to add other things to your introduction to help you interpret. such as:

- I may take notes but I'll destroy them before I leave.
- Do you have any questions before we begin?
- (To the provider) Is there anything I need to know about the session?

When *two* interpreters are needed for relay interpreting, the process changes. The two interpreters need to introduce themselves to each other first. They also need to plan how they will work together if they did not have a chance to do so earlier. Then both interpreters need to introduce themselves to the patient and the provider. These introductions should include everything in a regular introduction and a few more points.

Introduction 1: Interpreters introduce themselves to each other

The first introduction you have to do is with the other interpreter. Even if the provider is in a hurry to start, take a few minutes to plan. Follow these steps:

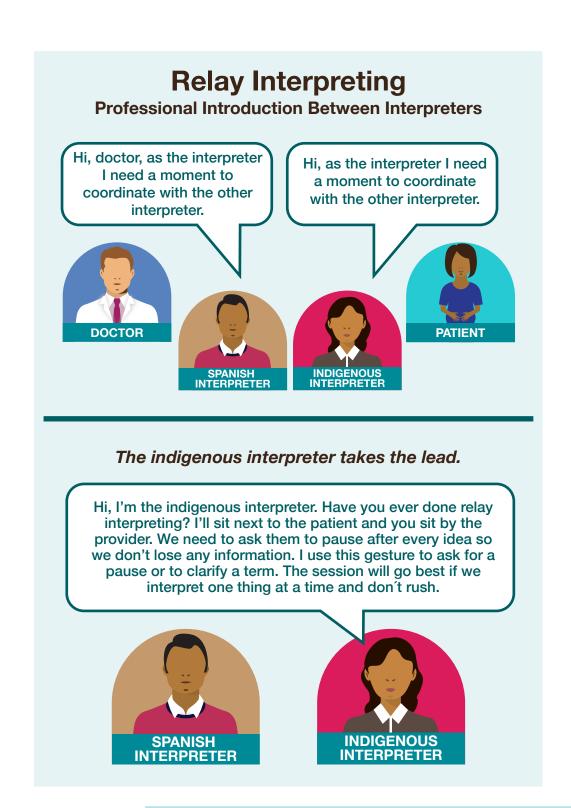
- Introduce yourself to the other interpreter.
- Ask him or her to tell the provider that you need a few minutes to coordinate the relay interpreting process.
- Inform the patient of the same thing.

As the indigenous interpreter, take the lead in planning the relay work. You probably have more experience with relay. You are also familiar with indigenous speakers. Even if you don't take the lead, you can give the other interpreter these recommendations:

- Positioning: The indigenous interpreter will be near the patient.⁷⁶ The Spanish<>English interpreter should stay near the provider.
- Pause gesture: Show the gesture you will use to request a pause.
- Mediation: Decide, with your relay partner, how you will perform strategic mediation. See Section 13.3 for details.
- Taking time: Ask both parties not to rush and to say one idea at a time.
- Other issues: Add any other issue you need to mention.

⁷⁶ Sign language interpreters will need to be visible to the patient.

Even if the provider is impatient, ask for time to coordinate with the other interpreter. If not, you will probably lose time during the session.



Introduction 2: Introductions to the other parties

Once you have coordinated the session with the other interpreter, give your introduction. For relay, the indigenous interpreter should do the introduction with the indigenous client. The Spanish<>English interpreter should do the introduction with the provider. Your introduction should include your regular points and a few other elements.

Regular elements:

- Name and title.
- Everything will be interpreted.
- Everything will be kept confidential (to the health care/ service team).
- Speak directly to each other.
- Pause gesture to interpret or mediate

Relay Interpreting Interpreter Introduction

Professional Introduction for Provider and Patient
To your regular introduction add the languages spoken by
both interpreters.

Hi, my name is Juan. I will interpret in English and Spanish today. This is Flor. She will interpret in Spanish and Triqui. I will interpret everything you say and keep everything confidential. Please speak directly to each other. I will use this gesture to ask you to pause so I can interpret or ask for a clarification.

Additional Elements

Also, please say only one idea at a time and don't rush the communication. I may need a pause to clarify content with the other interpreter.

At the same time, the indigenous interpreter gives the introduction to the patient.

The Spanish<>English interpreter gives the introduction to the provider.

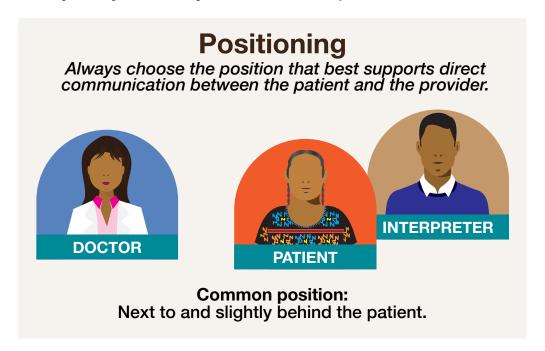
Additional elements for relay:

- The languages you interpret.
- The name of the other interpreter and his/her languages.
- Please say only one idea at a time so that no information is lost.
- Don't rush the communication.
- As the interpreters, we may need to pause to clarify the message with each other.

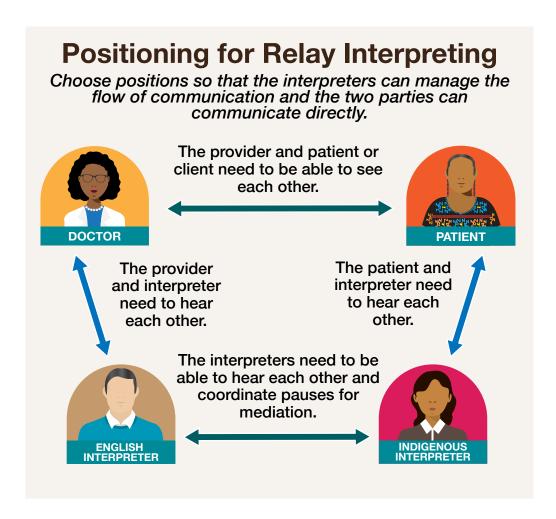
Before a relay assignment, practice your introduction. Write down what you need to say to the other interpreter. Be prepared to take the lead and coordinate the session. These steps will help lead to a successful relay experience.

Your positioning for relay interpreting

Interpreters have to decide where to sit or stand. One common position for community interpreting is next to and a little behind the client or patient. This position helps both parties look at each other and communicate directly. It also supports the client or patient emotionally. Since you are the only interpreter, both parties can usually hear you even if you are next to the patient.⁷⁷

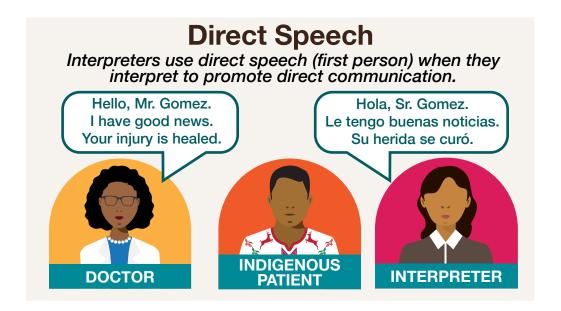


⁷⁷ Again, a sign language interpreter always needs to be visible to the Deaf patient.



There is no perfect position for interpreting. You will interpret in many different kinds of rooms and spaces. If you can't sit next to the patient, always choose the position that lets the patient and provider communicate most directly with each other. (See Module 3 for details.) In relay interpreting, however, your position should also let the two interpreters communicate directly with each other. In a relay session, find the position that:

- Respects the provider's needs. (For example, if the patient is lying in a bed, the provider chooses where to sit first; *then* the interpreters choose their positions.)
- Allows the provider and the client to see and communicate with each other directly.
- Allows the interpreters to hear each other and work together.
- Allows the provider to hear the Spanish<>English interpreter.
- Allows the patient to hear (or for sign language, see) the indigenous interpreter.



Your use of direct and indirect speech in relay interpreting

When they interpret, interpreters use direct speech (also called first person). In other words, if the patient says, "My leg hurts," the interpreter says, "My leg hurts," in the other language. Indirect speech (also called third person) is when the interpreter *reports* what the person says. For example, if the patients says, "My leg hurts," the interpreter would say, "The patient says his leg hurts."

As you learned in Module 3, using direct speech promotes direct communication. Also:

- It's faster than third person.
- It's easier to interpret than third person.
- It's more accurate.
- You are less likely to add to or change what the speaker said.
- You don't have to change sentence structures and pronouns like "he" or "she."

Indigenous interpreters and indirect speech

However, in indigenous interpreting—especially relay—sometimes interpreting in direct speech can cause problems. Module 3 explored the challenges that many indigenous interpreters have reported. Some have to use third person with indigenous speakers to avoid confusion.

Others take more time in their introductions to explain how interpreters use direct speech. This training manual recommends these steps:

- Use direct speech (first person) when possible.
- Use indirect speech (third person) if direct speech causes confusion.
- Use third person if it leads to a clear flow of communication.

Managing eye contact during relay

There are no rules for how to manage eye contact in relay interpreting. Use your judgment. You may need to change your usual practice. When you listen to the indigenous person or the provider, for example, it may make sense to avoid eye contact. When you interpret, you may choose to look directly at the other interpreter to monitor his or her understanding and body language. You also need be aware if the interpreter is making a gesture for you to pause.

Try to be *aware* of your own eye movements in relay interpreting. Pay attention. See what kind of eye contact works best for coordinating with the other interpreter *and* promoting direct communication.

Turn-taking and relay interpreting

Turn-taking may be the most complicated protocol to manage in relay interpreting. *Both* interpreters may need to ask the parties to pause. You may also need to ask each *other* to pause when:

- The other interpreter uses a term that you don't understand.
- The other interpreter speaks (or signs) too long.

Adapting interpreting protocols for relay in the courtroom

This book is not a training manual for legal interpreting. (Module 14 is a basic introduction to that field.) However, indigenous healthcare and community interpreters are often asked to interpret in court and for other legal proceedings, even if they have not been trained in legal interpreting.

The strategies discussed in this section for using interpreting protocols in relay *outside* the courtroom can be helpful for court

interpreting too. But they should only be used if they do not violate court interpreting protocols or ethics. For court relay assignments, these adjustments are acceptable:

- Talk with the contact person about relay interpreting before the assignment.
- Explain that relay is done in consecutive mode, which is slower than simultaneous. Ask if consecutive mode will be a problem.
- Ask for help in how to follow court protocols correctly.
- Request to meet with or speak to the other interpreter before the court date.
- Coordinate with the other interpreter.
- Follow the judge's instructions for where to sit or stand. If necessary, inform the judge that you need a position that allows everyone to hear (or see) you and to communicate directly with the other interpreter.
- Inform the judge that you may need to ask for pauses to clarify certain statements with the other interpreter. Ask for instructions on how to do so appropriately.
- Ask the judge to slow communication down so that both interpreters can interpret accurately.

The organization called the National Association of Judiciary Interpreters and Translators (NAJIT) published a paper with guidelines for interpreters of "rare" languages in court interpreting. It is called *Preparing Interpreters in Rare Languages*. This paper includes guidelines for relay interpreting. Print a copy and give it to court staff. It will help them to work better with you.

Review of Section 13.2

This section reviewed the basic protocols for managing an interpreted session and showed how to adjust them in relay interpreting, especially introductions, positioning and direct speech.

⁷⁸ NAJIT. (2005). Retrieved from the NAJIT website at https://najit.org/wp-content/uploads/2016/09/ Preparing-Interpreters-in-RareLanguages200609.pdf



Strategic Mediation for Consecutive Relay Interpreting

Learning Objective 13.3

Use the Strategic Mediation Model in consecutive relay interpreting.

Introduction

The Strategic Mediation Model is a five-step process that helps interpreters solve a communication problem. (Strategic mediation is presented in Module 9.) In relay interpreting, two interpreters are present. When one interpreter needs to intervene, the other interpreter has to be part of that process. This section shows how the two interpreters can work together to use strategic mediation during relay interpreting.

The Strategic Mediation Model in relay interpreting

The Strategic Mediation Model is a five-step process that interpreters use when they intervene. The five steps are:

- 1. Interpret the last thing said.
- 2. Identify yourself as the interpreter.
- 3. Mediate briefly with one speaker.
- 4. Tell the other speaker what you said.
- 5. Go back to interpreting

These five steps give you a simple procedure to follow any time you need to intervene. Strategic mediation is both a *process* and a *skill*. It has to be practiced. It takes time to learn to do the five steps quickly and well. It takes extra time to adapt them for relay interpreting.

Adapt the Strategic Mediation Model to relay interpreting

The first change happens *before* you start the appointment. Talk about how you should mediate with the other interpreter. Not all interpreters use this five-step process. Explain the steps and ask the other interpreter to follow them. The other interpreter probably won't be able to follow the steps smoothly, but at least you have agreed to a *process* for intervening.

As the indigenous interpreter, you will intervene during relay interpreting in one of three ways:

- You have a question or request for the indigenous person.
- You have a problem with something the provider said.
- You need to coordinate with the other interpreter.

The following example shows you how to follow the five steps for each of these situations. For each case, decide whom to address first. Then remember to be transparent. The provider and patient need to understand what is happening any time there is a side conversation to clarify a term or solve a communication problem. These steps take concentration and time, but they are important!

1. You mediate with the indigenous person.

Example: You are a Triqui interpreter doing relay for a woman who has just had a baby. The woman uses a term you have never heard. You need to ask for a clarification.

Step 1: Interpret the last thing said.

Leave the unknown term in Triqui.

Step 2: Identify yourself as the interpreter.

Say, "Excuse me, as the interpreter..."

Step 3: Tell one speaker that you need to mediate.

Start your mediation with the other interpreter. The provider needs to know why you have stopped interpreting and want to speak with the patient. Say, "Excuse me, as the interpreter I need to ask the patient to clarify a Triqui term she used." As you go on to the next step, the other interpreter can tell the doctor that you are asking for a clarification.

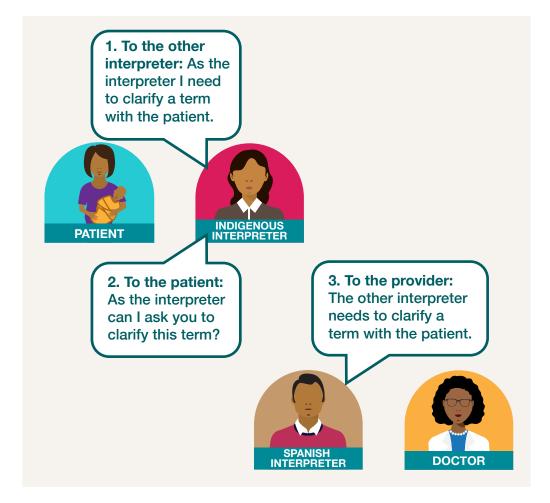
Step 4: Mediate with the other speaker.

Mediate with the patient. Say, "Excuse me, as the interpreter I need to ask you what that term in Triqui means."

Step 5: Go back to interpreting.

When the patient gives her explanation, interpret it.

This approach also works for the Spanish<>English interpreter who has to mediate with the provider. If the provider says something that the English interpreter needs to clarify, he should start by speaking to the indigenous interpreter. The English interpreter tells you he needs to clarify something with the provider. While he clarifies with the doctor, you turn to the patient and let her know what is happening. Then when the Spanish<>English interpreter interprets the provider's answer, you both go back to interpreting.



2. You mediate with the provider.

Example: You are a Triqui interpreter doing relay interpreting for a woman who has just had a baby. The baby was born two weeks early. The doctor is worried about the baby's breathing. The doctor says, "Your baby has symptoms of neonatal respiratory distress syndrome. We need to do a chest X-ray and run some tests." The English<>Spanish interpreter interprets the terms into Spanish. This is the first time you have heard the terms "neonatal respiratory distress syndrome." You need to request clarification.

Step 1: Interpret the last thing said.

Leave the term "neonatal respiratory distress syndrome" in English.

Step 2: Identify yourself as the interpreter.

Say, "Excuse me, as the interpreter..."

Step 3: Tell one speaker that you need to mediate.

Start with the patient. Say you need to ask the doctor to clarify the terms. That way, the patient won't feel worried or confused by the side conversation. You can say, "Excuse me, as the interpreter I need to ask the doctor what 'neonatal respiratory distress syndrome' means."

Step 4: Mediate with the other speaker.

Here is where the process changes a little. You don't speak English, so you have to mediate with the doctor through the other interpreter. Tell the other interpreter, "Excuse me, as the interpreter I need the doctor to explain 'neonatal respiratory distress syndrome.'" The other interpreter interprets your request to the doctor. Then, the other interpreter will interpret the doctor's explanation to you in Spanish.

Step 5: Go back to interpreting.

With luck, the doctor won't start talking to the other interpreter but will simply answer the question. Then you interpret the doctor's explanation.

3. You mediate with the other interpreter.

Example: You are a Triqui interpreter. The Spanish<>English interpreter is speaking too quietly. You can't hear what he is saying. You need to ask the interpreter to speak more loudly.

Step 1: Interpret the last thing said.

Interpret the last thing you could hear that the other interpreter said.

Step 2: Identify yourself as the interpreter.

Say, "Excuse me, as the interpreter..."

Step 3: Tell one speaker that you need to mediate.

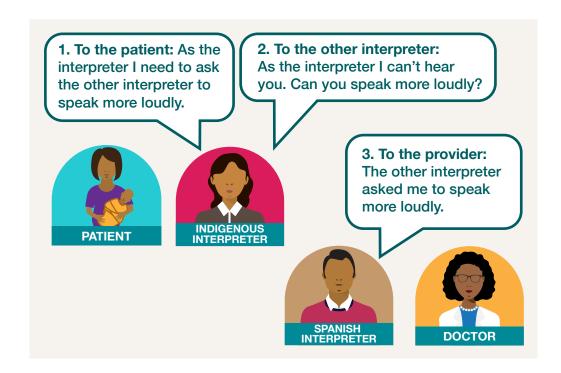
Start with the patient. Say, "Excuse me, as the interpreter I need to ask the other interpreter to speak more loudly."

Step 4: Mediate with the other speaker.

Now mediate with the other interpreter. Say, "Excuse me, as the interpreter I need to ask you to speak more loudly. I can't hear what you are saying." Now add, "Can you please tell the provider what I said?"

Step 5: Go back to interpreting.

With luck, the doctor won't start talking to the other interpreter. You can simply go back to interpreting.



The mediation process is most complicated when the interpreters need to mediate with each other. *Both* of them have to report the conversation either to the patient or the provider. When you intervene with the other interpreter, ask him or her to report what you said to the provider. If the other interpreter needs to mediate with you, you will need to tell the patient what the other interpreter said.

Review of Section 13.3

The five steps for strategic mediation do not change in relay interpreting. How you apply them does. You will probably need to mediate more, not less, when you do relay interpreting. You will also sometimes need to mediate with the other interpreter. It is important that you plan how you will coordinate your mediation with the other interpreter.



Review of Module 13: Consecutive Relay Interpreting

Relay interpreting is used when no interpreters are available who speak both the patient and the provider's languages. Section 13.1 explained how relay interpreting works. It involves two interpreters. One works with the indigenous interpreter, the other with the provider. The two interpreters use a bridge language to communicate. When interpreting for indigenous immigrants from Latin America, the bridge language is usually Spanish. For indigenous sign languages, the bridge language might be ASL.

Section 13.2 showed how you will need to adapt professional interpreting protocols for relay interpreting, including for the interpreter's introduction, positioning, direct speech, eye contact and turn-taking.

Section 13.3 discussed how to adapt the five steps of the Strategic Mediation Model when you intervene. Both these sections showed how relay interpreting works best when it is planned. The indigenous interpreter can be the leader in the planning process. Indigenous interpreters do more relay interpreting than most other interpreters. They can use their knowledge and experience to make the relay assignment successful.



Module 14

Legal Interpreting for Indigenous Interpreters

Learning Objectives

After completing this module, you'll be able to:

Learning Objective 14.1

Compare and contrast legal and community interpreting.

Learning Objective 14.2

Decide whether or not to accept legal interpreting assignments.

Learning Objective 14.3

Discuss how to perform basic legal interpreting.

Overview

This module is a basic introduction to legal interpreting for indigenous interpreters. It is *not* a substitute for training in legal interpreting.

This module defines legal interpreting. It discusses how to perform it and explores the community settings where it takes place. Legal interpreting is one specialization of interpreting. It is different from community interpreting. It provides access to justice for Limited English Proficient (LEP) residents. In the United States, legal interpreting has its own codes of ethics, standards and protocols. It also has its own requirements. Some of these are similar to the ones for community interpreting. Some are different.

It is important to understand the differences between legal and community interpreting because indigenous interpreters are often asked to perform legal interpreting before they are trained in this field. If you do not have training in legal interpreting, you could make serious legal mistakes. This module will help you to avoid many mistakes until you get specialized training.

This module also helps you identify if an assignment is community interpreting, legal interpreting or a mix of the two. It shows you what legal interpreting ethics are and how to apply them. It helps you to decide if you should accept a legal assignment or not. Finally, it gives you practical guidance on how to perform legal interpreting.



Differences Between Community and Legal Interpreting

Learning Objective 14.1

Compare and contrast legal and community interpreting.

Introduction

Legal interpreting is an interpreting specialization that provides access to justice for those who need language assistance. It involves interpreting for any legal process or proceeding. Legal interpreting differs from community (including healthcare) interpreting in several important ways, for example:

- Legal interpreting is based on *laws* and the *justice system*; community interpreting is not.
- Legal interpreters follow their own codes of ethics.
- Simultaneous mode is the most common interpreting mode in the courtroom.

In addition, legal interpreting is stricter and less flexible than community interpreting. For example, legal interpreters should not perform advocacy. In general, you need *special training* to perform legal interpreting.

Community and legal interpreting

The purpose of community interpreting is to help people who don't speak fluent English get access to community services. Healthcare interpreting is *one part* of community interpreting. The basic purpose of legal interpreting is to help people who don't speak fluent English get access to justice. But what does "access to justice" mean? It means getting fair treatment *inside the legal system*.

As a result, legal interpreting means interpreting for any kind of legal process or proceeding. It could happen in a courtroom, or outside one.

Community Interpreting

A specialization of interpreting that facilitates access to community services for individuals who do not speak the language of service.

Bancroft et al. (2015a), p. viii.

Healthcare interpreting

 Interpreting for patients, their families and service providers in healthcare.

Legal Interpreting

Interpreting related to legal processes and proceedings, including but not limited to lawyer-client representation, prosecutor-victim/witness interviews, and law enforcement communications.

Framer et al. (2010), p. xi.

Court interpreting

- Legal interpreting that takes place in court and court-related settings.
- · Healthcare interpreting is part of community interpreting.
- · Court interpreting is part of legal interpreting.

Legal interpreting takes place in many settings. Court interpreting is just one part of legal interpreting. Getting access to justice could mean legal services such as lawyer-client interviews, low-cost legal aid, immigration services, legal help for domestic violence or a school board hearing about a child's expulsion from school.

The terms "court interpreting" and "legal interpreting" are often used to mean the same thing but *they are different*. Court interpreting means interpreting *inside* the courtroom. You interpret for judges, lawyers, victims, plaintiffs or defendants, witnesses and anyone else involved in a legal case or trial. Outside the courtroom, legal interpreters work in many settings such as:

- Lawyers' offices.
- Prisons, jails and detention centers.
- Legal aid programs (for low-income people).
- Immigration services.
- Domestic violence centers.



Court interpreting is part of legal interpreting.

Court interpreting takes place in the courtroom.

Legal interpreting includes legal processes in other legal, health care and community service settings.



Hospital/ clinics



Social services



Education



Law offices



Prisons

In the United States, legal interpreting is not part of community interpreting. It has its own ethics, standards, protocols and requirements. Unlike community interpreting, legal interpreting is based on *laws*: federal, state and local laws; case law; and legal rules and requirements. As a result, legal interpreting is usually stricter than community interpreting. In general, you simply *interpret*. If needed, you can intervene to ask for clarifications. Don't perform cultural mediation or advocacy.

The role of the legal interpreter

The legal interpreter's role is different from the community interpreter's. The role of the legal interpreter is to provide a language bridge to help the person who needs assistance receive equal access to the justice system. That means you don't "help out" the person or get involved in any way. You just interpret.

The people you interpret for could be:

- A lawyer's client.
- A defendant (someone charged with a crime).
- A victim of crime.
- A plaintiff (someone bringing a lawsuit against someone or an organization).
- A witness.
- A person who suffered an injury on the job (for a workers' compensation case).

These are only a few examples. Because their role is to support "equal language access," legal interpreters are *not allowed to explain cultural problems or advocate*.⁷⁹ Their job is to interpret everything said as accurately as they can. They are *not* supposed to make sure, especially in a courtroom, that everyone *understands* what is said.

Fluent English speakers might not understand what they hear during legal processes either. The person who needs interpreting should not get extra help understanding concepts that English-speaking people don't receive. Legal interpreters do not intervene if they think the person they are interpreting for does not understand court processes. This might be the biggest difference between legal and community interpreting.

Outside the courtroom, you can be a little more flexible. But you must be careful. Legal interpreters are allowed to request clarifications, correct errors or address problems such as too much noise or two people speaking at once. Legal interpreters are not supposed to intervene just because they are worried that someone might not understand. In extreme cases—for example, if you fear an innocent person might go to jail—you can ask to speak to the judge (privately if needed) to discuss a *linguistic* misunderstanding.

Legal interpreters may not intervene if they think there is a *cultural* barrier to understanding until they have received specialized training in legal interpreting. The risk is too high. You might make legal mistakes. *Do not discuss or explain culture in legal interpreting until you get specialized training.*

Why can't you provide cultural mediation in legal interpreting as you do in community interpreting? The legal dangers are huge. If the interpreter

⁷⁹ Highly skilled legal interpreters know how to address cultural problems, but doing so requires extensive training and experience.

is wrong, the case could go wrong. An innocent defendant could go to prison—or a guilty one could go free. Also, if you intervene in the wrong way, the lawyer or judge could think you are taking the client's side. You could cause bigger problems than the problem you are trying to fix.

Collaborative vs. adversarial

Community interpreting helps people to access community services. Everyone cooperates to achieve the same goal. Legal interpreting serves the justice system. Legal cases are not always cooperative. They are often *adversarial*, which means that there is a conflict between two sides.

In the courtroom, the conflict is often between a person accused of a crime and the people who made the accusation. Each side may have a lawyer who argues his or her side. A judge or jury chooses which side wins. The process ends with someone winning and someone losing.

Legal Interpreting Is Often (But Not Always) Adversarial

In the courtroom, there are two sides who argue against each other. The judge or jury decides who wins. The courtroom process is adversarial.



LAWYER

Community Interpreting Is Collaborative

Community interpreting is collaborative. The provider and client share the same goal: to provide a service successfully.



Outside the courtroom, you might be called to interpret for other legal processes such as:

- A police officer speaking to a victim of crime.
- An immigrant meeting an immigration representative about a work permit.
- Child protective services meeting two parents about possible child abuse.
- Special education legal forms and legal meetings in a school.

Not every interaction is adversarial. For example, when a lawyer and a client plan their case, the lawyer wants to help the client. The meeting is *collaborative* (working *for* each other). When a teacher and speech therapist meet with parents about a child's **Individualized Education Plan**—part of a legal process—they all want to help the child.

Other times, a legal meeting is *adversarial* (working against each other), such as when a police detective interviews a suspect. The police are not trying to help the suspect. They want to find out if this person committed a crime. They might arrest the suspect.

Legal interpreting ethics vs. healthcare interpreting ethics

In the United States, community interpreters follow the NCIHC *A National Code of Ethics for Interpreters in Health Care.* Legal interpreting has several codes of ethics. One code was published by the National Association of Judiciary Interpreters and Translators (NAJIT).⁸⁰ The most common code is the one for state courts (Hewitt, 1995, pp. 197-211), often called the NSCS code.⁸¹ Most states require legal interpreters to follow the NCSC code. Study it. The following table compares the NCSC code with the NCIHC code. The two are similar in some ways, different in others. The text in red highlights where the two codes differ.

⁸⁰ Undated: It can be retrieved from https://najit.org/wp-content/uploads/2016/09/NAJITCodeofEthicsFINAL.pdf

⁸¹ NCSC stands for National Center for State Courts.

Comparing U.S. Legal and Healthcare Interpreting Ethics⁸²

Legal Interpreting Ethics (Adapted from NCSC Code, Hewitt, 1995)	Healthcare Interpreting Ethics (Adapted from NCIHC, 2004)
COMPLETE AND ACCURATE INTERPRETATION: An interpreter must use his or her best skills and judgment to interpret accurately without adding, losing, or changing what was said. The NCSC code does not address culture.	accuracy: The interpreter says everything that was said by one speaker in the other language without losing or changing any of the meaning, including any cultural meaning. The NCIHC code mentions culture many times, even in this first ethical principle—accuracy.
CONFIDENTIALITY: An interpreter must not share private communications between a lawyer and client with any person. Interpreters who learn about someone's life in danger or a crime being committed should share that information with the appropriate judicial authority.	CONFIDENTIALITY: The interpreter does not share any information learned about the patient while interpreting. Sometimes the interpreter may need to share information if the patient's life is in danger or might hurt someone else.
IMPARTIALITY AND AVOIDING CONFLICTS OF INTEREST: An interpreter must be impartial and unbiased and must not act in any way that could make others think he or she is biased.	IMPARTIALITY: The interpreter does not take sides, does not give any advice or recommendations based on his/her personal beliefs or feelings.
CONTINUING EDUCATION AND DUTY TO THE PROFESSION: An interpreter must, through continuing education, maintain and improve his or her interpreting skills and knowledge of procedures	PROFESSIONAL DEVELOPMENT: The interpreter works to keep learning new things about the interpreting profession and to improve skills.
SCOPE OF PRACTICE: An interpreter must not give legal advice to parties and witnesses, nor recommend specific lawyers or law firms.	ROLE BOUNDARIES: The interpreter follows the professional rules and doesn't get involved personally with the patient or provider.
PROFESSIONAL RELATIONSHIPS: An interpreter must maintain a professional relationship with all court officers, lawyers, jurors, parties, and witnesses.	PROFESSIONALISM: Interpreters at all times act in a professional and ethical manner.

⁸² This table was adapted from Bancroft et al. (2015a), p. 307.

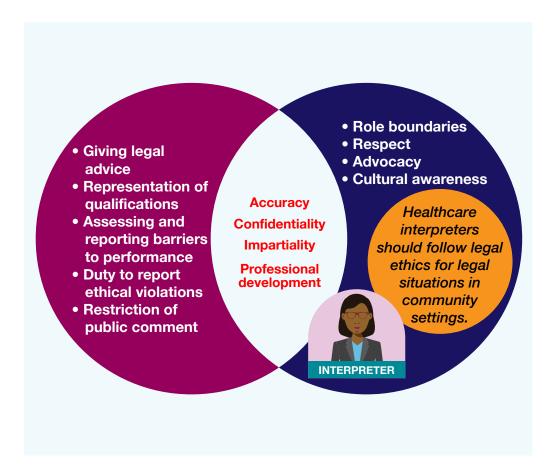
REPRESENTATION OF QUALIFICATIONS: An interpreter must accurately and completely represent his or her certifications, training, and relevant experience The NCIHC code does not include this ethical principle. ASSESSING AND REPORTING BARRIERS TO PERFORMANCE: An interpreter must assess at all times his or her ability to perform interpreting services. If an interpreter has any dout about his or her ability to complete an assignment competently, the interpreter must immediately disclose that doubt. The NCIHC code includes these two concepts as two standards of practice, not as an ethical principle. DUTY TO REPORT ETHICAL VIOLATIONS: An interpreter must report to the court or other appropriate authority any effort to stop the interpreter from following the law, this rule, or any other official policy governing court. The NCIHC code does not include this ethical principle. CULTURAL AWARENESS: The interpreter should continually learn more about the patient's culture and the medical culture where he or she works. The NCSC code does not include this ethical principle. ADVOCACY: Interpreters can take action on the patient's health, well-being or human dignity is in danger. Legal interpreting codes of ethics do not permit interpreters to advocate. CULTURAL AWARENESS: The interpreter should continually learn more about the patient's culture and the medical culture where he or she works. The NCSC code does not include this ethical principle. CULTURAL AWARENESS: The interpreter should continually learn more about the patient's culture and the medical culture where he or she works. The NCIC code does not include this ethical principle.		
outside of their role as the interpreter when the patient's health, well-being or human dignity is in danger. Legal interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate. Legal interpreting codes of ethics do not permit interpreters to advocate.	QUALIFICATIONS: An interpreter must accurately and completely represent his or her certifications, training, and relevant experience The NCIHC code does not include this	with respect The NCSC code does not include this
VIOLATIONS: An interpreter must report to the court or other appropriate authority any effort to stop the interpreter from following the law, this rule, or any other official policy governing court. The NCIHC code does not include this ethical principle. RESTRICTION ON PUBLIC COMMENT: Interpreters shall not publicly discuss, report, or offer an opinion concerning a matter in which they are participating or have participated in, even when that information is not private or required by	BARRIERS TO PERFORMANCE: An interpreter must assess at all times his or her ability to perform interpreting services. If an interpreter has any doubt about his or her ability to complete an assignment competently, the interpreter must immediately disclose that doubt. The NCIHC code includes these two concepts as two standards of practice,	outside of their role as the interpreter when the patient's health, well-being or human dignity is in danger. Legal interpreting codes of ethics do not
Interpreters shall not publicly discuss, report, or offer an opinion concerning a matter in which they are participating or have participated in, even when that information is not private or required by	VIOLATIONS: An interpreter must report to the court or other appropriate authority any effort to stop the interpreter from following the law, this rule, or any other official policy governing court. The NCIHC code does not include this	should continually learn more about the patient's culture and the medical culture where he or she works. The NCSC code does not include this
	Interpreters shall not publicly discuss, report, or offer an opinion concerning a matter in which they are participating or have participated in, even when that information is not private or required by	restrictions on public comment as an ethical principle but as a standard of practice under the ethical principle of

The most important differences between the two codes of ethics for indigenous interpreters are:

- Legal interpreters may *not*, in general, discuss cultural information.⁸³
- Legal interpreters are *not* permitted to advocate.

If you are not sure which code of ethics to use, follow this simple rule: When in doubt, go legal! In other words, if you think you *might* be interpreting for a legal process, switch to legal interpreting. Follow legal interpreting ethics and requirements.

⁸³ Legal interpreters may *sometimes* give cultural information in narrow, specific ways that they learn through advanced, specialized training.



Review of Section 14.1

Legal interpreting means interpreting for a legal process or proceeding. It is an interpreting specialization that supports access to justice. Court interpreting is only one part of legal interpreting. Most legal interpreting takes place outside the courtroom. Indigenous interpreters are often sent to legal interpreting assignments.

Legal interpreting has its own codes of ethics that are different from the national code for healthcare and community interpreters. Legal interpreting also has different standards, protocols and requirements. It is a profession based on law. It stricter than community interpreting. For any legal interpreting, in court or outside the courts, follow a legal interpreting code of ethics or code of conduct. If you have not had special training in legal interpreting, simply interpret. Request clarifications as needed. Otherwise, avoid intervening due to the legal risks.



Accepting Legal Interpreting Assignments

Learning Objective 14.2

Decide whether or not to accept legal interpreting assignments

Introduction

There are not many trained, professional indigenous interpreters. If you turn down an assignment because you have not yet been trained in legal interpreting, who will take it? It may be difficult for the agency to find a replacement who has as much training or qualification as you do. That puts a lot of pressure on you to accept legal interpreting assignments for which you may not feel qualified. This section helps you decide whether or not to accept legal interpreting assignments.

Legal interpreting outside the courtroom

Most legal processes take place outside the courtroom. For example, any time a client or patient has to sign a form, that process is almost always legal. Yet most people do not understand the difference between community and legal interpreting. As a result, you might get offered assignments that are legal in nature—but no one else seems to notice that.

That is a confusing situation. Community services have many legal processes. When parents enroll their children in school, they are given different kinds of forms to sign. One form asks parents to give their legal permission for the school to treat a student in case of a medical emergency. Another asks the student and parents to sign saying they will not blame the school if the student gets injured there. These forms are *legal contracts*. They are part of a legal process. They protect the school or school district from being taken to court if something bad happens to a student at school.

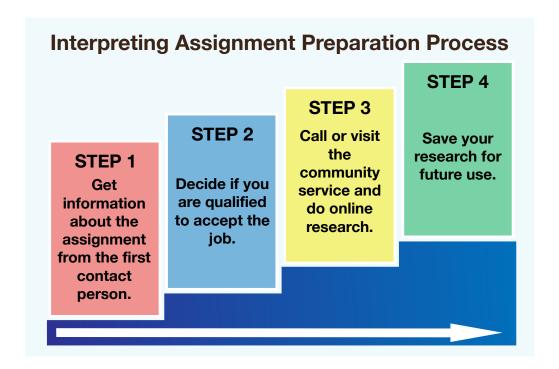
Other examples of legal processes in community settings include:

- Informed consent.
- Benefit hearings for social services.
- Suspension and expulsion hearings for students at schools.
- Special education legal meetings and legal documents.
- Temporary restraining orders against abusers.
- Child protective service interviews with child abuse victims.
- Workers' compensation hearings.

How will you decide? Three steps to help you

Do you remember the process in Module 12 for preparing for assignments? Look at the first two steps. Right now, we will give you extra guidance to help you make a decision about whether or not to accept a legal interpreting assignment. After Step 1 below, where you get information about the assignment, here is what to do:

- 1. Decide if the assignment is legal interpreting, community interpreting or both.
- 2. Assess how hard the assignment will be.
- 3. Decide if other indigenous interpreters could perform the job better than you.



Step 1: Is it legal interpreting, community interpreting or both?

How to decide if an assignment is legal

Here is your problem. Often, the people who give you assignments do not understand the difference between legal and community interpreting. They understand that court interpreting is legal. They may not know other kinds of legal interpreting. So first, ask questions. If you *suspect* the encounter might be legal, here are extra questions to ask:

- Will any legal forms be used?
- Will anyone there be giving legal advice?
- Is there any legal process involved?
- Will there be any legal terminology?

Examples of legal interpreting

Here are just a few examples of legal interpreting assignments.

- A lawyer is involved.
- Legal forms are used. (If a client has to sign a paper, it is usually a legal form.)
- There is a legal process (for example, for special education, workers' compensation, school board hearings, informed consent).
- A legal service is provided (for example, a client gets legal assistance from an immigration representative or a paralegal).
- Police plan to ask questions about a case (after a rape, a fire, a car accident).
- Someone is filing a legal complaint (for example, in an office of human rights).
- Someone needs legal help for domestic violence or any other crime.

Examples of community interpreting that become legal interpreting

Sometimes an assignment will *start* as community interpreting but *turn into* legal interpreting. Here are a few examples.

Example #1: Domestic violence

You are asked to interpret for a domestic violence victim and a therapist. Then the therapist takes you down the hall to meet a lawyer who can help the victim get legal status without her abusive husband. With the therapist, you were doing *community* interpreting. With the lawyer, you switch to *legal* interpreting.

Example #2: Immigration services

You take an assignment in a nonprofit that helps immigrants. A mother wants to register her child for a **Head Start** program. The case manager realizes that the mother needs legal help to extend her work permit. She takes the mother to an immigration representative in the same organization. Now you are performing *legal* interpreting.

Example #3: Health care

You are called to a hospital emergency department after a car accident. You interpret for the accident victim in a drunk-driver case and the doctor. But a police officer wants to ask the victim questions. You end up interpreting for the police—which is *legal* interpreting. (If this happens to you, *only* interpret for the police if the hospital and the language service that sent you tell you to do so.)

Examples of legal and community interpreting—at the same time

In addition to these common situations, *some* situations are both legal *and* community interpreting at the same time. Here are a few examples:

Example # 4: A rape or domestic violence forensic exam

The nurse who performs a forensic exam is providing care for the victim and *also* collecting legal evidence (such as bloodstained clothes, photographs of injuries or fingernail scrapings). The evidence can be used if the rape suspect is taken to trial.

Example #5: A therapist who helps to build a case

Some therapists for asylum seekers, torture survivors or sexual assault survivors provide therapy *and* collect evidence and statements to help support that survivor's case in court.

Example #6: A victim advocate

Advocates for victims of crime provide emotional support during interviews with the police or forensic exams. They don't actually provide a legal service but they are part of the process.

Example #7: A psychiatric evaluation

During a mental health intake interview with a psychiatrist, the patient becomes agitated and violent. The psychiatrist decides to do an emergency psychiatric evaluation. This is a legal process.

How to decide if you are not sure

If you are not sure whether an assignment is community interpreting, legal interpreting or both—assume the assignment is legal interpreting. Then you will be safe.

Step 2: Assess how hard the assignment will be.

Next, if the assignment is—or might be—legal interpreting, find out how hard it might be to interpret. Ask a few more questions. Does the appointment involve:

- A situation or service you have never interpreted for before?
- New terminology?
- Difficult terminology?
- Confusing legal issues or processes?
- Serious legal risks? (for example, a rape case, a murder case or domestic violence charge)
- Emotional challenges? (for example, child abuse, sexual assault or interpreting for a violent person)

Answering these questions helps you decide whether or not to accept the assignment.

Step 3: Decide if other indigenous interpreters could perform the job better than you.

If you don't take this assignment, who will? How well do other available interpreters speak *both* your indigenous language and English? Are they professionally trained to interpret? Do they have training and experience in legal interpreting? Make your decision based on who you honestly think could best perform the job.

Decide, decide

Let's look at two examples of how indigenous interpreters might make a decision about whether or not to accept a legal interpreting assignment.

Assignment #1: Traffic Arraignment (Hearing)

You are a Zapotec interpreter. The assignment is for a hearing for a temporary restraining order hearing in court. You will be interpreting simultaneously for the defendant, the public defender and the judge in court. You have never interpreted in court before and you do not perform simultaneous interpreting well. The contact person is begging you to accept the assignment. They can't find another Zapotec interpreter.

Step 1: Obtain information from the first contact person.

The request above is clearly a legal assignment. Since you have never interpreted in court before, you need to ask the contact person a lot of questions: What happens during a restraining order hearing? Where will you stand? What modes will you have to interpret in? Are there any documents that have to be sight translated? How long does the hearing last?

Step 2: Decide if you are qualified to accept the job.

After you find out the information in Step 1, decide whether you should take the job. (See Section 14.1.) Here are your options:

- 1. You could say no. You have no experience in court and almost no experience in simultaneous. You don't know the terminology for this assignment.
- You could accept the assignment if the court meets certain conditions. You could ask the court contact person for three things:
 - a. To interpret the hearing in consecutive mode.
 - b. To visit the court before the assignment to observe a similar hearing.
 - c. To have the court provide you with a support person during the assignment. (A support person could be another court interpreter or a staff member who can guide you through court protocols during the assignment.)

If the court accepts these conditions, you might accept the assignment.

Indigenous Interpreters Are in Demand

- Indigenous interpreters may not have the simultaneous and sight translation skills needed in court.
- An indigenous interpreter may request that the court modify its procedures to match the interpreter's skill set.
- In this way, the interpreter can provide professional, accurate and complete interpreting for all parties.



I can accept this assignment if I get permission to interpret consecutively and if documents can be explained to the accused while I interpret the explanation.



Assignment #2: Child Protective Services

An interpreter is needed for a series of interviews in the Triqui community about a child abuse case. Child Protective Services (CPS) has to decide whether or not to remove the child from the family. If so, they would put the child into foster care. For this assignment, you have to go into several private homes in your community with CPS employees to interpret the interviews. You know about the case because the parents are well-known leaders in your community. You have several cousins who work for the parents.

Step 1: Obtain information from the first contact person.

The purpose of this meeting is to decide whether or not to remove the child from her home. It is a serious legal process. You have interpreted for social services before. The assignment requires consecutive interpreting, which you know how to do. There are no documents that need to be sight translated.

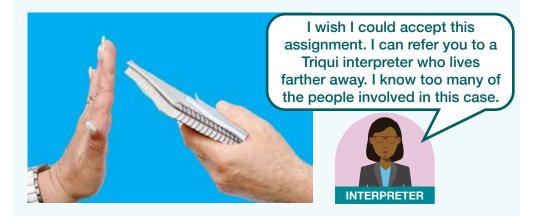
Step 2: Decide if you are qualified to accept the job.

After you find out the information in Step 1, decide whether to take the job. In this case you are qualified to interpret. You know how to do consecutive interpreting, and you are familiar with the program and its terminology and the legal interpreting code of conduct. However, you do not feel *impartial*. If you interpret for this case, it will probably hurt your reputation in the community. The family whose child is being taken away is well known and powerful. If you interpret for the CPS interviews, you are worried the family will think you are taking sides against them. They might spread bad rumors about you and take away your cousins' jobs. You decide to turn down the assignment. You offer to help the agency find a Triqui interpreter who does not live in the same community.

In this case, even though you are qualified to accept the assignment, you are not truly qualified if you cannot be impartial. You choose to say no. The risk of hurting your reputation is too great. However, you work with the agency to find a solution. This way, you protect your professional reputation with the agency *and* the community.

It Is Acceptable to Turn Down an Assignment Even If You Are Qualified

- Indigenous interpreters often come from small communities. They know many of the people for whom they interpret.
- Indigenous interpreters have to balance conflicts of interest with their ability to accept the assignment.
- It is professional to say no to an assignment because of a conflict of interest, even if you are qualified.



Review of Section 14.2

Indigenous interpreters are in great demand. They are asked to interpret for many different encounters, including legal interpreting assignments. However, many—perhaps most—indigenous interpreters have not been trained in legal interpreting. Decide if you are qualified to accept legal assignments. This section offered you a three-step process for making that decision:

- 1. Decide if the assignment is legal interpreting, community interpreting or both.
- 2. Assess how hard the assignment will be.
- 3. Decide if other indigenous interpreters could perform the job better than you.





How to Perform Basic Legal Interpreting

Learning Objective 14.3

Discuss how to perform basic legal interpreting.

Introduction

Interpreting in legal settings requires interpreters to follow different rules. Interpreters have to:

- 1. Follow a code of ethics for legal interpreting.
- 2. Interrupt to mediate *only* to solve problems related to language.
- 3. Avoid explaining cultural issues.

This section shows you how to perform *basic* legal interpreting. However, if you plan to do legal interpreting often, you will need special training in this field. Also, remember that any court interpreting assignment will involve simultaneous mode.

The legal interpreting assignment

For possible legal assignments, you need to know the following:

- Which legal processes and proceedings are involved?
- Which interpreting modes are needed?
- Will any documents need sight translation? If so, are you able to sight translate them?
- Are you familiar with the terminology?
- Will simultaneous interpreting be expected? If so, are you able to perform it?
- Do you need to ask for changes to accept the assignment?

Request changes to the assignment

As you learned in the previous section, sometimes to accept a legal interpreting assignment you might need to ask for changes to it, such as:

- Change the interpreting mode (from simultaneous to consecutive).
- Use relay interpreting (ask for a second interpreter with the right language pair)⁸⁴ or team interpreting (ask for a second interpreter with your working languages if the assignment requires simultaneous interpreting for longer than 45 minutes).
- Avoid sight translation by asking the provider to explain the document while you interpret the explanation.
- Request an orientation session or briefing (to find out more about the assignment and service).
- Request guidance from an experienced legal interpreter.

Can an experienced interpreter provide guidance during the assignment?

Some settings are formal or complex. For example, if it is your first time in court, you won't know how to talk to the judge or how hearings work. One solution is to ask for a more experienced interpreter to act as your guide. This interpreter does not have to share all your languages. He or she will simply help you follow court procedures.

Preparing for the assignment

Review your four-step process in Module 12 to prepare for assignments. *Follow it carefully*. Learn the terminology that is needed. Practice it with another interpreter. Sometimes the legal consequences of these assignments are huge. Prepare well.

Performing the assignment

Show up for legal assignments dressed more formally than you might for community interpreting. Arrive early, so that you can look at the location, ask questions and feel comfortable. If you have extra time, review your terminology.

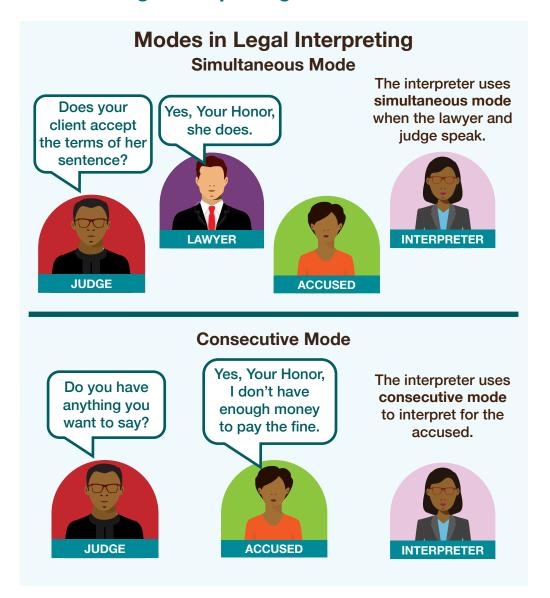
⁸⁴ Relay interpreting was discussed in Module 13.

When you perform legal interpreting:

- Never stay alone with the client.
- Never speak alone with the client—if you are approached, find a staff person and interpret what the client says.

Above all, focus on accuracy, completeness and professional behavior. If you do so, everyone will notice. You will probably be asked to come back. In legal interpreting, all the professionals you work with want you to be accurate and complete. They do not want you to interfere.

Modes in legal interpreting



Interpreting modes (consecutive, simultaneous and sight translation) are used differently in legal settings. Community interpreters mostly work in consecutive mode. They also perform sight translation, especially with forms. But community interpreters are trained to avoid sight translation of complex, legal documents. Instead, the provider should explain the document while the interpreter interprets the explanation. Simultaneous interpreting is used less often in community interpreting, except for rushed situations, situations where people are emotional, confused or out of control or for teaching presentations.

In court interpreting, simultaneous and sight translation are used more often. For example, court interpreters use whispered simultaneous to interpret everything being said by judges and lawyers to the person who is accused. When the accused person, or a witness, has to speak, the interpreter switches to consecutive mode. Legal interpreters are *expected* to have advanced simultaneous skills. They must also sight translate many different kinds of legal documents. You need to know which modes are expected for the legal assignment.

Indigenous interpreters and modes in legal interpreting

Simultaneous and sight translation can be more difficult to do if you work between English and an indigenous language. Legal forms and cases have a lot of complicated terminology. Indigenous languages often have no similar terminology. Interpreters have to find word phrases to describe what a term means. This makes simultaneous interpreting and sight translation hard.

It is possible for indigenous interpreters to become good at simultaneous interpreting. This advanced skill needs time and experience to develop. First, get a good understanding of the topic. Then practice finding equivalent terms and phrases to communicate the ideas into the indigenous language. Practice using those terms in consecutive interpreting. When you can use them easily, try them out in simultaneous practice.

Sight translation of legal or complex documents is not recommended for indigenous languages. American legal language and concepts come from the U.S. justice system. Many terms and

ideas simply do not exist in indigenous languages. Instead, outside the courtroom, ask the legal service provider to explain forms and interpret the explanations. In court, explain the problem and let the judge decide how to handle it.

Strategic mediation in legal interpreting

The Strategic Mediation Model was presented in Module 9. If you need to interrupt the session due to a communication problem, here are the five steps for strategic mediation.

Five Steps for Strategic Mediation

- Interpret the last thing said.
- 2 Identify yourself as the interpreter.
- **3** Mediate briefly with one speaker.
- 4 Tell the other speaker what you said.
- **5** Go back to interpreting.

In legal interpreting, use the same process with one addition: *Always address the legal provider first*. For example, speak to the judge (in court) or the lawyer or an immigration representative (outside court). Also, legal interpreters may not intervene for as many reasons as community interpreters do. Until you are trained in legal interpreting, intervene *only* to solve a barrier to communication for *language* problems, for example:

- You can't hear someone.
- More than one person speaks at the same time.
- · You don't understand what was said.
- A term or phrase is confusing everyone.

Even if you are certain that a client and a provider misunderstand each other because of a cultural issue, don't intervene unless you can relate the cultural issue to a term or phrase in the *message* that is causing a misunderstanding. Don't intervene to point to the cultural misunderstanding. Request either party to clarify a term, phrase or concept that might be causing the cultural misunderstanding.

Applying legal vs. healthcare interpreting ethics

Below are three examples where the client does not understand the information he is given: a court interpreting example, a healthcare interpreting example, and a legal/community interpreting example.



Court interpreting assignment

You are interpreting for a Chatino man in traffic court. He was arrested for drunk driving and driving without a license. His lawyer wants him to plead guilty and accept 30 days in jail. The judge asks the man if he understands the rights he will give up if he says he is guilty. As the interpreter, you feel sure that the man does not understand the legal process and the consequences of pleading guilty. He has a wife and three children. You are concerned the man will go to jail and be deported. You want to intervene, but can you?

The court process is usually adversarial. Follow legal interpreting ethics. Do not intervene. Legal interpreting ethics do not allow interpreters to intervene for cultural reasons, to advocate, or because the client does not understand. (Experienced court interpreters sometimes use special strategies for pointing to misunderstandings. Those strategies require advanced training and experience.) Also, remember that many native English speakers in U.S. courts don't understand their legal rights.

Healthcare interpreting assignment

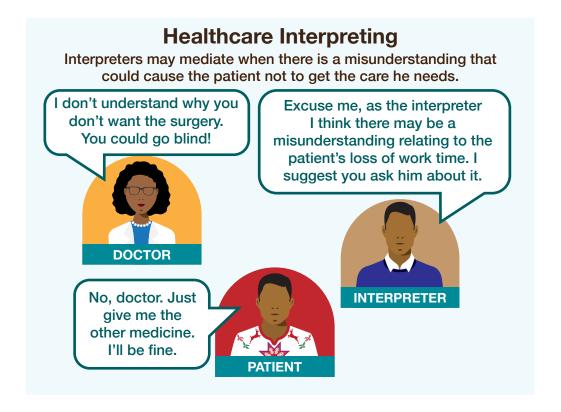
You interpret for a Nahuatl man at an appointment about diabetes. Because of the disease, his vision is getting worse. The doctor tells him the only way to keep his vision is to have laser surgery. However, the patient would need several weeks to recover. He would not be able to work during that time. The patient refuses the surgery. The doctor tells the patient again that he will go blind if he does not have it. The doctor is frustrated and does not understand why the patient would risk losing his vision. As the interpreter, you feel the patient probably does not want to lose several weeks of work. He has a wife and three children. He needs to make money.

The health care process is collaborative. In this case, your ethics allow you to intervene. You can point to the barrier that is causing the misunderstanding so the patient and doctor can speak about it. Here is one way to intervene:

To the doctor: Excuse me, as the interpreter I think there may be a misunderstanding relating to the patient's loss of work time. I suggest you ask him about it.

To the patient: Excuse me, as the interpreter I told the doctor that there may be a misunderstanding about the work time you would lose. I suggested he ask you about it.

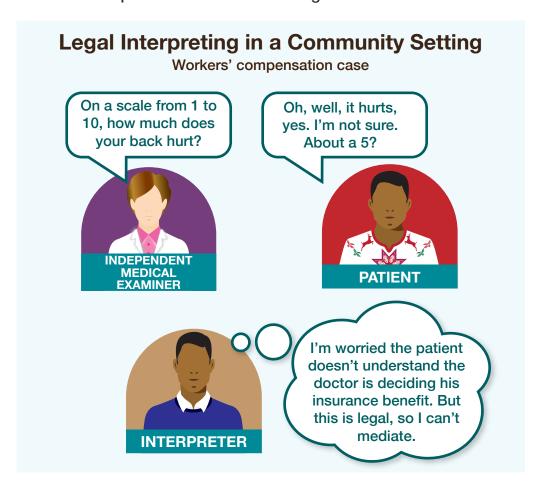
In health care settings, everyone has the same goal: the best possible treatment for the patient. The interpreter is allowed to intervene if a misunderstanding could result in the patient not getting the care he needs.



Legal interpreting in a community setting

You are interpreting for an independent medical exam (IME) for a workers' compensation case. An Otomi man hurt his back while working at a food plant. The doctor is doing the exam for the workers' compensation program. The doctor's job is to identify the minimum amount of treatment the patient needs for the least amount of money. During the exam, you realize that the patient does not understand the purpose of the examination. You are worried that he is not answering the doctor's questions with much detail and that he will not get the treatment he needs.

This is a legal assignment in a medical setting. The purpose of the exam is *legal*. The doctor is not providing care. He has to decide whether or not the patient will receive a legal benefit. The process is not collaborative. Follow legal interpreting ethics. Do not intervene to correct the patient's misunderstanding.



These three examples show how interpreters need to make different choices depending on whether they follow healthcare or legal interpreting ethics. In the two examples where legal processes were involved, the interpreter should not intervene.

Legal interpreting does not usually allow interpreters to intervene when someone doesn't seem to understand.

Review of Section 14.3

Indigenous interpreters are often asked to perform legal interpreting, even without special training. For each legal assignment, you will need to:

- 1. Follow a code of ethics for legal interpreting.
- 2. Interrupt to mediate only to solve problems related to language.
- 3. Avoid explaining cultural issues.

You will also need to decide how to plan, prepare and perform each assignment. Make sure you know which modes will be needed and if you can perform them. If your skills in simultaneous interpreting and sight translation are weak, you might need to request changes in the assignment so that you can accept it. In general, focus on accuracy, completeness and professional conduct. Simply interpret. Only interrupt if some language problem prevents you from interpreting, such as loud noise or a term you don't understand. If you intervene, be sure to address the legal service provider first.





Review of Module 14: Legal Interpreting for Indigenous Interpreters

This module was a *basic introduction* to legal interpreting. Section 14.1 showed that legal interpreting means interpreting for any legal process or proceeding. It has its own ethics, standards, requirements and protocols. It is not the same as community interpreting. Indigenous interpreters need to know the differences between legal and community interpreting because they are often asked to do both. Usually they do not have training in legal interpreting.

Section 14.2 explored legal interpreting ethics. It showed how they are different from the community interpreter's ethics. In general, legal interpreting ethics are stricter because they are based on law and legal rules. You should not perform cultural mediation or advocacy. If you are asked to do legal interpreting without specialized training, make good decisions about whether or not to accept legal assignments.

Sometimes no legally trained interpreter is available who speaks your indigenous language. Section 14.3 showed you how to perform basic legal interpreting. if your skills in simultaneous and sight translation are weak, you might have to request changes or a relay interpreter. This section also helped you decide if an assignment is community interpreting, legal interpreting or a mix of the two. But if you plan to do legal interpreting often, you will need to get training in this field.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 15.1

Define and discuss mental health and behavioral health.

Learning Objective 15.2

Explore the concept of the therapeutic alliance.

Learning Objective 15.3

Adapt professional interpreting protocols and best practices to mental health interpreting.

Overview

Mental health interpreting is a specialization of healthcare interpreting. It involves interpreting for patients who receive services from mental health providers, usually doctors, psychiatrists, clinicians (who are licensed therapists) and social workers. Ideally, interpreters need specialized training to work in mental health settings. This module is a basic introduction to the field.

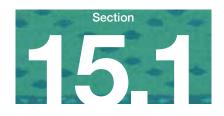
Some Western medicine treatment approaches to mental illness might disturb indigenous patients who have a different understanding about what mental health is and how mental illness should be treated. Their deep cultural and personal beliefs can conflict with the views of Western medicine.

To interpret for mental health services, learn about mental illness and how it is treated in Western medicine. Four common mental health issues that immigrants experience are depression, anxiety, suicidal thoughts and addiction. Three common interpreting assignments are:

- Involuntary psychiatric commitment.⁸⁵
- Sexual assault and domestic violence programs.
- Emergency department visits.

Mental health providers usually work alone with the patient. They don't work in teams with nurses and medical assistants. Instead, they create an individual therapeutic relationship with the patient called the "therapeutic alliance." Interpreters need to understand that process. They should adapt their protocols to support it.

⁸⁵ This term has many different names across the United States and in other countries, such as civil commitment. In California, for example, it is often called a "51/50 hold" based on a California law (Section 5150 of the California Welfare and Institutions Code).



Mental Health and Mental Illness

Learning Objective 15.1

Define and discuss mental health and behavioral health

Introduction

Mental health is our emotional and mental well-being. Ideas about mental health and mental illness are understood in different ways around the world. In the United States, mental illness is looked at as a disease. It is often treated with a combination of therapy, medication and other support services. This approach can seem strange and confusing to many indigenous patients. They often have a different understanding about what mental illness is, what causes it and how it should be treated.

In addition, the provider might not know how this topic is understood by patients or their families. You, as the interpreter, are often caught between different ways of looking at the same problems.

This section explores what mental health and behavioral health are. It looks at four common mental health problems experienced by immigrants: depression, anxiety, suicidal thoughts and addiction. Three common interpreting assignments are also discussed: involuntarily psychiatric commitment, sexual assault and domestic violence services, emergency department visits.

Mental health and mental illness Mental health

Mental health can be defined as:

A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

U.S. Centers for Disease Control and Prevention86

Your mental health depends on four main factors:87

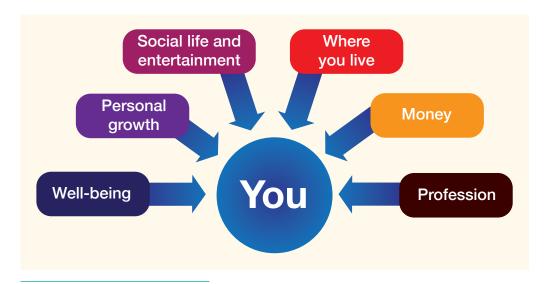
- Emotional well-being
- Psychological well-being
- Social well-being
- Physical well-being

Emotional well-being includes how satisfied you are with your life, how happy you feel and whether your life feels peaceful.

Your psychological well-being is based on how balanced you feel emotionally, mentally and socially. Psychological well-being includes:

- Whether you accept yourself or have low self-esteem.
- How open you are to new experiences.
- · How much optimism and hopefulness you feel.
- Whether you feel like there is a purpose to your life.
- Whether you have positive relationships with other people.

Your social well-being is based on how well you function in social situations. Do you feel you belong to a community? Do you contribute to your community? If you have many social contacts (family, friends, colleagues and acquaintances), you are supporting your mental health. Belonging to a religious community can help your mental health too. If you are isolated and feel lonely, you could be at higher risk for mental illness.



⁸⁷ The following section is based on CDC (2013).

Your physical well-being has a big impact on mental health. If you get enough sleep, activity and exercise, relaxation and a healthy diet, you support your mental health.

Mental health is also affected by your environment. Do you have a safe, decent place to live? Is your neighborhood safe? Do you have a job that pays enough? What kind of education did you get? Do you have good access to health care?

Mental Health Problems Are Often Seen as Illness in Western Medicine

Retrieved from https://mypositiveparenting.org/2015/02/17/teen-mental-illness-realizing-the-facts/

Biological	Psychological	Environmental
Genetic (heredity)	Severe psychological trauma or stress	Dysfunctional family (i.e., sibling, parents)
Brain defects or injury	Sexual, physical or emotional abuse	Death or divorce
Infections by certain bacteria or viruses (i.e., streptococcus)	Neglect, lack of support from friends and family	Social or cultural expectations
		Change of environment
Poor nutrition (lack of certain nutrients growing up such as omega-3)	Family or school violence	Substance abuse by family members (often parents)
	Poor social relations	
Exposure to toxins	Early loss of a close/immediate family member or dear friend	School work
Prenatal damage		Romantic failure

Behavioral health

Mental health is a term that people use every day. We use it to talk about how we feel. Behavioral health refers to the *scientific* study of mental health. It looks at our emotions, our behaviors and our biology to understand how they affect our mental well-being. The service you interpret for could be called "mental health" or "behavioral health." You can treat the two terms as if they mean the same. Here are two definitions for behavioral health.

Behavioral health encompasses behavioral factors in chronic illness care, care of physical symptoms associated with stress rather than diseases, and health behaviors, as well as mental health and substance abuse conditions and diagnoses.

Agency for Healthcare Research and Quality⁸⁸

"Behavioral health" often is used to describe the connection between our behaviors and the health and well-being of the body, mind, and spirit. This includes behaviors such as eating habits, drinking, or exercising that either immediately or over time impact physical or mental health. It can also include broader factors such as having to live in an area with high pollution or experiencing high levels of stress over a long period of time.

Maine Health Access Foundation89

Mental illness

A mental illness is a condition that impacts a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis.

National Alliance on Mental Illness⁹⁰

In the United States, mental health problems are often looked at as *illnesses* or *disorders*. In Western medicine, mental illness is seen to have biological, psychological or environmental causes. A biological cause might be:

 Genetics (you might be born with a higher chance of mental illness).

⁸⁸ Retrieved from https://integrationacademy.ahrq.gov/resources/ibhc-measures-atlas/what-integrated-behavioral-health-care-ibhc

⁸⁹ Retrieved from http://www.mehaf.org/news-room/blog/behavioral-health/

⁹⁰ Retrieved from https://www.nami.org/Learn-More/Mental-Health-Conditions

- Infections that cause brain damage.
- Brain injury or brain damage, for example, after a head injury.
- Substance abuse (abusing drugs or alcohol).
- Poor nutrition.

Psychological causes of mental illness include:

- Severe trauma, such as emotional, physical or sexual abuse (especially in childhood).
- An important early loss, such as the death of a parent.
- Feelings of inadequacy, anger or loneliness.
- Major stress.

Environmental (life) factors in mental illness include:

- Death or divorce.
- A difficult family life.
- Changing jobs or schools.
- Social expectations (for example, the pressure to be thin can contribute to an eating disorder).
- Drug and/or alcohol abuse by a close family member.

Mental illnesses and disorders are treated using medication, therapy or both. Sometimes only exercise and a good diet are suggested. There are also many community resources, such as support groups, education programs and nutritional counseling. In extreme cases, the person might receive electroconvulsive therapy (a special kind of electric shock therapy for the brain). Some patients may go into a psychiatric hospital or residential program, where they stay for weeks or months.

Mental illness and mental disorder

If you interpret in this field, you might wonder, "What is the difference between a mental illness and a mental disorder?" The answer is—there is not really a difference. The two terms are often used to mean about the same thing.

Mental health and Latino immigrants



In the past, mental illness in the United States was seen as something shameful. People didn't want to be diagnosed with a mental illness. They were afraid of being called "crazy." Today, mental illness is more accepted. Illnesses such as depression and anxiety are better understood. There is still a lot of shame and embarrassment. But mental illness is something that more Americans accept as part of life. It causes less fear.

Many people in Latino and other cultures around the world still see mental illness as shameful. The shame can distress the person and the person's family. The experience of adjusting to a new country can be stressful and trigger mental illness. Families are separated. Immigrants face economic difficulties and discrimination (Kramer et al., 2009).

⁹¹ Retrieved from: http://www.mentalhealthamerica.net/issues/latinohispanic-communities-and-mental-health

It is often hard for immigrants to find mental health services, especially affordable ones. Language barriers can also make it harder to get treatment. There are few Spanish-speaking therapists, and almost none who speak indigenous languages. Immigrants, especially Latino immigrants, are less likely to be insured than other groups in the United States. One study, for example, found that only 36 percent of U.S. Latinos got treatment for depression, but 60 percent of non-Latinos received treatment.⁹²

Four common mental health problems

There are many kinds of mental disorders. Four of the most common are depression, anxiety disorders, suicidal thoughts (including attempts and deaths) and addiction. Healthcare interpreters are likely to interpret for patients suffering from these illnesses.

Depression

Depression is one of the most common forms of mental illness. Depression is more than just feeling sad or unhappy. It can cause major problems in a person's life. It can even lead to suicide.

Depression

Depression can be defined as a major disorder that causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.

National Institute of Mental Health⁹³

Clinical (or medical) depression involves changes to the chemicals in the brain. Many things can contribute to depression, including stress, grief, difficult life experiences and certain kinds of illness. Depression is more than just feeling sad for a few days. The brain changes. Unless depression is treated, it can lead to suicide.

⁹² Mental Health America. Retrieved from http://www.mentalhealthamerica.net/issues/latinohispanic-communities-and-mental-health

⁹³ Retrieved from https://www.nimh.nih.gov/health/topics/depression/index.shtml

Depression is often treated with a talk therapy (regular appointments with a therapist and patient), ⁹⁴ medications, changes in diet and exercise or all three. The right approach depends on the person.

Symptoms of Depression

Feelings

Sadness, hopelessness, guilt, mood changes, anger, loss of interest in friends and activities

Physical Problems

Tiredness, lack of energy, aches and pains, change of appetite, weight loss, weight gain, trouble sleeping, sleeping too much

Thoughts

Trouble concentrating, making decisions or remembering things; thoughts of hurting yourself

Behaviors

Isolation from people, drug and alcohol abuse, missing work and school, attempts to harm yourself

^{94 &}quot;Talk therapy" simply means conversations between a therapist and a patient as part of a mental health treatment plan. People often say "talk therapy" if they don't want this kind of therapy to be confused with physical therapy, speech therapy or any other kind of therapy.

Anxiety disorders

We all feel anxious at times. We might worry about our family or feel stressed and afraid because of a problem at work. An anxiety disorder is more serious. It involves fear and anxiety over a long period that affects our ability to lead our normal life. Anxiety disorders are *the most common kind of health disorder*. They affect nearly one in three people.⁹⁵

The Differences Between Anxiety and an Anxiety Disorder

For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The feelings can interfere with daily activities such as job performance, schoolwork, and relationships. There are several different types of anxiety disorders. Examples include generalized anxiety disorder, panic disorder, and social anxiety disorder.⁹⁶

An anxiety disorder is often diagnosed first with a primary care doctor, who might refer the patient to a mental health provider or prescribe medication. Talk therapy, support groups, stress management and/or medications are common treatments for anxiety disorders.

Symptoms of Anxiety Disorder

Generalized
Anxiety Disorder
Restlessness, fatigue,
difficulty concentrating,
muscle tension, uncontrolled
worry, sleep problems

Panic Attacks
Sudden and repeated
attacks of intense fear,
feeling out of control,
avoiding places where
attacks have happened

Social Anxiety Disorder

Fear of being with others, fear of being judged, difficulty making friends and being social, fear about social events, sweating, shaking and nausea

Source: 97

⁹⁵ American Psychiatric Association. Retrieved from https://www.psychiatry.org/patients-families/anxiety-disorders

⁹⁶ Retrieved from https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

⁹⁷ Also retrieved from https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Suicidal thoughts

Suicide happens when a person takes his or her own life. It is not an illness by itself. It can be the result of mental illness or extreme stress. The key to preventing it is identifying patients who have suicidal thoughts.

Suicide is more common in some groups, including indigenous people; the unemployed; prisoners and gay, lesbian and bisexual people (Hawton & van Heeringen, 2009). Suicide rates for indigenous peoples in Canada are three times higher than for non-indigenous Canadians. In Brazil, Survival International reports the rate of suicide by the indigenous Gurani tribe is 34 times higher than the national average. Suicide rates for indigenous peoples around the world vary, but they are extremely high, particularly among the young.

Many kinds of providers are trained to recognize the signs of suicide risk, including doctors, mental health providers, police officers, hotline counselors, advocates and school counselors and staff. Warning signs and risk factors for suicide include:

Suicide

Retrieved from http://www.webmd.com/mental-health/recognizing-suicidal-behavior

Warning Signs

- Extreme sadness and changes in mood
- Loss of hope
- Sleep and appetite problems
- Isolating from friends and family
- Changes in personality and appearance
- Dangerous or self-harmful behavior
- A recent trauma or difficult life experience
- Making preparations for suicide
- Threatening suicide

⁹⁸ Noted on p. 3 of *Breaking Point: The Suicide Crisis in Indigenous Communities. Report of the Standing Committee on Indigenous and Northern Affairs.* Ottawa, Canada: Parliament of Canada,2017. Retrieved from http://www.ourcommons.ca/Content/Committee/421/INAN/Reports/RP8977643/inanrp09-e.pdf

⁹⁹ Retrieved from https://www.survivalinternational.org/news/9632

Suicide

Retrieved from http://www.webmd.com/mental-health/recognizing-suicidal-behavior

Who is at risk?

- Who is at Older people whose husband or wife or child has died
 - People who have tried to kill themselves in the past
 - People who have been hospitalized for a mental illness
 - People with a history of physical, emotional or sexual abuse
 - People with a long-term disability or illness or a fatal illness
 - People who are violent
 - People with drug and alcohol addiction

Suicide can often be prevented if the warning signs are seen and the person gets treatment and support. But for cultural reasons, providers can easily miss signs of suicidal feelings in indigenous patients. The interpreter might see those signs. For example, if the patient makes a cultural reference that suggests suicidal feelings (such as, "It's time for me to go walking") and you just interpret it, the provider might not understand what the patient means. You might have to discuss it outside the session with the provider. Or you might say to both parties, during the session, "Excuse me, as the interpreter I sense a possible misunderstanding about what, 'It's time for me to go walking,' means." Then the provider can ask the patient what he means.

It is important for you to know that asking or talking about suicide does not increase the risk of suicide (Mathias et al., 2012). In fact, discussing suicide directly may reduce, not increase, thoughts of suicide (Dazzi et al., 2014).

Addiction

Addiction is the "continued use of alcohol and other drugs even when that use is causing harm." Addiction is both a physical and psychological disease. If you are addicted, you find it almost impossible to control the desire to drink alcohol or use drugs. Addiction is caused in part by changes in the brain after long-term use of alcohol and drugs. Symptoms include:

- The strong need to use alcohol or drugs every day.
- The need for more and more of the substance.
- Loss of control over when and how much to take—such as drinking first thing in the morning.
- Strong denial that the addiction is causing problems (and even blaming others).
- Problems at home, with family and friends, at work or at school.
- Not being able to stop even when addiction leads to losing a job, divorce, financial problems and bad health.



¹⁰¹ Hazleton Betty Ford Foundation. Retrieved from http://www.hazeldenbettyford.org/addiction/ what-is-addiction

¹⁰² Retrieved from http://hamrah.co/en/pages/signs-symptoms-of-addiction/

¹⁰³ Retrieved from http://hamrah.co/en/pages/addiction-effects-on-family/

It is possible to be addicted to more than alcohol or drugs. One famous example is gambling. Many people are addicted to gambling. People who are addicted to drugs often commit crimes, such as robbery, to get the money to buy drugs. Drugs can destroy lives and break families apart. They can lead to suicide.

How can addiction happen? There are a number of reasons:

- Having a history of addiction in the family.
- Being male.
- Having another mental health disorder.
- Pressure by friends and families to drink or use drugs.
- Lack of connection with family and friends.
- Anxiety, depression and loneliness.

A person with an addiction usually needs treatment to recover. Treatment often includes therapy, support groups, medication and/or outpatient or residential treatment programs. To get well, the person often tries to stop using alcohol and drugs completely. The person often needs to make lifestyle changes to stay away from people and places where he or she used alcohol and drugs.

Indigenous views on mental illness

Each culture is unique. In general, indigenous views on mental illness differ in many ways from those of Western medicine. For example, many Inuit (indigenous people in the north of Canada) can accept and not judge strange behavior, feeling that someone who acts strangely today might seem normal the next day (Kirmayer, Brass & Tait, 2000, p. 12). Many indigenous communities reject the idea that mental illness is a disease in the brain. In these views, mental health is about the whole person. It relates to the way mind, emotion, spirit and body connect (Mitchell, 2005).

Still, one indigenous person might hold traditional views of mental health and illness. His indigenous neighbor might accept the biomedical model. Another might have personal beliefs that include both Western and indigenous view. As the interpreter, be aware that each client you interpret for has different beliefs.

Common mental health interpreting assignments

People with mental illness and addiction often end up in hospitals and in crisis. You might interpret for emergency mental health assignments such as:

- Involuntary psychiatric commitment.
- Sexual assault and domestic violence programs.
- Emergency department visits (often for substance abuse).

Involuntary commitment

An involuntary commitment is a legal process. A person with a mental disorder can be held against his or her will in a special facility. In the United States, that person can be held for a full psychiatric evaluation. This person does not have the right to leave. A person is held in this way only if he or she is found to be a possible danger to himself or herself or to others or cannot function independently because of a mental illness or disorder.

Only an authorized official can force someone to be held against his or her will for mental health reasons. The official could be a police officer, doctor or other official. The first period of detention is 72 hours. If the person is still unstable, he or she can be forced to stay in a residential program for 14 more days or longer—perhaps forever.

Interpreters often interpret for an involuntary commitment. These situations can be dramatic and difficult. The patient is often upset and disoriented. He or she may need to be detained physically. If you are called to this kind of assignment, prepare yourself emotionally. Then follow the protocols presented in Section 15.3.

Sexual assault and domestic violence

Victims of sexual assault and domestic violence often come to hospitals for medical care soon after the assault. Providers who suspect that the patient has been abused are required to report the abuse to the police. Providers are also trained to check for possible domestic violence. For example, a nurse might have a list of specific questions. When providers find out a patient has been abused, they follow a step-by-step process to help the patient.

In cases of sexual assault, usually—except sometimes for children—the procedure is different. The victim or a family member has already reported the assault to the police. The police come to the hospital with the victim, or soon after. The police will often interview the victim at the hospital to ask questions about the assault. If you interpret for the hospital and the police also ask you to interpret for them, follow your hospital's policies and the policies of the language service that sent you to know whether or not you should interpret for the police. It is almost always a better policy if the police bring their own interpreter.

Domestic Violence in Health Care Settings

Doctors use questionnaires like the one on the right to decide if a patient is a victim of domestic violence and/or sexual assault

Interpreters should be familiar with the screening questionnaires that doctors use.



Sample Items from the Partner Violence Inventory (PVI)

I. Partner drug and alcohol problems

"Our worst fights have been when we were drinking."

II. Sexual assault

"I have let my partner have sex when I didn't want to, because I was afraid of him/her."

III. Warmth and affection

"Our relationship has felt close and warm."

IV. Physical assault

"My partner has hit or beaten me."

V. Physical fights

"We have thrown things at each other."

VI. Emotional assault

"My partner has made me feel worthless, like I couldn't do anything right."

VII. Minimization

"My partner and I have had the perfect relationship."

Source: 104

104 Retrieved from http://www.psychiatrictimes.com/articles/new-screening-measure-detecting-hidden-domestic-violence

In the case of abused children, the child might be taken to a child advocacy center. The interviewer might be conducted by a special investigator or forensic (legal) therapist. *Child sexual abuse appointments are among the hardest for all interpreters*.

Emergency department visits (often for substance abuse—alcohol or drugs)

The emergency room is a crisis zone. Emotions run high. Conditions can be crowded. There are unusual noises. Trying to interpret for mental health situations in a hospital emergency department can feel unsettling and scary.

For mental health interpreting in emergency rooms, interpreters often see patients who are drunk or under the influence of drugs. These patients can be difficult to treat. The doctors may not know what drug the patient took. The patient may have physical injuries, not cooperate with being examined or even get violent.

Patients on Drugs and Alcohol



Interpreters should:

- 1. Follow the providers' instructions.
- 2. Find a safe place to sit or stand.
- 3. Request clarifications as needed but otherwise only interpret.

It can be difficult to interpret for patients who have had too much to drink. The patient may not make sense. Their speech might be slurred. They might be hard for you to understand. Also, their behavior can surprise you. One minute, they are calm. The next minute, they might shout or try to hit someone. Be prepared for anything. Stay calm and alert.

If you interpret for anyone who is drunk or on drugs, *follow the providers' instructions carefully*. Do not sit next to the patient. Stay close to the provider. Find a safe place where you can hear well and interpret. Try not to be too far from the door.

If the language of the patient is slurred (where the words slide together), or too mixed-up to interpret accurately, say so. If the patient won't pause, you can go into simultaneous mode—but you might have to summarize. Interpreting for someone who speaks nonsense, mumbles, talks nonstop or uses incoherent speech is challenging and exhausting. If possible, take breaks.

Finally, some providers might forget to keep you safe. Watch for your own safety!

Challenges for indigenous interpreters in mental health

To be honest, mental health is one of the hardest assignments for indigenous interpreters. First, the stigma, or shame, about mental disorders means that this topic is not discussed by many clients or families. In fact, often it is not clearly understood. In addition, the terms for mental health often do not exist in indigenous languages. It is hard, and often risky, for you to find equivalents yourself. You might have to do a lot of research and discuss the language issues with a therapist to find good equivalents.

The cultural differences create another special challenge. On the one hand, you do not want to stereotype patients. You are not a therapist. Perhaps culture has nothing to do with the situation. Perhaps the client's brain damage is causing the behavior. On the other hand, you might have cultural knowledge that can help the provider understand the situation a little better. This issue is discussed in Section 15.3.

Mental health and the indigenous interpreter

You yourself might have mixed feelings about mental illness. The medical or therapy approaches to treating mental disorders might not feel right to you. Or perhaps it's the opposite. Perhaps you do not believe in traditional views, such as the idea that mental disorders are caused by immoral behavior or a lack of balance between mind, spirit and body. You might even feel that families who hold certain beliefs will harm the client. (For example, a family might refuse to allow a teenage child to take medication for mental illness.)

You will need to examine your own feelings about all these issues. The question is not whether your feelings are wrong or right. Feelings are feelings. We all have them. The question is whether you can set your feelings aside to be the best interpreter you can be for *this* provider and *this* patient.

Review of Section 15.1

Mental health interpreting is an advanced specialization of community interpreting. Interpreters need to be familiar with common mental illnesses, how they are treated in the United States and special challenges for indigenous interpreters who accept mental health assignments. This section presented information on four common mental disorders that indigenous interpreters often interpret for: depression, anxiety, suicidal thoughts and addiction. It also examined a few common types of interpreting assignments that involve mental health concerns: involuntary commitment, sexual assault and domestic violence, and interpreting in hospital emergency departments, especially for substance abuse.



The Therapeutic Relationship

Learning Objective 15.2

Explore the concept of the therapeutic alliance.

Introduction

Licensed mental health providers are usually called *clinicians* or *therapists*. (A clinician *is* a licensed therapist.) Psychiatrists are doctors who specialize in behavioral health. Other doctors, including primary care doctors, prescribe medications for mental diseases and disorders. Most therapists provide talk therapy.

The relationship that therapists have with patients is different from the doctor-patient relationship. Medical providers use a patient history form and the medical interview to discover what is causing the patient's symptoms. Treatment is focused on finding a cure. During treatment, therapists use a different kind of process to develop a *therapeutic relationship* with their patients. This relationship takes time. Often it is called the therapeutic alliance.

Therapists work to develop trust and create a safe place for patients to share difficult feelings and experiences. Creating that relationship is often the primary treatment, although drugs and other treatments might also be prescribed.

Therapy can take weeks, months—or years. However, therapy can be better than taking drugs alone. After the patient stops taking drugs for a mental illness, the symptoms often come back. After successful therapy, usually the symptoms don't come back. The goal of therapy (sometimes called counseling) is to restore a patient's mental health and strengthen his or her relationships with others. As a result, therapy can be for one person, for married couples, for children and for families.

Going into therapy isn't always for mental illness. Sometimes the goal of therapy is to make people, families and relationships happy and healthy. Having an interpreter present at the session changes how therapists interact with their patients. Interpreters and providers need to work together to protect the therapeutic alliance. This section shows you how to work well with therapists.

The mental health interview

In Module 10, you learned about the patient history form and the medical interview. In mental health, there is also an intake process with a patient history form. This form focuses on the patient's past and current mental health. The questions focus on feelings, past experiences with depression, anxiety and other mental illnesses, and lifestyle issues such as drug and alcohol use. A therapist usually takes this history. Often, however, this intake is *not* done by the same therapist who will work with the patient.

The Mental Health Interview



Check for signs of emotional upset

Mrs. Sanchez, you seem very tired and it looks like you haven't been able to shower or bathe recently.

Check to see if the patient knows the day or place he or she is in

Can you tell me what day it is today? Do you know what city we are in?



Check to see if the patient's words match the emotion he or she is expressing

You are telling me that you are very angry, but your voice is soft and you are very calm.

Is the patient hallucinating or having delusions?

Let me repeat what you just said: You are hearing voices in your head telling you to hurt yourself.

Next, the therapist does a mental health interview. That interview is usually the therapist's first meeting with a patient. (It could also happen in a hospital emergency department or at a psychiatric hospital.) The questions in the first interview center on mental and emotional symptoms, not physical problems.

During the mental health interview, the provider is evaluating:

- Visual signs of mental upset: The patient's hygiene, clothing (if it is wrinkled or dirty, for example), mood and physical gestures might show the patient's state of mind.
- Orientation: The patient might not be aware of who she is, where she is or what day and month it is.
- Mood and facial expression: Does the patient's mood match the words she is saying? (For example, does she cry but say everything is "fine"?) How intense are those feelings? Do they change a lot?
- Speech and thought process and content: It is important to see how the patient connects concepts and thoughts, how fast this person is talking and whether that speech is easy to understand
- Thought process: Is the patient having hallucinations or delusions? Does the patient seem connected to reality?

The therapeutic alliance

Therapy

The mental health interview is only a first step in providing mental health services. Sometimes it leads to a doctor or a psychiatrist giving a prescription—and nothing much more. Other times it can lead to someone attending a residential program in a specialized hospital or an outpatient program.

Often the treatment is talk therapy. Most therapy is a series of regular appointments with a therapist. Therapy can be for individuals, couples, families or small groups. Group therapy, for example, could be a therapist working with a group of sexual assault survivors, men found guilty of abusing women, or patients with breast cancer.

Therapy builds trust in order to encourage the client's openness and honesty. This openness leads to better understanding about how the client can make changes. People in any type of therapy need this *positive* interaction with their therapist.

How the therapeutic alliance works

[The therapeutic alliance is] a well-aligned working union between patient and therapy professional, thought by a great many to be a vital facet of effective therapy.¹⁰⁵

Mental health providers are trained to create a relationship of trust. This process is nothing like regular medicine. Appointments for therapy are usually 50 minutes. The therapist meets regularly with the client, usually every week or two.

People with mental disorders often have to go through a painful process of remembering and talking about their past trauma, abuse or difficult experiences. They need to be able to trust their therapist. This process takes time. It includes many elements.

Specialization

The therapist needs to have special training to understand the patient's specific mental illness. A therapist who specializes in treating children from divorced families or sexual assault survivors might not be qualified to treat an older man with severe depression.

Common goals

The therapist and patient should have the same goals. If the patient wants the depression to end, that is the goal. If the patient wants a happy marriage, that is the goal. The therapist will work with the patient to set appropriate and realistic goals that have meaning for *that patient*.

Real interest in the patient

The therapist listens to what the patient says and shows interest and concern. The effect of this interest on the patient can be huge and positive.

A safe place

Patients need to feel comfortable telling their therapists anything, even painful or embarrassing things. They need to feel sure that everything is kept confidential. Often this process is called "making a safe place" for the client.

¹⁰⁵ Nugent, P. (2013). Therapeutic alliance. *PsychologyDictionary.org*. Retrieved from https://psychologydictionary.org/therapeutic-alliance/

"Unconditional positive regard"

"Regard" means to have a good opinion of or respect for someone. "Unconditional positive regard" means that therapists accept patients as they are and see them positively. The therapist does not judge them. Even if the client has committed violent acts, or feels deep guilt, shame or failure, the therapist sees and talks to that person in a positive, warm way.





Therapists work hard to develop a relationship with their patients by:

- Being specialists in the mental illnesses they treat.
- Having shared treatment goals for the therapy.
- Showing real interest in their problems.
- Creating a safe place for patients to share their feelings.
- Showing unconditional positive regard for patients.

Mental health providers are used to working alone with their patients.

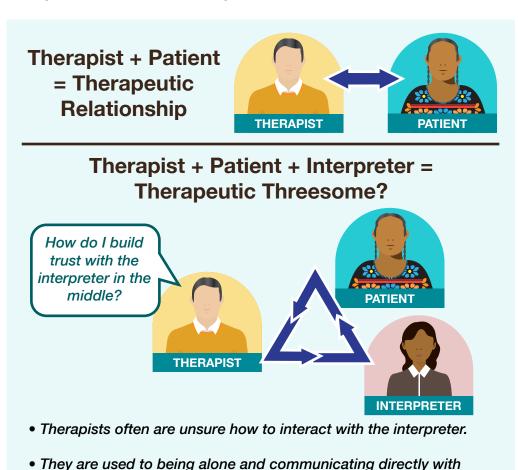
Medical providers work in teams.

The therapeutic dyad

their patients.

Most doctors and other health care providers work in teams. The therapeutic relationship between a mental health provider and patient is private. There is usually one provider and one patient. Over time, the client learns to deal with the emotions and issues that caused the mental health problem. As a result, it is usually best practice where possible to have only one interpreter for therapy.

Interpreters create a therapeutic triad



When therapists treat patients who do not speak fluent English, they depend on interpreters. This means that a new person is added to the relationship. Instead of a therapeutic dyad (two people who communicate directly), there are *three* people.

Your presence changes everything. Now the therapist cannot communicate directly with the patient without going through a third person, the interpreter.

Most therapists have never been trained to work with interpreters. The therapists might not know what to expect or how to adjust. They are used to having control over the flow of the conversation. Now the therapist has to share the flow.

The client may also feel uncomfortable with the interpreter. A client from a small cultural community may not trust the interpreter to keep confidentiality. It might feel strange or upsetting to share personal information in front of the interpreter.

The interpreter and the therapeutic alliance

You have a chance to support the therapeutic alliance. You can also damage or destroy it. Even with good intentions, if you interrupt often you can hurt the therapeutic alliance. *Therapists want you to interpret. They want you to interrupt* only *if you have to.* If there is a big misunderstanding, intervene. If you can't hear, let them know. If you missed something, ask. But if something can wait until later, let it wait. Even better, wait until *after* the session.

If the interpreter damages the relationship between the therapist and the client, healing might never happen. Here is an example. ¹⁰⁶ It involves a young asylum seeker (a person who seeks refugee status in his or her new country). This young woman was a torture survivor. She had no money. She complained to her therapist that she could not even buy a bar of soap. The interpreter was a middle-aged woman. She was mother-like and kind. At the next therapy session, she brought some soap. She gave it to the client.

That gift ended therapy. How? It broke the therapeutic alliance. After that session, the young woman bonded with the interpreter—not the therapist. The therapist was never able to rebuild the therapeutic alliance.

Here is another example. If you develop a relationship by making eye contact with the client, having side conversations, crying, holding the client's hand or giving hugs, what will happen? The client will

¹⁰⁶ This story was told by the therapist to one of the authors.

bond with *you*, not the therapist. Again—no therapeutic alliance. And no healing. And what happens if you talk with the client outside the session? Or if you do social things together? Once again, if *you* bond with the client, then the client will probably not have a therapeutic relationship with the therapist.

Review of Section 15.2

Licensed therapists (also called clinicians) work differently from other providers in health care. Mental health treatment takes more time. The client has to trust the therapist. Their meetings are regular and private.

Therapists use many techniques to establish a relationship of trust. This relationship is often called the therapeutic alliance. A therapist usually works with one client but can also work with couples, families and small groups. When an interpreter is added to the conversation, it can be harder for the therapist to develop a direct connection with the client. It is important for the interpreter to support, not interfere with, the therapeutic relationship.



Interpreting Protocols in Mental **Health Interpreting**

Learning Objective 15.3

Adapt professional interpreting protocols and best practices to mental health interpreting.

Introduction

The therapeutic alliance (relationship) is delicate. It can break. The therapist works hard to build trust. This section discusses how to adjust your professional protocols and practices to support mental health interpreting and the therapeutic alliance.

How to adjust interpreting protocols

As you learned in Module 3, protocols are procedures that help you interpret. They include your introductions, positioning, use of direct speech, managing eye contact while you interpret and turn-taking. Interpreters in mental health will need to adjust their protocols in these ways:

- Meet with the provider before the session.
- Follow the provider's guidance for introductions.
- Discuss where to sit or stand with the provider—and perhaps the client.
- If possible, debrief after the session.

Meet with the provider before the session

Meet with the Therapist Before the Session

- What is the *purpose* of today's appointment?
- Who will be present?
- Are there any forms you want me to help the patient with? Can I see them?
- Do I need to do anything to stay safe? Is the patient stable?
- Will you introduce me, or shall I do my regular patient introduction?
- Where do you want me to sit? I need to sit where I can see and hear you.
- I use this pause gesture when I need you to clarify or repeat something. I'll also use it if I need a break.

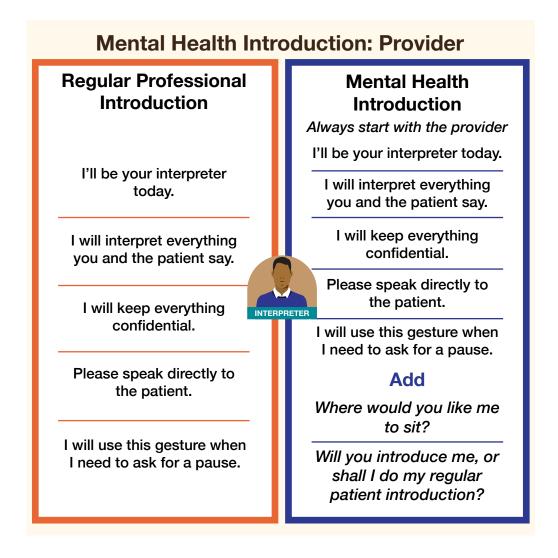


Try hard to speak to the provider before the appointment, especially the first appointment. That meeting is often called a briefing. Discuss the following:

What is the assistance to be ut? For everyla is
What is the assignment about? For example, is it a regular therapy appointment, a medication review or an involuntary commitment?
Find out how many people will be at the meeting and which of them you will interpret for.
If you haven't already asked about forms, do so now. Even if you are meeting right before the appointment, you can take a quick look.
Find out if the client is violent or unstable. Ask if there is anything you need to know about the client's behavior so you are not surprised.
Point out any cultural issues before the appointment only if you feel strongly that <i>not</i> discussing them might be more harmful than addressing them. (See Module 11 on cultural mediation.) Be careful not to speak for the client. If needed, do mention terminology that does not have equivalents for concepts related to the topic of the session in your indigenous language, such as depression, anxiety, "feeling blue," flashbacks and even therapy.
Explain your introduction. Ask whether you should introduce yourself or if the provider wants to introduce you.
Ask the provider where you should sit, for example, near the client or the provider. Mention that your position can make it easier for both parties to communicate directly. Give examples. Suggest that the client might have a preference.
Show the provider the signal you will use when you need a pause. Tell the provider you would like to use a different signal (show what it is) if you are emotionally overwhelmed so the provider can arrange for a break.

You might not need a briefing before every appointment. But ask the therapist to brief you before any appointment that might be sensitive.

Professional introduction and positioning



If you have not met with the provider before the assignment, ask about how to introduce yourself to the client and where to sit during your introduction. Always give your introduction to the provider first for mental health assignments.

Unless the therapist wants to handle introducing you, your introduction with the client does not need many changes. Be sure to emphasize that everything is *strictly* confidential. Clients are often afraid you will speak about their condition. If you take notes, be sure to say you will destroy them at the end of the appointment. Some therapists suggest that when the session ends you should physically destroy your notes to help build the client's trust.

Using strategic mediation in mental health interpreting

Module 9 introduced you to the five steps for the Strategic Mediation Model. They are:

- 1. Interpret the last thing said.
- 2. Identify yourself as the interpreter.
- 3. Mediate briefly with one speaker.
- 4. Tell the other speaker what you said.
- 5. Go back to interpreting.

These five steps also apply in mental health interviews. However, as with legal interpreting, one step will change slightly:

- Interpret the last thing said.
- 2. Identify yourself as the interpreter.
- 3. Mediate briefly with provider.
- 4. Tell the client what you said.
- 5. Go back to interpreting.

Mediation for Mental Health Assignments

Always intervene with the provider first in mental health settings.

I know my mother is spying on me, she is a secret pilot, no stop saying that, be quiet, I walk to school a different way every day, no I won't!



Issue: The patient is hearing voices.

After trying to interpret the last thing said, the interpreter says to the provider:
Excuse me, as the interpreter I need to ask the patient to repeat what she said. It was not clear.



Provider: Wait a minute. I understand what is happening here. Please interpret my next question. Don't ask her to repeat herself.



In other words, when you intervene, address the therapist first. This step lets the provider decide how to handle your intervention. The provider may choose to finish it for you.

For example, let's say you interpret for a young woman with trauma caused by childhood sexual abuse. She uses a term you have never heard. You strongly suspect it is a slang term for her vulva (the outside part of her genitals). You decide to request a clarification to be sure. You intervene with the therapist, who realizes that asking this question at just this moment could disturb the young woman deeply. Instead, she rephrases what you said. In mental health, it is deeply important to respect the provider's knowledge about how to help—and not hurt—the patient.

Cultural mediation

First, try to avoid performing cultural mediation during the session. (See Module 11 for guidelines on cultural mediation.) Here is one exception: You can suggest that the provider ask for a *cultural clarification*. In other words, perhaps there is a misunderstanding and you think it's because the client believes in *susto* (a cultural belief related to shock). Don't explain susto yourself. Suggest that the *therapist* ask the client what susto means.

Otherwise, avoid addressing cultural issues directly (if possible) until after the session. If you are alone with the therapist, don't *explain* cultural issues. Instead, suggest *which* cultural issues the therapist might need to research or ask the client about. For example:

- Cultural taboos about sexual assault, family abuse, death and dying or mental illness.
- Specific cultural practices. (Give the name of the practice in the indigenous language, if it has a name.)
- Cultural beliefs, for example, about spiritual matters, how to raise children or what causes mental illness.

It is extremely important that you do not suggest an opinion about what is causing the indigenous person to behave or speak in a certain way. Finding out why people behave a certain way is the therapist's job—not yours. After all, you could be wrong. Be safe. Keep your opinions to yourself.

Guide the therapist. Give suggestions for what the therapist can ask the client about.

If possible, debrief after the session

Mental health interpreting is often difficult. It can confuse you. It can be stressful. Perhaps the client was crying, shaking, or shouting. Perhaps you heard things that disturbed you. If you have a chance, ask to debrief with (talk to) the therapist after the session. The two of you can discuss what happened, how it affected you, and any language issues that came up. Think how to make interpreting go as smoothly as possible next time.

You can also make comments on the client's speech patterns. For example, perhaps the client spoke in a confusing way that was hard to interpret, or that his speech was slurred (the words flowing together). You are the communication specialist. For therapists, changes in speech patterns can be *critically* important information. After an intense session, if the therapist does not offer you a debriefing, ask for one. You probably should. It will help you become a better mental health interpreter. You will also feel better.

Review of Section 15.3

Mental health providers use special techniques to treat their clients. Interpreters may need to adjust their protocols to support the therapeutic relationship, which is often called the therapeutic alliance. This section showed you how to adapt your introductions, positioning and use of the five steps for strategic mediation. Always ask the provider how you should introduce yourself to the client and where to sit. When you intervene, speak to the provider first. Whenever possible, speak to the therapist before the session. If you need to, ask for a debrief with the therapist after the session.

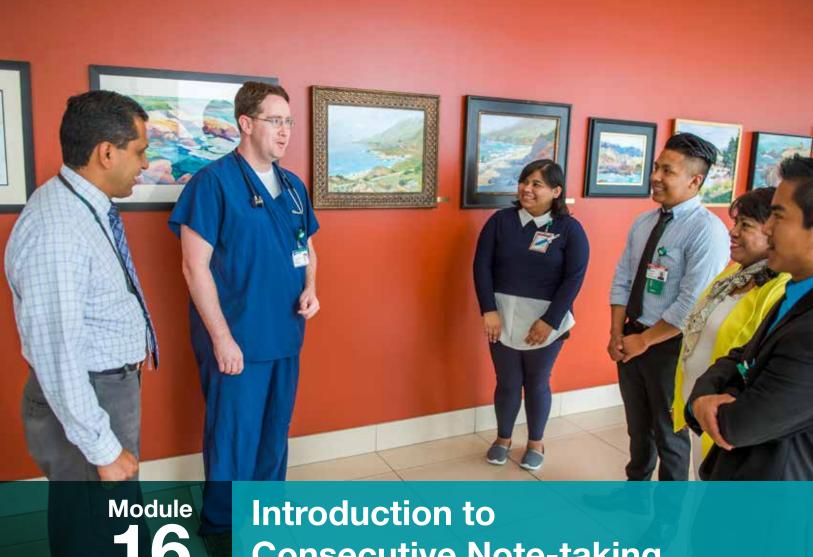


Review of Module 15: Mental Health Interpreting

Mental health interpreting is an advanced specialization of healthcare interpreting. Section 15.1 discussed Western concepts of mental health and mental illness that interpreters in this field need to know. They should also understand how mental disorders are treated in U.S. health care. This section explored four of the most common mental concerns: depression, anxiety, suicidal feelings and addiction. It also addressed common situations and interviews in mental health that require interpreters.

Section 15.2 looked at the work of the therapist. Therapists are trained to build a therapeutic relationship with their clients and patients. It is often called the therapeutic alliance. Clients need to be able to trust their therapists and speak openly about their feelings. Therapists usually treat clients privately, without other providers present.

Section 15.3 showed how interpreters need to adjust their protocols in mental health interpreting. They should also work as a team with the therapist to build trust and support the client's journey to healing.



Consecutive Note-taking

Learning Objectives

After completing this module, you'll be able to:

Learning Objective 16.1

Explore note-taking techniques for consecutive interpreting.

Learning Objective 16.2

Develop symbol systems and abbreviation techniques for consecutive note-taking.

Learning Objective 16.3

Practice consecutive note-taking techniques.

Overview

This module introduces you to an important consecutive interpreting skill: note-taking. Until recently, most conference and legal interpreters took notes regularly while interpreting, but most community interpreters did not. That situation is changing. Today, professional interpreters are encouraged and expected to know how to take notes during consecutive interpreting.

Consecutive note-taking is a *core skill*. All interpreters need it. (Most sign language interpreters work mainly in simultaneous mode and take notes less often. But many sign language interpreters, especially those who work in teams, also take notes.) Note-taking improves your consecutive interpreting. It increases your memory and accuracy. With good notes, you will not have to interrupt the speakers as often. That way, the speakers can understand each other better.

Note-taking for interpreters is different from any other kind of note system. Learning how to take good notes is one of the most important skills you will ever learn as an interpreter.



Consecutive Note-taking

Learning Objective 16.1

Practice note-taking techniques for consecutive interpreting.

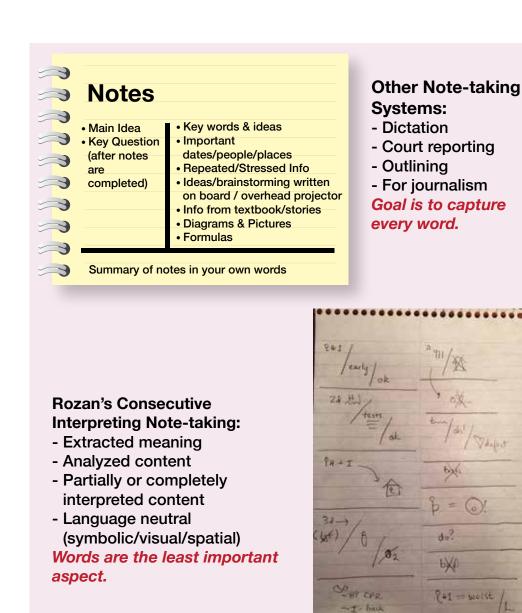
Introduction

Consecutive interpreting note-taking is a skill first created for conference interpreting by an interpreter named Jean-François Rozan (1956/2005). Until recently, most U.S. interpreter trainers did not spend much time teaching note-taking. It did not seem important. Now the opposite is true. Note-taking helps community interpreters to interpret more accurately and completely. Once you learn it, you will be amazed at how much your interpreting improves.

Note-taking for consecutive interpreting

The point of most note-taking systems is to write down as *many* words as possible. Consecutive note-taking has the opposite goal: To write down as *few* words as possible. The idea is to write down just enough to help you remember what was said. No more. No less. Your notes can't be hard to write or use up too much of your focus.

In Rozan's system, words are not the main item in the notes. You take notes quickly with just a few *lines, symbols and abbreviations*. You take these notes *while* you listen to (or watch) what is said or signed. Most interpreters can't make sense of these notes even soon after taking them. That doesn't matter. Their only job is to help you *interpret*.



The importance of note-taking for community interpreters

Note-taking for community interpreters is important for two reasons:

- 1. It promotes direct communication.
- 2. It supports the four main consecutive interpreting skills: active listening, message analysis, message conversion and delivery.

Promotes direct communication

Consider the following example of a patient telling a difficult story about how her child died soon after birth. She is nervous. Once she begins her story, she tells it quickly.

My first baby was born early, but she seemed just fine. I spent a couple of days in the hospital. They ran a bunch of tests and didn't find anything. So my husband and I took her home. Three days later, I'll never forget it, I was giving my baby her bottle and suddenly she just stopped breathing. We tried everything. My husband tried CPR. I tried whacking her on her back to clear out her throat. We called 911, but they didn't get there in time. They tried to revive her but couldn't get her heart beating. Later we found out she had a heart problem that the tests hadn't caught. Now I'm pregnant again and I'm terrified that something like that will happen. What can we do, doctor? I want a baby so much, but I don't think I could handle something bad happening again. Losing our first baby was the worst thing that ever happened to me.

Short to long, simple to complex

DOCTOR

You seem very concerned. Can you tell me what's worrying you?

My first baby was born early, but she seemed just fine. I spent a couple of days in the hospital. They ran a bunch of tests and didn't find anything. So my husband and I took her home.

Interpreter interrupts to interpret

Three days later, I'll never forget it, I was giving my baby her bottle and suddenly she just stopped breathing. We tried everything. My husband tried CPR. I tried whacking her on her back to clear out her throat

Interpreter interrupts to interpret

We called 911, but they didn't get there in time. They tried to revive her but couldn't get her heart beating. Later we found out she had a heart problem that the tests hadn't caught.

Interpreter interrupts to interpret

Now I'm pregnant again and I'm terrified that something like that will happen again. What can we do, doctor? I want a baby so much but I don't think I could handle something bad happening again. Losing our first baby was the worst thing that ever happened to me.

If you were interpreting this story and did not take notes, when would you ask the patient to pause so you could interpret? After the first sentence? The second? Maybe the third? Interrupting often can cause problems. The mother is emotional. It's hard to tell her story. Every time you interrupt, she has to stop. She may get distracted and forget important things. The doctor might never hear the whole story. If you take notes, you could listen to the whole story and interpret it well without having to interrupt. Now the patient only has to tell her story once.

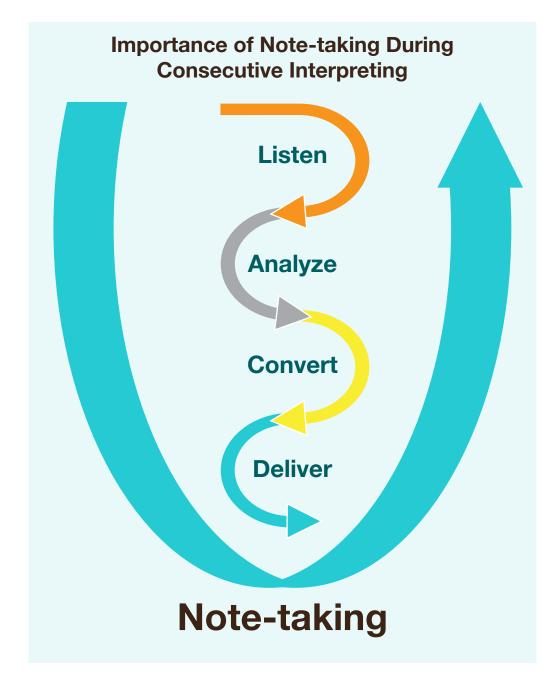
Note-taking supports the four main consecutive interpreting skills

Module 2 covered four consecutive interpreting skills: active listening, message analysis, message conversion and delivery. Note-taking brings the four skills all together. When you take notes in consecutive interpreting, you support:

- 1. Active listening: Taking notes forces you to focus on the message.
- 2. *Message analysis:* You take notes *after* you analyze the meaning. Note-taking forces you to analyze meaning quickly.
- 3. Message conversion: You take notes using mostly symbols and abbreviations. When you use a symbol, you have already converted the meaning in your head. This makes it faster for you to decide how to interpret it.
- 4. Delivery: Taking notes puts less stress on your memory. You write down what you hear (or see, for signed language). The notes help you remember. When you are ready to interpret, your notes give you an outline of the meaning so you can focus more on delivery and less on remembering.

Note-taking during consecutive interpreting:

- Allows the speaker to express a complete idea.
- Limits interruptions.
- Saves time.
- Allows the parties to understand each other clearly.
- May make interpreting less tiring.
- · Can reduce communication errors.



Note-taking and indigenous languages

Many indigenous languages have no written form. If your language cannot be written down, your notes will be in English and the symbols you write. That's all right! Your goal is to have notes that are mostly symbols anyway.

Rozan's note-taking technique

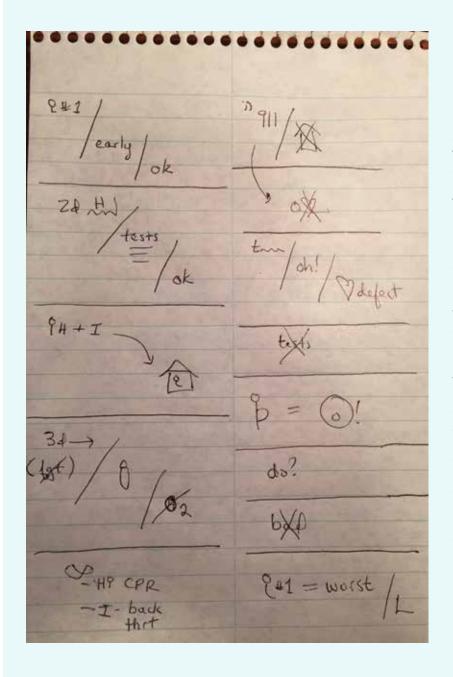
Rozan's note-taking system helps you to get meaning down on the page by writing as little as possible. Your notes store the meaning of the message temporarily, until you interpret it. Your notes help increase your memory and improve your delivery.

Rozan's system has seven steps.

- 1. Write down the main idea, not all the words
- 2. Know how to abbreviate effectively.
- 3. Use links (such as arrows and lines) to show how ideas are connected.
- 4. Show if something is negative.
- 5. Show emphasis ("a lot" "very much" "important").
- 6. Take notes vertically (down the page instead of across).
- 7. Use space on the page to show the relationship between ideas. This technique is called shift.

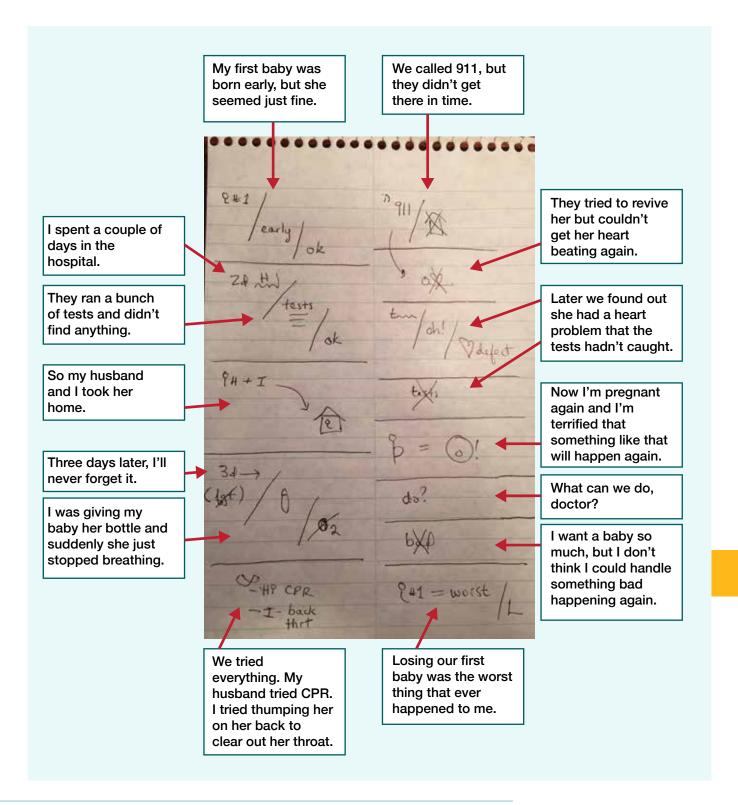


Let's take a look at these seven steps. We'll use notes taken on the story about the mother who lost her baby. As you read them, remember that this is just *one* interpreter's note-taking style. Your notes will look different.



My first baby was born early, but she seemed just fine. I spent a couple of days in the hospital. They ran a bunch of tests and didn't find anything. So my husband and I took her home. Three days later, I'll never forget it. I was giving my baby her bottle and suddenly she just stopped breathing. We tried everything. My husband tried CPR. I tried thumping her on her back and clearing out her throat. We called 911, but they didn't get there in time. They tried to revive her but couldn't get her heart beating again. Later we found out she had a heart problem that the tests hadn't caught. Now I'm pregnant again and I'm terrified that something like that will happen again. What can we do. doctor? I want a baby so much, but I don't think I could handle something bad happening again. Losing our first baby was the worst thing that ever happened to me.

This next picture of the notes shows you which notes belong to which ideas in the story:



Now, this third picture shows how Rozan's seven steps are used in the notes. The numbers on the notes correspond to the number of each step.

- 1. Note the main idea, not all the words.
 - You don't have to write down all the words because *you have just heard them.* The notes remind you of what the speaker said. You use your short-term memory and the notes to interpret.
- 2. Know how to abbreviate effectively.

 These notes have a few abbreviations. "Fgt" for "forget," "Thrt" for "throat," "ok" for "just fine" and "tests were OK" and CPR for cardiopulmonary resuscitation (which the mother called CPR). We'll show you the best way to abbreviate words in the next section.
- 3. Use *links* (arrows, lines) to show how ideas are connected. Arrows are used here to show movement in the story. Arrows highlight when the parents take the baby home, the time passing ("three days later") and the connection between these events to a result: calling 911.
- 4. Know how to show if something is negative.

 When you take notes, show when something is negative. In our example, a "no" or negative is shown for "I'll never forget" by crossing out the abbreviation for "fgt." Another example of a negative is when the mom says, "The baby stopped breathing." The symbol for oxygen, "O₂" is crossed out, meaning that there was no air. Remember, you have just heard what the mother said. Your mind will understand that the crossed-out O₂ is about the baby not breathing.
- 5. Know how to show *emphasis* ("a lot" "very much" "important"). In these notes, emphasis is shown in two ways. One way indicates "a lot"—the word "tests" is underlined three times. This is a common way that interpreters use to show when there is a lot of something but no specific amount is mentioned. You can also see emphasis with the "!" next to a face with an open mouth. The symbol is meant to show terror. Used together with the "I," the note captures the idea of "I am terrified."
- 6. Take notes *vertically* (down the page instead of across).

 Look how all of the notes are taken vertically. Each concept is captured starting at the top of a line and going down. Concepts are separated by the straight line drawn underneath each concept.

7. Use the *space on the page* to show the relationship between ideas.

The symbols and lines used to capture the ideas go vertically and diagonally. You can see this all through the notes. "My first baby was born early, but she seemed just fine" is noted in one string of symbols going diagonally across and down the page.

Rozan's Seven Steps tests 9H + I do? = worst

- 1. Note the main idea, not all the words.
- 2. Know how to abbreviate effectively.
- 3. Use links (arrows, lines) to show how ideas are connected.
- 4. Know how to show if something is negative or "not."
- 5. Know how to show emphasis ("a lot" "very much" "important").
- Take notes vertically (down the page instead of across).
- 7. Use the space on the page to show the relationship between ideas.

Lists put the main idea at the top: Items in the list come in a vertical line below it. For example, look at, "We tried everything. My husband tried CPR. I tried whacking her on her back to clear her throat." Do you see the interpreter's symbol for "everything" at the top? Then a list of three items follows that symbol: CPR, back and throat—the things the parents did to try to save the baby.

Again, the notes used in the pictures represent *one* interpreter's style of note-taking. You will develop your own style using the seven steps. Your notes will look different from everyone else's. That's all right. As long as they help you remember everything that is said, they are working!

Finally, many interpreters write small notes. That approach doesn't work well. Write *big!* Use all the space you have. When your notes are big, they jump off the page and are much easier to read.

Adapting Rozan for healthcare and community interpreting

Everything is a story

Community interpreters often complain that note-taking is "hard" or "distracting." Many times they say, "Notes don't help me." Consecutive note-taking *is* hard, especially at first. But in community and healthcare interpreting, the information you interpret is not usually long, technical or complex.

For example, patients tell stories. They talk about their illnesses and how their health is improving. Doctors tell the "story" of their diagnosis and treatment plan. They describe concrete things, such as how the bone grows back after being broken. Note-taking gets easier if you think about most of what you hear and interpret as a *story*.

Beginning, middle and end

Module 2 introduced you to the idea that humans have been telling, listening to and repeating stories for thousands of years. Indigenous cultures, in particular, often have strong story-telling traditions. Stories have a beginning, middle and end. You often hear the same kind of story over and over. If you work for a pediatrics clinic, you

see many parents with children who are sick, have minor injuries or need vaccinations. Soon you are able to guess what comes.

Here is an example of visual storytelling in an indigenous village in the Chiapas highlands in Mexico in 2015. It is about basic preventive health care information on respiratory illness. The picture tells a story. It looks a little like interpreting notes!



Review of Section 16.1

This section showed you how to take notes for consecutive interpreting. It described Rozan's famous seven-step note-taking technique. The seven steps are:

- 1. Write down the main idea, not all the words.
- 2. Know how to abbreviate effectively.
- 3. Use links (such as arrows and lines) to show how ideas are connected.
- 4. Show if something is negative.
- 5. Show emphasis ("a lot" "very much" "important").
- 6. Take notes vertically (down the page instead of across).
- 7. Use space on the page to show the relationship between ideas. This technique is called shift.

This section focused on the importance of note-taking for community and healthcare interpreters. Note-taking is a core skill. It increases your memory and allows you to interrupt less often and be more accurate. The technique presented here, mainly based on symbols, might help with languages having no written form. To be a professional interpreter, you need to be ready—and able—to take notes.



Developing Symbols and **Abbreviations**

Learning Objective 16.2

Develop symbol systems and abbreviation techniques for consecutive note-taking.

Introduction

This section will help you to develop and use symbols and abbreviations when you take notes. Symbols are an important part of consecutive note-taking. They show the *meaning* of what the speaker just said. When you write down a symbol, it helps you to *remember* the message.

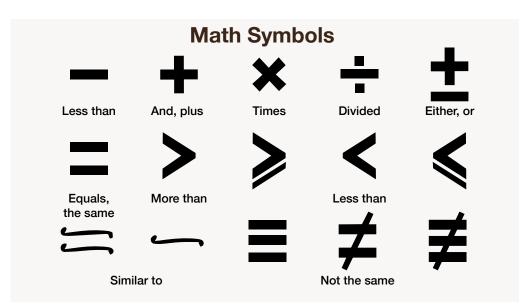
Develop your own symbols

There is no magic list of symbols that works for all interpreters. The symbols you use have to make sense to *you*. They should be clear and feel natural to write. But you don't have to invent them all. Symbols can come from many places. To develop a symbols system that works for you:

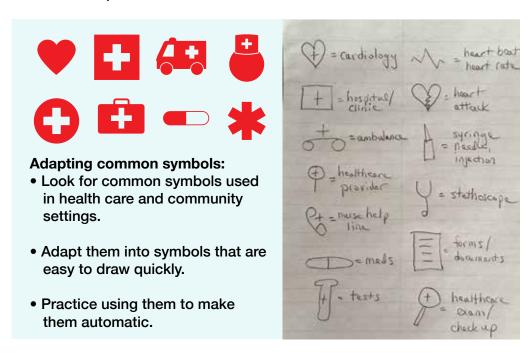
- 1. Put together a core set of symbols for topics and terms that you interpret often.
- 2. **Practice** with them by interpreting and taking notes over and over until you can *automatically* write these symbols when you interpret.
- 3. Invent temporary symbols for new topics.

Find symbols all around you

Symbols are not new to us. We have symbols all around us. Traffic signs come in shapes, arrows, circles, pedestrian walk signs and more. Math is expressed in symbols. You can take these common symbols and make them part of your note-taking. It's easy. Look at the box on the next page for examples. You could write = to mean "the same as" or > and < to mean "more than," "less than."



Texting and social media symbols can give you some good symbols and abbreviations. Health care has a lot of famous symbols. Look at the next box, with examples of common health care symbols on the left. On the right, you can see the same symbols that an interpreter wrote with a pen.



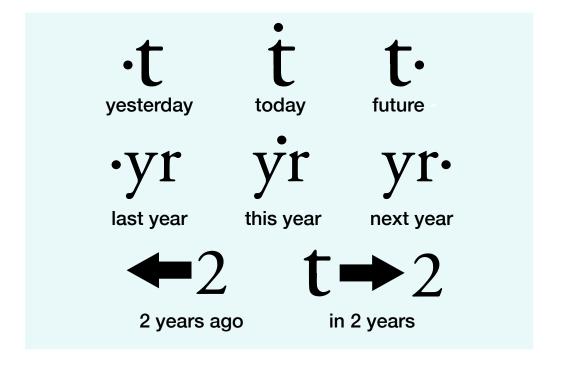
Notice how *simple* the interpreter's drawings are. One symbol should take only a few movements of the pen to draw. Your symbols don't have to be pretty or artistic. They should be *understandable* to you—even when you draw them quickly.

Root symbols

Interpreters often think they are supposed to create a different symbol for every word. This is not necessary. Instead, you can create "root symbols" for ideas that come often.

A root symbol is for a big idea, such as "time," "health care," "work," or "feelings." For example, you could use a simple drawing of a heart to create symbols related to heart issues in health care. In the box on the previous page, you can see a heart with a "+" inside to mean cardiology. Another heart has a jagged line to mean heart attack. You could develop many symbols using a simple heart drawing as your root symbol.

Another example is the big concept of time. In the next box, 107 you can see past, present and future. The lower case "t" represents "time" and the lower case "yr" represents "year" (a lower case "d" could be a root symbol for "days"). You can then add a dot above the letter to show "now," "today," or "this year." A dot on the left side of "t" (or "d") could mean "the past," "last year" or "yesterday." A dot to the right can show the future. You can also use arrows and numbers with "t" or "d" to show time passing.



¹⁰⁷ Image used with permission. Bancroft et al. (2015a), p. 186.

You can create a root symbol out of anything that repeats often. Root symbols train your mind to work with symbols. They help you to understand quickly the meaning of the message. Once you understand it, you can write it down quickly in symbols.

How to abbreviate in note-taking

Everyone's brain works differently. Some interpreters don't use many symbols. They prefer abbreviations and words. If symbols are hard for you to develop, you can take good notes without them. To do so, you need to learn how to abbreviate. Of course, you use symbols and abbreviations.

The best way to abbreviate words is to keep some consonants and leave out most vowels. Most people abbreviate by taking the first three or four letters of the word. For example, they may write "com" for "communication." But "com" might also mean community, committee, commute, etc. It's easy to get confused. A better way is to take out the vowels and leave a consonant from the beginning, middle and end of the word. Sometimes you can keep a vowel or two. For example:

- Community = cmty
- Communication = cmctn or commn
- Committee = cmtee
- Commute =cmute

Most interpreters use a mix of symbols, abbreviations and a few words. The key is to develop the mixture that works best for you.

Use symbols when you take notes

You've practiced developing symbols. Let's practice using them when you take notes.

¹⁰⁸ This technique works for languages that have consonants and vowels in their writing systems. Some languages, like Mandarin and Inuktitut (an indigenous language in Canada's First Nations), use symbols in their writing systems. Other languages, such as Arabic, have a writing system based on consonants, not vowels. This abbreviation technique does not work well for all languages.

Making symbols and abbreviations automatic

In Module 7 you practiced strategies for *activating* the terminology in your glossaries. The same idea works with symbols. You have to practice writing symbols over and over until they come to you automatically when you take notes. For example, let's say you use a simple face drawing to express emotions such as happy, sad, scared and angry. Draw the face symbols over and over and over as quickly as you can. At the same time, say out loud what they mean ("happy, sad, scared, angry") in both your languages.

Brainstorm to predict what symbols are needed

Another way to activate symbols in your mind is to think about which ones you need for your next assignment. If you are going to interpret for a patient with a shoulder injury, "activate" symbols for that subject. Think about what you will hear during the session. Look at your glossary. Create symbols for the words and ideas that might come up.

Review of Section 16.2

This section focused on learning how to create and use symbols and abbreviations when you take notes. It's important to find symbols and abbreviations that are clear for *you*. Slowly build your own set of symbols and abbreviations. You can also create "root symbols" that represent a big idea, such as a face for expressing feelings. You can change the root symbol in small ways to make symbols for similar ideas, such as "happy" "sad" and "angry." As you get better at listening and analyzing, symbols become easier to use in notes

Using symbols and abbreviations will help you become a more accurate, competent interpreter. Spend time developing them. Get comfortable using them. Then practice, practice, practice writing them down and saying the meaning of them. Do this practice in both (or all) your working languages.



How to Practice Consecutive How to **Note-taking**

Learning Objective 16.3

Practice consecutive note-taking techniques.

Introduction

Now it's time to put together all your new knowledge about Rozan's seven steps and using symbols and abbreviations. You need to practice the full note-taking technique. This section gives you strategies to practice your note-taking skills.

How to practice note-taking

Find practice materials

The internet makes finding practice materials easy. Module 2 gave you some ideas for where to find audio files for practice materials such as:

- YouTube videos.
- Podcasts.
- Recorded TV shows.
- A recording of yourself or a colleague telling a story or reading a dialogue or text.
- Audio files from online speech banks.

Depending on which indigenous language you speak, you may have less access to audio files online. If this is the case, make short recordings (two to three minutes each) of friends, families and yourself telling stories in any indigenous language(s) you can interpret. For example, ask for stories about health care issues, or any time the person had an experience (good or bad) with schools, health care or any community service. Use these recordings to practice note-taking. Practice the same file several times until you can take notes and interpret from them accurately.

Practice and repeat with similar themes

The easiest way to improve is by practicing taking notes to the same materials over and over. Let's say you often have an assignment for a woman coming to a clinic to get birth control. Search for videos on YouTube about birth control. Choose four or five similar videos, each a few minutes long. Practice taking notes and interpreting to the same videos many times. The repetition gives you lots of practice using the seven steps. You also practice using your symbols. The more you practice, the more automatic the skill will become.

Practice one step at a time

Practice each of Rozan's steps one at a time. If you have never taken notes vertically, focus on that technique several times. Soon, taking notes this way begins to feel easier. Next, focus on using more symbols and fewer words. After that, if you have a hard time using the space on the page, focus on that step. Force yourself to cover more of the page.

When you practice one step at a time, you will probably not capture everything in the speech or story at first. Or you might use fewer symbols. That's all right. This is *practice*. You want each technique to become easier a step at a time. If one step is easy, don't waste time on it. Go to the steps that are hard for you. They will feel awkward and distracting at first. They might discourage you. But with repetition, all the steps will get easier.

Put the seven steps together

After you have practiced the steps separately and feel comfortable, put all seven steps together. Use an audio file that you've already practiced with several times before. Try taking notes and using as many of the seven steps as you can. Work to find a balance between listening, analyzing, converting and delivering the message. With practice, you will find that balance and rhythm as you take notes.

Review of Section 16.3

This section focused on how to practice the seven-step Rozan technique for note-taking. The most important point is *not* to start practicing all seven steps at once. Instead, find or make recordings of about two to three minutes each that talk about a person's experience in health care or community services. Listen to the audio file and practice taking notes in this way:

- Practice several times with the same audio file.
 Working on the same file will help you, not hurt you.
- Focus on one of the seven steps at a time.
- After a step feels easy, try a different one.
 Work on the hard steps.
- When each step feels smooth, start practicing all seven steps at once with an audio file you have used before.

Note-taking for consecutive interpreting can feel strange at first. You will probably feel awkward. Note-taking can interrupt the flow of your interpreting. But the more you practice, the easier it gets. Then taking notes will *help* your interpreting.



Review of Module 16: Introduction to Consecutive Note-taking

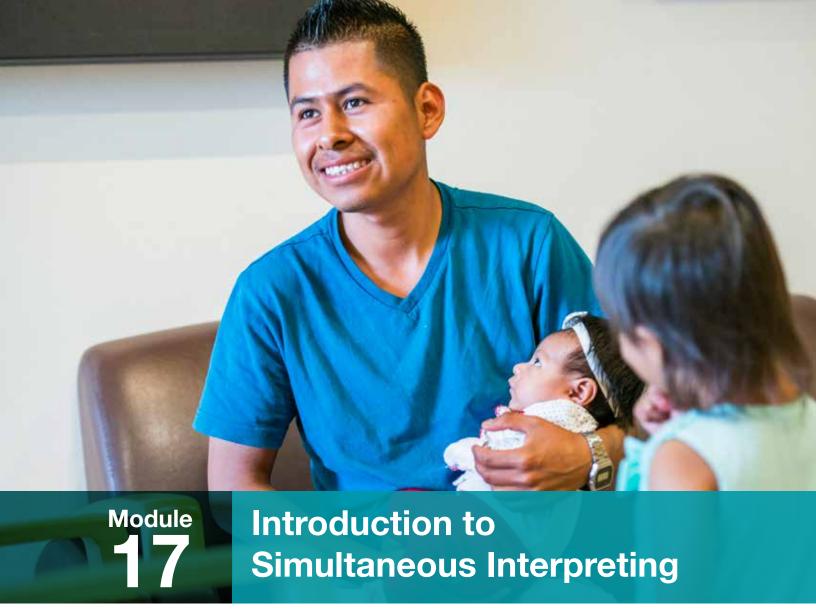
This module showed you how to take notes for consecutive interpreting. This is a skill that almost all interpreters need. Section 16.1 showed how it improves your consecutive interpreting by supporting the four main skills of interpreting: active listening, message analysis, message conversion and delivery. It introduced Rozan's seven steps for consecutive note-taking.

Section 16.2 focused on using symbols and abbreviations and not many words. Take as few notes as you can. Develop a system for symbols and abbreviations. They should be just enough to help your memory capture the whole message.

Section 16.3 focused on techniques for practicing note-taking. Practice with the same audio and video files over and over. Focus on one of the seven steps at a time, using the same practice files many times. Practice until all seven steps feel smooth. Then practice taking notes using all seven steps at the same time.

Consecutive note-taking makes you a more effective interpreter. By writing down numbers, names and key medical terms, your interpreting is more accurate and complete, and you make fewer mistakes. You will look more professional.





Learning Objectives

After completing this module, you'll be able to:

Learning Objective 17.1

Explore how to perform simultaneous interpreting.

Learning Objective 17.2

Decide when, where and why to perform simultaneous interpreting in community settings.

Learning Objective 17.3

Improve simultaneous interpreting skills through self-evaluation.

Overview

Simultaneous is a mode of interpreting. When you perform it, you listen in one language and interpret into the other language at the same time. There is a small delay between what is said and what you interpret. This process works in the same way for spoken and signed languages.

At first, simultaneous interpreting can seem a lot harder than consecutive interpreting because it's a more complex skill. You might be afraid to try it. But simultaneous interpreting builds on the skills you practice already. Once you get used to it and do it often, simultaneous might even start to feel easier than consecutive interpreting. One reason is that you have less to remember.



Simultaneous Interpreting

Learning Objective 17.1

Explore how to perform simultaneous interpreting.

Introduction

Simultaneous interpreting is an interpreting mode like consecutive and sight translation. In simultaneous, you speak while the speaker is still speaking (or signing) just a little behind the speaker. In other words, there is a small delay between what is said and what you interpret. It feels quite different from consecutive mode because both you and the person you interpret for are speaking (or signing) at the same time.

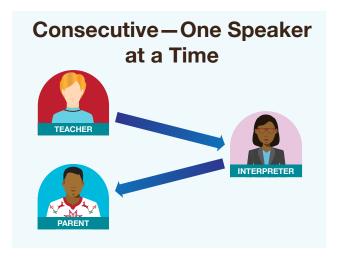
This section introduces you to how to perform simultaneous interpreting and the kind of equipment used. It also explores some of the challenges that indigenous interpreters face when they interpret simultaneously.

For a long time, many people thought community interpreters didn't need to perform in simultaneous mode. That isn't true. Surveys (CCHI, 2016, p. 24; CCHI, 2010, p. 7) have found that healthcare interpreters often use simultaneous, even when no one has taught them how. Community interpreters often need to work in simultaneous for:

- Fast speakers.
- · Side conversations.
- Larger groups.
- Emergencies.
- Information sessions (such as diabetes classes).
- Public meetings (such as school events).

Simultaneous interpreting

All three interpreting modes require the same core skills. Interpreters have to listen, understand meaning and transfer meaning into another language. But in consecutive mode, one person speaks at a time. In simultaneous, you listen to the speaker just long enough to understand the first idea. Then you start to interpret while the speaker is still talking (or signing).



Let's say an interpreter at a parent-teacher conference interprets for *two* teachers. It starts off, as usual, in consecutive mode. Then the two teachers start talking to each other about the student. Now the interpreter has to capture this conversation for the parents. The only way to do so is to switch to simultaneous. You listen to their conversation while interpreting it, in a low voice, to the parents.



Simultaneous is challenging because you:

- Listen and talk at the same time.
- Pay attention to what the speaker is saying at the same time you interpret what was just said.
- Manage two sources of sound: the speakers' voices and your own voice.
- Cannot interrupt to ask for a repetition or clarification.
- Have to understand and interpret the meaning quickly.

Simultaneous is easier to do between two languages that are similar. The more different languages are, the more difficult simultaneous becomes. English and indigenous languages are quite different. Many concepts can't easily be expressed the same way in both languages. As a result, simultaneous interpreting can sometimes be difficult to perform with indigenous languages. Yet there are many situations where simultaneous is needed. These include emergencies, public talks (such as health education) and situations where people lose control, speak quickly or refuse to be interrupted.

Simultaneous interpreting in conferences and communities

Simultaneous booths

Conference interpreters have a lot of help when they interpret simultaneously. They often sit in soundproof booths. They listen to the speaker's voice through headsets and can turn the volume up or down (louder or softer) to hear voices better. The interpreter can speak in a normal voice. The people listening hear the interpreter through a headset and receiver; they can also control volume.



Source: 110

Portable equipment

You can also perform in simultaneous mode with portable equipment. It can be used in any kind of setting. It is lightweight. This equipment includes a headset and transmitter for the interpreter, who speaks softly into a microphone. The listener has headphones and a receiver to listen to the interpreter's voice. The interpreter does not need to be near the people who need interpretation. The advantages are:

- Audience members who need interpreting can sit wherever they want.
- They can control the volume of the interpreter's voice.
- The interpreter decides where to sit or stand.
- The interpreter can speak at a low but natural volume.



The use of equipment is more common today in courts, some hospitals, social services, schools and libraries. Over time, its use will increase. Some interpreters purchase their *own* set of portable equipment to get certain assignments. It also makes those assignments much easier.

Whisper simultaneous

Most community and healthcare interpreters perform simultaneous interpreting without any kind of equipment. They do "whisper interpreting." (The official name is chuchotage, a French word that means "whispering.")

For this type of interpreting, also called "whispered simultaneous," lean in and speak softly close to the listener's ear. However, you should not actually whisper. Whispering is hard on the vocal cords. You could do permanent damage to your throat and voice if you whisper. Instead, lean close to the listener. Speak in a low, steady voice. Your interpreting has to be loud enough to hear, but quiet enough not to distract other people.



Here, two interpreters perform simultaneous interpreting. One interprets from English into Spanish. The other is going from Spanish into Tzotzil, an indigenous language spoken in the Chiapas highlands of southern Mexico.

Whisper simultaneous has to be practiced! Ask a family member or friend to help you. Experiment with your position and tone of voice. Ask for feedback. What works best for the listener? What works best for you?

Simultaneous interpreting and the brain

Interpreting simultaneously is like running fast. You can only go a little way before you start to breathe hard. Your legs get tired. The only way to recover is to *stop running* and rest.

Simultaneous interpreting is the same. Many studies show that your brain can only do simultaneous interpreting for 20 to 30 minutes before you start to make mistakes. Many mistakes. Serious mistakes. That's why conference and most sign language interpreters work in teams. They switch off every half hour. Many U.S. signed language interpreters switch off every 15 minutes. The only way your brain can recover is to *stop interpreting* and rest.

Why is simultaneous so tiring? It's because you make so many decisions quickly. Do you ever feel exhausted after shopping for an hour? Or after helping customers for hours at work? Research shows that making many decisions can make our brains tired. "The more choices you make throughout the day, the harder each [decision] becomes for your brain" (Tierney, 2011). In simultaneous, you listen closely. Analyze quickly. Decide in an instant what the words mean. Find a way to say their meaning in the other language. *All at once*. And then you do it over and over.

Simultaneous mode and indigenous languages

Indigenous interpreters face three big challenges when they interpret simultaneously:

- Lack of language proficiency (speaking and understanding both languages well)
- Lack of language equivalents for terms or ideas
- Lack of time

Lack of language proficiency

You need to speak both languages fluently to succeed in simultaneous. Everything happens quickly. If you struggle to find a word, or you don't understand something, you will get behind. Soon you will miss a lot.

Many indigenous interpreters lack full proficiency in both languages. They may not have studied any language formally. They may be able to read in one language but not the other. Their indigenous language may have no written form. They may interpret between their second and third languages. They may be born in the United States and speak an indigenous language at home, yet know English much better.

Lack of language equivalents

Many medical and service concepts don't exist in the same way in indigenous cultures. There is simply no easy way to explain them. For example, many indigenous languages have no word for cancer. Interpreters have to find a way to describe cancer. They must do so quickly and accurately.

Here is how one interpreter created a phrase in his indigenous language to describe cancer, after speaking with doctors. (Please note: The example here is not meant as a "correct" equivalent that all indigenous interpreters can use. For an equivalent, interpreters should work with providers to make sure that doctors agree with their solution.) This interpreter said, instead of cancer, "A disease that causes masses to grow, out of control, in a part of your body."

In consecutive, it's easier to use a phrase that describes the term. You have time.

DOCTOR

I'm sorry, Mrs. Salinas, but your tests show you have breast cancer.

INTERPRETER

I'm sorry, Mrs. Salinas, but your tests show that you have a disease that causes masses to grow out of control in your breast, which in English is called cancer.

If you are using simultaneous, you don't have as much time. When one or two key terms take extra time to interpret in the indigenous language, it's possible to keep up. What if *many* terms or ideas have to be described this way? A Mixteco interpreter shared a short list of some of the medical terms she has to interpret often that do not have equivalents in her variant of Mixteco:

- Diabetes
- Allergies to medications
- Tumor
- C-section
- Tuberculosis
- Vaccinations
- Side effect
- Stroke
- Mental health

Lack of time

In simultaneous, you have a just a few seconds to understand and interpret. Interpreting everything may not be possible without a lot of practice and proficiency. Simultaneous is too fast to find equivalents easily. Interpreters need experience in consecutive first. They also have to build up their terminology. But indigenous interpreters *can* and do learn simultaneous. The more they are familiar with the subject they interpret, the easier it gets to interpret well in simultaneous.

Simultaneous strategies for indigenous languages

Here are some strategies to improve your simultaneous skills:

- Learn the topic well in both languages. For example, know how to speak about pregnancy and birth in Chatino and in English before you interpret simultaneously for a prenatal class. Learn how to interpret the most common concepts between languages and practice them often.
- Prepare for the assignment. Be ready. For example, you
 are asked to interpret for a school presentation about drug
 prevention. Get all the documents ahead of time. If possible,
 talk to the speaker. Watch videos on YouTube. Practice
 putting the concepts into your indigenous language and
 saying them out loud.
- Work directly with the presenter. Talk to the presenter before the assignment. Explain the challenges you face. After all, presenters want their audience to understand what they are saying.
- Use summarization as a practice exercise. While someone speaks, practice summarizing the most important points.
 Let's say you have a recording of a presenter talking about three ways that diabetics can control their blood sugar. Make sure your summary includes all three ways (these are the important points), even if you lose some of the details. Do not use summarization when you are interpreting for clients.

Use hand gestures to manage the flow. If you perform
whisper interpreting, or use portable equipment, tell the
speaker before the assignment that you will use a certain
gesture to show when you need the speaker to slow down
or stop. Explain that you can't interpret everything if the
person doesn't pause each time you gesture.

Simultaneous mode can take longer to learn for many indigenous interpreters, but it is possible to become skilled at it. Until you do, say no to assignments that require it. Ask to interpret consecutively instead.

Review of Section 17.1

Simultaneous is an interpreting mode, like consecutive and sight translation. It is a more advanced skill. You need to be competent in consecutive interpreting before you start learning and performing in simultaneous mode. But you will have to learn to do it. You might need to use simultaneous for emergencies, out-of-control situations, fast speech and public talks.

Sometimes you might be lucky enough to work with portable equipment, which makes the work much easier. Most community interpreters perform simultaneous without equipment. They perform "whispered simultaneous." Whisper interpreting does not mean you should whisper, which could damage your throat and voice. Instead, speak in a low voice close to the person or people you interpret for.

Simultaneous interpreting tires your brain quickly. Try working in a team and take breaks after every 15 to 30 minutes. In reality, community interpreters rarely work in teams. Simultaneous presents special challenges for indigenous interpreters. They often lack full proficiency in both languages. They have problems finding equivalents for terms and ideas. The fast pace is hard to keep up with. Use the strategies mentioned here to help you. If you can't interpret simultaneously, tell your clients you can interpret in consecutive. Perhaps they will give you the assignment.



Simultaneous Interpreting in Health Care and Community Settings

Learning Objective 17.2

Decide when, where and why to perform simultaneous interpreting in community settings.

Introduction

The first decision to make about the simultaneous mode is when you should use it. The second decision is where you can use it. Finally, you should be sure you understand why you might have to use it. This section explores how to make those decisions. It also shows you strategies for preparing for a simultaneous interpreting assignment.

Decide when simultaneous mode is needed

Too many voices

Consecutive is the mode you will use most often in community settings. Only one person speaks at a time. For example, an income support specialist meets with her client to explain an application for food assistance (food stamps). What happens if the interpreter uses simultaneous? Which person does the client listen to—the social worker or the interpreter? Or both? What information does the client miss?

Even though simultaneous interpreting is faster than consecutive, simultaneous is not usually the best choice in community interpreting. Helping the client and provider understand each other is more important than speed.



Exceptions to the rule

Let's look at some examples of when it is *better* to use simultaneous than consecutive. In all of these cases, simultaneous is the better choice for clear communication:

- If two providers have a side conversation, use simultaneous to tell the client what is being said.
- If a mental health patient speaks too fast to interrupt, use simultaneous to keep up.
- If a victim of trauma (such as rape, domestic violence or child abuse) is having a hard time telling her story, don't interrupt every few sentences. Switch to simultaneous. Try not to add to her stress.
- If a nurse is teaching new mothers how to diaper and feed their babies, use simultaneous. Simultaneous is better for presentations.

Simultaneous in Community Interpreting

Presentations/classes	 Classes for parents (before surgery, for pregnancy, etc.) School presentations Provider trainings
Many providers or family members	 Medical appointments with multiple providers Parent-teacher conferences
Side conversations	Two providers talk about the patient.The client and a family member start talking.
Emergency situations	In the emergency departmentDuring police interactionsDuring conflict or crisis with clients
Mental health	 The patient speaks too fast to interpret consecutively. The patient is not making sense. The victim tells a traumatic story and shouldn't be interrupted.
Drug and alcohol	 The patient is too intoxicated to pause and let the interpreter interpret.
Lack of time	There is not enough time for consecutive.

Strategies for saying no

Simultaneous interpreting and sight translation are hard work, especially in indigenous languages. In Module 6 you practiced the "How to Say No" model to an inappropriate sight translation request. You can use this technique when someone asks you to interpret in simultaneous mode. Give suggestions. Help the provider find a better plan. For example, you could:

- Ask to do the session in consecutive.
- Offer to summarize what is said.
- Withdraw from the session.
- Try to find an interpreter who can perform simultaneous.

Remember, always put the indigenous person and provider's need to understand each other first. Don't use simultaneous until you are ready. Instead, use the "How to Say No" model you learned in Module 6 to decline the assignment.

Review of Section 17.2

Healthcare interpreters usually work in consecutive mode. It is the best mode for conversations. There are times, however, when simultaneous is needed, for example in:

- Presentations or classes.
- Meetings that include several providers or family members.
- Side conversations.
- Rapid speech.
- Emergency situations.
- Out-of-control situations.

Use simultaneous when it is the best mode for clients and providers to understand each other. If you don't know how to work well in simultaneous mode, don't do it.



How to Practice How to Practice Simultaneous Interpreting

Learning Objective 17.3

Improve simultaneous interpreting skills through self-evaluation.

Introduction

We've explored what simultaneous interpreting is and when and where to use it. Now it's time to practice! First, practice the elements of simultaneous interpreting. Then put them all together and evaluate yourself. The practice elements to focus on are:

- Shadowing and dual-tasking.
- Chunking ideas.
- Speed paraphrasing.

Module 1 showed you how to record yourself and listen to your consecutive interpreting. You can do the same with simultaneous. Self-recording lets you analyze your interpreting. Then, when you know what you need to practice, you can set practice goals. This section also helps you to prepare for simultaneous assignments.

Self-evaluation for simultaneous interpreting

Self-recording

First, record yourself. It doesn't matter if you've never tried simultaneous interpreting before. This recording gives you an idea of where your skill level is right now. When you listen, you may be surprised at what you did well. You will also hear the ways you can improve.

Pick a short video or radio show interview, about two to three minutes. It should be on a topic that you know about. It could be about exercise, gardening, cars, cooking or anything you know well enough to discuss. Next, follow the guidelines in Module 1 to record yourself using your smartphone, tablet or laptop. Listen to your interpretation. Notice the things you did well and also what didn't work well. Use the table below to evaluate your performance.

Delivery (How did I sound?)	 I sounded smooth. My expression and tone sounded similar to the speaker's. I stopped and started a lot. I used fillers (such as "uh," "mmm" or "eh") often. Other
Accuracy (Did I interpret everything?)	 I interpreted everything correctly. Sometimes I added things. Sometimes I missed things. Sometimes I changed things. Other
Language and grammar	 I knew all the words and how to interpret them. Some ideas were hard to put into my indigenous language. I used correct grammar and terms. Other

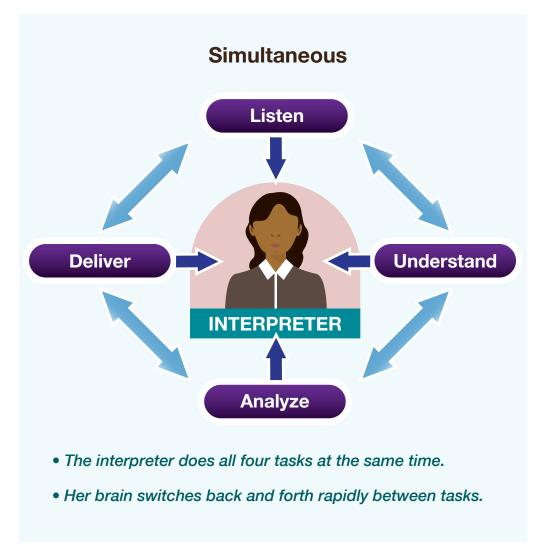
Now you have a baseline for your simultaneous interpreting. This is your starting point. Keep this first recording. Listen to it after you practice simultaneous for a while. You'll be amazed at how quickly you improve!

Steps to simultaneous skills

Community interpreters often say, "I could never do simultaneous. It's too hard." It's true that simultaneous mode can seem challenging. But it is possible to learn it. Once you do, you may surprise yourself by saying, "Oh, I wish I could do simultaneous for this assignment, it's easier than consecutive."

Consecutive seems easier at first because you listen and then speak. But consecutive uses more short-term memory. You have to remember information for a longer time before you interpret. The main way that simultaneous is harder than consecutive is that you have to listen and speak at the same time. That's why simultaneous is an advanced skill. After you become used to simultaneous interpreting, many interpreters find it easier because it uses up less short-term memory.

Let's look at what you are doing during simultaneous:



The good news is that consecutive interpreting has these same four tasks: listen, understand, analyze and deliver. When you practice consecutive, you are practicing each skill one at a time. You are developing the same skills you will need in simultaneous. In simultaneous, you have to do all four tasks as quickly as possible while still producing accurate messages that make sense. You need to practice them first in consecutive before you can use them all at once in simultaneous. To get ready for simultaneous, you should practice:

- Shadowing and dual-tasking.
- Chunking ideas.
- Speed paraphrasing.

Shadowing and dual-tasking

Many new interpreters in hospitals "shadow" or follow senior interpreters around as they interpret. This kind of shadow can be part of job training. It is important and helpful. However, it's not what we mean when we say "shadowing" in this manual.

Here, "shadowing" means repeating what the speaker says at the same time in the *same language*. For example:

SPEAKER

Today we are going to teach you how to take care of yourself after your surgery.

INTERPRETER

Today we are going to teach you how to take care of yourself after your first surgery.

Shadowing helps your brain get used to doing two things at once: listening and talking. It also helps you:

- Improve your pronunciation.
- Learn new terms and how to say them.
- Practice grammar and sentence structure.
- Warm up for interpreting simultaneously.

It's easy to practice shadowing. Do it while you watch TV or online videos, listen to the radio, or talk with friends. Simply repeat what the speaker says. Try shadowing slow speakers and fast speakers. Copy their tone and expression. Pay attention to anything that is hard to do, and practice that more.

After shadowing a few times, try to do something else *while* you are shadowing. For example:

- Write down numbers from 1 to 100.
- Write down numbers backward from 100 to 1.
- Write down numbers in patterns, such as 2, 4, 6, 8 or 5, 10, 15, 20.
- Write down your name, home address and telephone number several times.



This technique is called "dual-tasking." You are shadowing and doing something else. Shadowing helps you listen and speak at the same time. When you dual-task, you listen, speak and have to think of numbers or words and write them down. You are listening, thinking, talking and writing things down. That's hard brain work! These exercises train your brain to handle many tasks at once. They prepare you to interpret simultaneously.¹¹⁰

Chunking ideas

You learned how to chunk ideas in Module 2. Chunking helps you see the ideas in a sentence and how many there are. Do you remember this example?

Example: I went shopping with my cousin. In the vegetable section I slipped on a puddle of water and twisted my ankle.

You can separate (chunk) this statement into four main ideas.

Units of meaning: I went shopping with my cousin I In the vegetable section I I slipped on a puddle of water I and twisted my ankle.

For consecutive mode, chunking helps you to hold the main ideas in your short-term memory until you interpret. In simultaneous, chunking helps you decide *when* to start interpreting. Try chunking, or identifying each idea, in these statements.

NURSE

Hi, everyone. I'm Nurse Johnson. This is always a happy day. We're here to teach you what you need to know so you can take your premature baby home. Since you are in this class, that means that your baby is gaining weight, learning to eat and healthy enough to be in an open crib.

¹¹⁰ These shadowing exercises were adapted from Exercises to Develop and Improve Simultaneous Interpreting Skills, California Judicial Council. Retrieved from http://www.courts.ca.gov/documents/improvesimulskills.pdf

Speed paraphrasing

Word substitution and paraphrasing exercises were presented in Module 2. You interpret *meaning*, not *words*. When you hear a statement, analyze what it means. Do not attempt to memorize every word. In simultaneous, you have to analyze meaning much faster. Practice the way a runner does. Whenever you have a few minutes, try this exercise. Listen to a short statement. First find three different ways to say the same thing as quickly as you can in English. Then do the same thing into your indigenous language.

Your baby has a fever. Your child has a temperature. Your son/daughter is hot. Your infant is running a temperature. Mrs. Garcia, I have something good and something bad to say. Mrs. Garcia, there is positive news and negative news I want to share. Mrs. Garcia, I need to tell you the good and the bad.

It is important to say the three alternatives out loud. Don't just think them in your head or write them down. You are training your brain and mouth to find alternatives quickly. Now practice this exercise over and over, as fast as you can.

Preparing for a simultaneous assignment

Get all documents ahead of time

Getting the documents you need is *critical* for simultaneous. *Insist* on getting any slides, handouts, agendas and other documents before the assignment. Use them to prepare your glossary, research the topic online and practice unfamiliar terms.

Ask for a partner

If the assignment is longer than 45 minutes, you'll need a partner. After 30 minutes or so, your brain needs a break. If you keep interpreting, research shows you'll start to make big mistakes (Moser-Mercer, Künzli & Korac, 1998, p. 48). If a partner is not available, work with the speaker to give you a 10-minute break every 30 to 40 minutes. If the assignment is longer than two hours, consider saying no.

Search online for video and audio files

One of the best ways to prepare for a simultaneous assignment is to practice. Search online for videos and podcasts on the main topic. Sometimes speakers have online videos of their talks. Practice interpreting to them. It is much easier to learn terminology by *using* and *interpreting* it than memorizing glossary terms.

You can't interpret what you can't hear.

This idea seems obvious. Yet you will have to fight to hear clearly, especially for simultaneous assignments. In simultaneous, you have to hear the speaker over your own voice (except for sign language in most cases). In community and legal settings this is usually hard. Speakers often don't use microphones. Untrained interpreters try to just "get by." They lower their voice and strain to hear.

As a professional interpreter, it is your job to advocate for what you need. Interrupt the session and ask people to speak louder. You are there to communicate. If you can't hear what is said, the people you interpret for won't!

Ask about the room and the sound

For simultaneous interpreting, the room and the sound conditions are key. Ask the provider what kind of room you'll interpret in. Plan where to sit or stand to interpret. Sound is often the biggest challenge. If possible, ask to have a microphone for the speaker. If that is not possible, let the speaker know you may raise your hand or interrupt to ask him or her to speak louder.

Review of Section 17.3

In some ways, simultaneous is easier to practice than consecutive. You only need yourself and a way to record your interpreting. There are many online videos and audio recordings, even for indigenous languages. It is simple to record yourself and listen. This section gave you just a few of the many exercises that can help you improve your simultaneous skills. The three tasks this section focused on for practice were:

- Shadowing and dual-tasking.
- Chunking ideas.
- Speed paraphrasing.

Finally, this section gave you strategies for preparing for a simultaneous assignment. There are differences between consecutive and simultaneous sessions. It is important to be prepared by:

- Asking for all documents ahead of time.
- Asking for a partner if the assignment is longer than 45 minutes.
- Practicing with online videos and audio recordings.
- Knowing what kind of room and sound conditions you will have.



Review of Module 17: Introduction to Simultaneous Interpreting

This module gave you a brief introduction to simultaneous interpreting. Section 17.1 showed you how simultaneous interpreting works. It is often done with the help of equipment, usually portable equipment. Most community interpreters don't have equipment. Instead, they perform whispered simultaneous (which is *not* whispered but spoken in a quiet voice), also called *chuchotage*. Simultaneous can be challenging for indigenous interpreters. You need strong language proficiency, knowledge of the topic and *practice*. Until you are skilled at it, either say no to such assignments or ask if you can interpret consecutively.

Section 17.2 showed that although consecutive is the main mode for community and medical interpreting, simultaneous may be needed for:

- Presentations or classes.
- Meetings that include several providers or family members.
- Side conversations.
- Rapid speech.
- Emergency situations.
- Out-of-control situations.

Section 17.3 gave you strategies for simultaneous. First, practice shadowing and dual-tasking, chunking ideas and speed paraphrasing. Then put your new skills together by practicing interpreting with online videos and audio recordings. Evaluate your own recordings. Prepare well for simultaneous assignment. Get all the documents you need, work with the client to have good sound conditions and work in a team if possible.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 18.1

Define and discuss remote interpreting.

Learning Objective 18.2

Compare and contrast interpreting protocols for telephone and video interpreting.

Learning Objective 18.3

Demonstrate how to adapt the interpreter's introduction, the steps for strategic mediation and a check-back process for remote interpreting.

Overview

Remote interpreting usually means interpreting by telephone or video. The English word "remote" means far away. Remote interpreting is used when at least one of the participants is not in the same place as the others. It is now common in healthcare, community and legal interpreting. Interpreting by telephone or video is important for indigenous languages. In-person interpreters are often not available. Indigenous interpreters may get more work if they perform remote interpreting.

However, interpreting over the phone or video requires additional skills. This module describes remote interpreting and how it is different from face-to-face interpreting. To be successful, interpreters need to adapt their introductions and the steps for strategic mediation. This module also teaches a simple check-back method for interpreting numbers, names and directions during a remote interpreting assignment.



Remote Interpreting

Learning Objective 18.1

Define and discuss remote interpreting.

Introduction

Remote interpreting is done over the phone or with video. It uses different kinds of technology. Remote interpreting is different from face-to-face interpreting. This section defines remote interpreting and describes how it is used in healthcare and community interpreting settings.

The world of remote interpreting

Remote interpreting: Interpreting that involves at least one interpreter who is not physically present with other parties to the session and who is interpreting using a remote (distant) platform. Note: Remote interpreting usually involves interpreting via telephone or video. Sometimes all participants to the encounter are located in different places

Bancroft et al. (2015a), p. xi.

Interpreting takes place in two ways: onsite or remotely. With onsite interpreting (also called face-to-face or "in person" interpreting), the interpreter is physically in the same location as the people who need the interpreting. In remote interpreting, the interpreter is in a different place from one or all of the other participants (Kelly, 2007, p. xii).

Telephone interpreting is provided over the phone. It is also called over-the-phone interpreting, or OPI (Kelly, 2007, p. xi). Video remote interpreting (VRI) is interpreting using video programs or applications on laptops, tablets, smartphones, videophones or other devices.

Both telephone and video interpreting are used in health care and community settings. The interpreting is usually done consecutively. During remote interpreting, there are three possibilities:

- The client and provider are together and the interpreter is remote (not present).
- All of the participants are in different locations.
- The interpreter is with one of the speakers, but the other speaker is remote. (For example, in telemedicine the doctor is remote.)

Remote Interpreting

Telephone Interpreting

Interpreting provided over the phone. Commonly used in healthcare and community interpreting. Also in court and legal settings.

Video Remote Interpreting

Interpreting provided over video. It is used for sign language and spoken language interpreting in health care, community and court settings.

Remote Simultaneous Interpreting

Simultaneous interpreting over the phone or video. Used for conference meetings, presentations and in conference interpreting.

Telephone interpreting

Telephone interpreting began in Australia in the early 1970s. In the United States, it began in 1982 to help police communicate with Vietnamese immigrants in California (Kelly, 2007, p. 5). Telephone interpreting is the oldest and most common kind of remote interpreting.

Consecutive Telephone Interpreting



Video remote interpreting

Video remote interpreting (VRI) is newer. The technology used to be expensive and hard to install. Now it is available online. It can be used with computers, tablets and smartphones. More and more hospitals, community services and courtrooms use it—especially for less common languages such as indigenous languages.

Consecutive Video Remote Interpreting

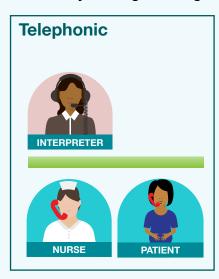


Remote simultaneous interpreting

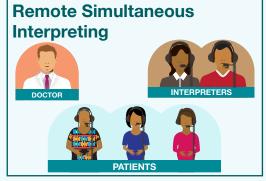
In telephone and video interpreting, usually consecutive mode is used. Every participant shares one telephone line or video feed. Everyone can communicate as if they were in the same room. One person speaks at a time.

Remote Interpreting

Consecutive telephone and video interpreting are the most common kinds of remote interpreting in health care, community and legal settings.







Remote *simultaneous* interpreting (RSI) requires at least two audio tracks. Two people need to speak at the same time: the speaker and the interpreter. However, *only the person who needs the interpreting should hear the interpreter*. The other people on the call should hear *only* what is said—not the interpreter.

Remote simultaneous interpreting (RSI) is growing rapidly. RSI is used mostly for conference calls, either telephone or video. It is not common in healthcare and community interpreting. However, RSI is sometimes used for patient education and other kinds of meetings. RSI will probably become more common.

The remote interpreting workplace

The remote interpreter needs:

- A place to work.
- The correct technology.

A remote interpreter can work in three places:

- A home office
- A call center
- A health care or community workplace

Home office

Most healthcare and community interpreters work as independent contractors. To work from home, telephone or video interpreters need a quiet, private place. Their home office should include:

- A room with a door that can be closed and protected from noise.
- A comfortable chair and a desk.
- A landline telephone connection.
- A headset with a microphone.
- Broadband internet connection.
- A computer or tablet (for video).
- A webcam: A camera built into the computer or tablet or added on.

The Remote Interpreter Workstation



- Computer (two screens is ideal)
- A wired internet connection
- Headset
- Webcam
- Comfortable chair
- Privacy

Source: 111

If you only take telephone assignments, you may not need a computer or webcam. However, many companies offer both telephone and video interpreting services. More and more, they want to work with interpreters who accept both. Many interpreting companies use apps that let you sign up for work, receive assignments and send invoices to get paid. You can also communicate with clients. The technology is changing fast. It is getting better. You will need to keep up with these quick changes in technology.

Call centers

Many remote interpreters work in call centers. These are large rooms divided into small work areas. Interpreters have their own desks, telephones and computers. Some companies only take telephone calls. Many offer video interpreting. Interpreters who work as employees in a call center get training and supervision. They work with other interpreters.

¹¹¹ Photo courtesy of Jonathan Levy, Transperfect Remote Interpreting, 2015.

The hospital workplace

Many hospitals hire a combination of onsite and remote interpreters. They build a call center *inside* the hospital. Interpreters who used to work only face-to-face now interpret by telephone or video from *inside* the hospital. This means that many interpreters work onsite and by telephone and video—in the same hospital!

There are many reasons why hospitals want their own call centers. Many telephone companies have call centers outside the United States. Their interpreters often do not know enough about the U.S. health care system. They make mistakes. The interpreters who work for the hospital know its policies, departments and patients. Also, an in-house call center can cost less and is more flexible for the hospital.

In-Hospital Call Center for Remote Interpreting



Onsite vs. remote interpreting

Onsite interpreting

In onsite (face-to-face) interpreting, interpreters are in the same room with both parties. The interpreter can see and hear everyone more easily. It is easier to manage the flow of the conversation and intervene. Onsite indigenous interpreters may know more about the programs and people they interpret for. They may have more time to prepare. They have a better understanding of local cultural issues.

Remote interpreting

Remote interpreters work from home or in call centers. They have to use special technology. Remote interpreters can have problems with that technology, or with telephone and internet connections. It can be hard to hear. Telephone interpreters also can't use a hand gesture to ask for a pause. They have to interrupt orally. Video interpreters can *try* to use a gesture to ask for a pause. However, it may not be noticed. Then the video interpreter has to speak up and ask for a pause.

Onsite Interpreting

The interpreter:

- Can see and hear the patient and provider.
- Can watch for body language and gestures.
- Has more information about the session.
- It is easier to manage turn-taking.
- Asks for a pause with a physical gesture.
- Needs less technology to interpret.
- May or may not take notes for consecutive interpreting.
- Is usually better paid.







Remote Interpreting

The interpreter:

- May have difficulty hearing and/or seeing the patient and provider.
- Interprets a bigger variety of accents and topics.
- Interprets more topics but has less information about each setting.
- Turn-taking can be more difficult.
- Asks for a pause with a verbal interruption.
- Needs telephonic and/or video technology to interpret.
- Must take notes while interpreting.
- May be paid less but has more freedom to choose assignments.







(Sign language interpreters can use both strategies. They use sign language to ask the Deaf consumer to pause but ask for a pause by speaking out loud to the provider.)

Remote interpreters interpret for many kinds of assignments and topics. They work with immigrants from across the country (or beyond). They handle different accents and terminology. They take notes. They may not be familiar with the services and clients they interpret for. If they work from home, they spend little time with other interpreters. Remote community interpreters usually have no time to prepare for assignments. The image on the previous page shows some of the differences between onsite and remote interpreting.

Skills for remote interpreting

Interpreters have to learn additional skills for remote interpreting that are not needed for onsite appointments. Telephone interpreters listen without being able to see the speaker. Video interpreters can see the speakers, but not nearly as well as they can in onsite interpreting. Both telephone and video interpreters have to speak more clearly and loudly to be heard. Remote interpreters have to get used to interrupting the speakers orally.

Technology

Remote interpreters have to learn a great deal about telephone and video technology. Sometimes there will be connection problems. Telephone calls can cut off. Video connections can freeze or have delays. Interpreters have to interact with this technology *while* they interpret. They have to solve problems when the technology doesn't work. They have to pay close attention to the message *and* interact with the technology at the same time. This technology can feel challenging at first. But you will get used to it soon!

Working in front of a camera

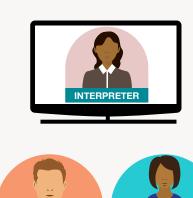
When you work with a video system, you have to manage the technology and pay attention to how you appear on the screen. Many things can go wrong when you are on a video call. Use this checklist to make sure your video assignment goes smoothly.

- You will need a strong and stable internet connection.
- Your face should be clearly visible and in the middle of the video screen.
- Check the lighting on the screen. Is it too dark? Too bright?
- Check the sound. Make sure you can hear the speakers and they can hear you.
- Check that there is no static or distracting noise coming through your microphone.
- Make sure the room you are in is quiet and you won't be interrupted.
- Dress appropriately for the session: You don't need to wear a suit or tie but put on a professional-looking shirt, blouse or sweater.
- Don't eat, touch your hair or face or move a lot while on screen. (Having water available is all right.)
- Take notes while you interpret.

Video Interpreting Checklist

When interpreters are working remotely with video, they make sure:

- The internet connection is strong and stable.
- The **image** is visible with good lighting.
- The microphone is working and everyone can hear each other.
- No one will make background noises or appear on the video.
- They will not be interrupted during the assignment by colleagues, pets, family or friends during the assignment.
- They are dressed professionally.
- They are not eating, touching their hair or face or moving too much. (Drinking from a water bottle is all right.)







Managing noise

Background noise is one of remote interpreting's biggest problems. The interpreter cannot interpret what he or she cannot hear. A bad telephone or video connection can make it hard to understand what the speaker is saying. Often, a lot of noise comes from the provider's telephone, especially in places like the emergency room (ER).

The nature of the E.R./trauma room itself also creates excessive background noise that may affect communication and/or distract the interpreter. These noise factors may be intensified by the following: multiple providers, loud volume of speech (e.g., shouting), equipment/monitors, pain/emotional state of the patient (e.g., crying, shouting), or adjacent family members/other patients (Roberson, 2008, p. 2).

You cannot interpret what you cannot hear. The only way you can protect your ability to interpret accurately and completely is to make sure you can hear.

Hospitals Are Busy and Noisy



It can be hard to:

- Hear over the phone.
- See over the video.
- Speak loudly enough to be heard.
- Interrupt to ask for a pause.
- Understand who is speaking.

Retrieved from: https://media.defense.gov/2008/Apr/01/ 2000638243/-1/-1/0/080308-F-5957S-55

When should remote interpreting be used?

There is a lot of debate about when remote interpreting should be used. Some people believe that onsite interpreting is better for patients and clients. Others find that remote interpreting can be better for some assignments. For example, some emergency department doctors prefer remote interpreters. There is less wait time, and the interpreter is out of the way in a crowded setting.

On the other hand, those who work long-term with one patient or client, such as doctors who work with cancer patients and most (not all) therapists, may want an onsite interpreter. However, remote interpreting is often a good choice in many cases such as (Kelly, 2007, pp. 28-32):

- In rural areas where there are few trained interpreters.
- For indigenous and other less common languages (where no onsite interpreters may be available).
- When there is no time to get a face-to-face interpreter.
- If a face-to-face interpreter is too expensive.
- For sessions that are not long or urgent, such as filling out admissions forms or scheduling appointments.
- For clients who are deeply concerned about confidentiality.

Remote interpreting and indigenous interpreters

Remote interpreting is an important part of the future for indigenous interpreters. They are in demand around the country, but there are often not enough assignments to give them enough work to make a living. Remote assignments give indigenous interpreters more work and experience.

Remote interpreting also allows indigenous interpreters to take assignments that are too far away or too short to require travel. Many community and legal appointments are brief. A court hearing may take 30 minutes. A doctor checking in with a patient at the hospital may need 15 minutes. It does not make sense to travel long distances for this kind of appointment.

Many interpreters worry that remote interpreting will replace face-toface interpreting or mean less pay. It is impossible to predict all the ways it will affect the profession. Indigenous interpreters, however, should learn how to interpret over the phone or by video. Remote interpreting assignments make it possible for some indigenous interpreters to work more often, accept more kinds of assignments and make a living.

Review of Section 18.1

Interpreters work face-to-face or remotely. Remote interpreting is done over the telephone or video. It is a growing part of the profession. It can also give indigenous interpreters more work. Remote interpreting can be more difficult to do than onsite interpreting. There are many technical challenges. The technology can feel intimidating or scary—at first. But interpreters learn to manage it.



Interpreting Protocols in Remote Interpreting

Learning Objective 18.2

Compare and contrast interpreting protocols for telephone and video interpreting.

Introduction

Some parts of the session are more difficult in telephone or video interpreting. Interpreters need to adjust their introductions, turntaking and the way they perform strategic mediation for remote interpreting. Interpreters can also use a simple check-back process to double-check names, numbers and addresses.

Protocols for remote interpreting

Introductions

A professional introduction for community interpreters was introduced in Module 3. In addition to the regular elements of your introduction, you will need to change how you ask for a pause. You will also need additional information at the beginning of the call, for example:

- Who you will interpret for (how many people are in the room and who they are).
- Whether the indigenous person and provider are in the same room or in different places.
- For telephone interpreting, which kind of telephone is used—a regular telephone, a telephone with two handsets or a speakerphone?

For telephone interpreting, your introduction should include:

Professional Introduction: Telephonic Interpreting

Regular Elements

- My name is XXXX and I'll be your interpreter today.
- I will interpret everything said.
- I will keep everything confidential.
- Please speak directly to the patient.

Additional Elements

- I need to ask if you are in the same place as the patient.
- Are you sharing a phone or using a speakerphone?
- I will interrupt if I need you to pause by saying "Excuse me, please pause..."

Start your introduction with the provider. Ask the provider the additional questions. Then, when you introduce yourself to the indigenous person, say that you asked the provider for that information.

Identify the telephone technology

Telephone interpreters need to identify what kind of telephone system the patient and provider are using. There are three kinds:

- A single telephone
- A telephone with two handsets or two separate telephones
- A telephone set on speakerphone

Single telephone

When there is only one telephone, either a provider's smartphone or a landline telephone, the client and provider have to share it. The telephone gets passed back and forth between them. The interpreter does not always know who has the telephone or when one person has stopped speaking and the other one is ready to listen to the interpreting. As the interpreter, you may have to say things like: "Please say 'ready' when you want to interpret," or "Please say 'OK' or 'I'm finished,' when you have stopped talking and want me to interpret."

Two handsets or two telephones

A telephone with two handsets (dual-handset telephone) is one telephone with two separate receivers. With these telephones, the provider and the indigenous person can each pick up, and talk through, a separate receiver.

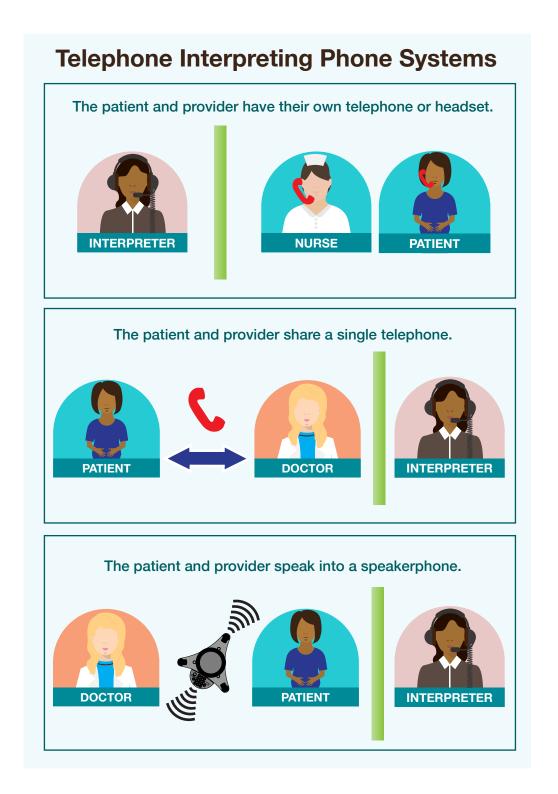
When there are two separate telephones, although both could be in the same room, usually a provider is calling a client at home. In other words, the interpreter works between two people at two locations, each with his or her own telephone. In general, a two-handset telephone, or having two separate telephones, is a good option. Everyone can hear what everyone else says. You don't have to wait for the telephone to be passed back and forth.

Speakerphone

Speakerphone is an option available on most kinds of telephones, including cell phones. (Sometimes it is on a special kind of telephone used for meetings.) When someone turns on a speakerphone, everyone in the room can hear. If you interpret remotely on speakerphone, both the indigenous person and the provider will hear you from the same telephone. However, the sound quality will be poor.

Speakerphone is the worst option. If possible, avoid it. It picks up background noise. If one person moves away, you will not be able to hear well, and that person may not be able to hear you. Ask everyone to stay near the telephone. Interpreting on speakerphone can also make you more tired because it takes more effort to hear

and understand. Tell the people you will ask them to speak louder if you cannot hear.



Adapt strategic mediation for remote interpreting

In Module 9, you learned how to intervene using the five steps of the Strategic Mediation Model.

The five steps to perform strategic mediation are:

- 1. Interpret the last thing said.
- 2. Identify yourself as the interpreter.
- 3. Mediate briefly with one speaker.
- 4. Tell the other speaker what you said
- 5. Go back to interpreting.

In remote interpreting the steps do not change. You just want to be sure that you intervene first with the person who will *not* be answering your question or request.



Step 1: Interpret the last thing said.

This step does not change. Mediation can take longer over the phone or a video call. If you forget to interpret the last thing said, it will be hard to remember after the mediating.

Step 2: Identify yourself as the interpreter.

In remote interpreting, be clear when you stop interpreting to intervene. If you don't, people can get confused about who is talking.

Step 3: Tell one speaker why you need to mediate.

Now start your mediation. To avoid confusion, *speak first to the person who will not answer your question or request*. State that you have to speak to the other person and say why, for example, "Excuse me. As the interpreter I need to clarify what rhinoplasty means with the doctor." Then do Step 4 with the doctor. *The patient now understands why you are speaking to the provider.*

Two exceptions are legal interpreting and mental health interpreting. In those cases, you would intervene by speaking *first* to the provider—even for remote interpreting.

Step 4: Tell the other speaker why you need to mediate.

Now, quickly mediate with the other speaker. Ask your question, or make your request.

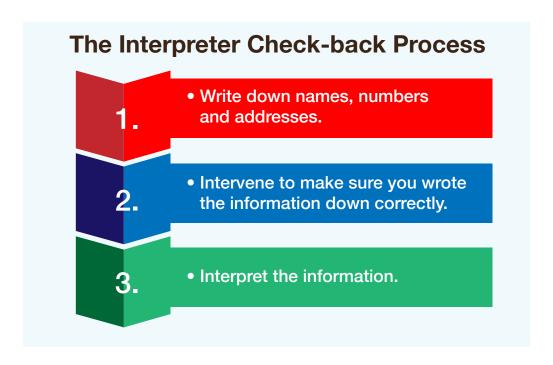
Step 5: Go back to interpreting.

You may need to alter this step slightly. It may not be clear when you have finished mediating. There may be an uncomfortable pause. No one speaks. You might need to say, "Please, go ahead," so that they know you are ready to interpret.

Check-back process

Take notes to make sure you don't make mistakes when you interpret numbers, names, addresses and the names of medical conditions or other important terms and ideas. In remote interpreting, numbers can be even harder to get right. In 2011, a Spanish telephone interpreter for a 911 call got the address wrong.

Instead of interpreting "2601 111th Avenue," the interpreter said in English, "2600 101st Avenue." The wife died. The family filed a \$3 million-dollar lawsuit against the interpreting service. 112



It is often hard to hear over a phone or a video connection. Patients share their addresses, telephone numbers and financial information. Doctors share prescriptions and doses. In emergency situations, getting the address correct can be a matter of life and death. Your note-taking skills are important in remote interpreting!

Then, even if it takes a bit longer, take a moment to *double-check* that names, addresses and numbers are correct. Here is how to check back:

- Write down names, numbers and addresses.
- Intervene to make sure you wrote the information down correctly.
- Interpret the information.

For example, the doctor says: "Take the antibiotics three times a day with food for two weeks." Write down "three times a day, with food, for two weeks." Intervene with the doctor to make sure you wrote the information correctly. Then interpret the information.

¹¹² An article on this famous case was retrieved from http://www.oregonlive.com/portland/index.ssf/2014/04/spanish_interpreter_botched_9-.html

Review of Section 18.2

Protocols such as introductions, strategic mediation and the check-back process are tools that help you interpret well over the phone or by video. Adapt them to help you manage the communication. Adapting these protocols will help you to avoid mistakes, be accurate and transparent and communicate more smoothly when you perform remote interpreting.





Adapting Introductions, Strategic Mediation and Check-back for Remote Interpreting

Learning Objective 18.3

Demonstrate how to adapt the interpreter's introduction, the steps for strategic mediation and a check-back process for remote interpreting.

Introduction

The last section showed you how protocols in remote interpreting have to be different than many of those used in face-to-face interpreting. This section has a different purpose. It shows you what to do and say for these same protocols. It gives you practical guidance from the field to help you adapt your introductions and strategic mediation steps when you perform remote interpreting. This section also shows you how to try out your new check-back process.

Adapting protocols for remote interpreting

Introductions

Telephone interpreting introduction

Many indigenous interpreters report that noise problems are the hardest thing to manage in telephone interpreting. One way to handle noise is to ask what kind of telephone system the patient and provider are using during your professional introduction.

Example: You are a Mixteco interpreter interpreting over the phone. A Mixteco mother has brought her sick baby to the clinic. The baby refuses to eat and has a fever. The nurse calls you and explains the appointment. She says a doctor and a nurse are in the room. You have had bad experiences with noise issues for this kind of appointment. You try to prevent noise problems through your introduction.

INTERPRETER

(To the patient, in the indigenous language) Hello, I'm Sara, your interpreter. Please wait a moment while I introduce myself to the doctor. (To the provider) Hello, I'm Sara, your Mixteco interpreter. I'll interpret everything you say and keep everything confidential. Please speak directly to the patient. If I need you to pause, I'll say, "Excuse me, as the interpreter I need you to pause." May I please ask two questions before we begin?

DOCTOR

Hello, yes, what are your questions?

Are you and the patient in the same room?

Yes, she's at the clinic here.

Thank you. And can you tell me what kind of telephone system you are using? Does the patient have her own telephone, or are you on speakerphone?

Oh. We're on speakerphone. It's here between the patient and me.

Thank you. Speakerphones can make it hard to hear. Please speak loudly and stay close to the speakerphone. If you move away, I may not be able to hear. If I can't hear, I'll ask you or the patient to repeat what you said.

OK, yes, I understand. Just tell us if you need us to repeat anything.

Thank you, now I'll introduce myself to the patient.

OK.

continues on next page

INTERPRETER

Hi, I'm Sara, your Mixteco interpreter. I asked the doctor what kind of telephone you're using. Please speak loudly and stay close to the speakerphone. I will interpret everything you say and keep everything confidential. Please speak directly to the doctor and the nurse. If I need you to pause, I'll say, "Excuse me, as the interpreter I need you to pause." Now I'll tell the doctor we are ready to begin.

PATIENT

OK. I understand.

Doctor, I'm ready to begin.

Your introduction may take a bit longer in remote interpreting. That's all right! Take a few extra moments at the start. It will help you avoid confusion and delays later on.

Video remote introduction

You may not have to adapt your introduction the same way for a video call. You will be able to see and hear both the provider and the patient. However, even though both parties can see you, don't use a hand gesture to ask for pauses. Use a spoken request. On a video screen, your hand gesture is easy to miss. People most likely aren't paying attention to your body language. They won't notice you if you lean forward to get their attention. You may also have to ask the provider or the patient to speak more loudly or change their positions so that you can see them.

Strategic mediation for remote interpreting

In remote interpreting, you will probably have to intervene a few times. Remember the last section? There you learned how to adapt the five steps for the Strategic Mediation Model for remote interpreting. Let's see how this process could play out in real life.

Example: You interpret over the phone for a hospital social worker and three members of a Triqui family. Their mother is quite old. She fell and hit her head. She has been in a coma for several weeks. The tests show that the mother's brain is no longer functioning. It will never work again. The brain has died. The doctors are recommending that she be taken off all the machines that keep her alive. During the session, the family members start talking with each other again and again before you have finished interpreting. They cut you off.

You will now have to intervene to say you can interpret for only one person at a time. You also need the social worker to help manage the conversation. To do so over the phone, you will have to be firm, loud and clear.

INTERPRETER

(to the social worker) Excuse me, as the interpreter I need to ask the family members to speak one at a time so I can interpret everything they say. It would help me if you can get them to speak one at a time.

SOCIAL WORKER

Oh, OK. Yes, I can help.

(to the family members) Excuse me, as the interpreter I can only interpret for one person at a time. Please let me finish interpreting before you talk so that I can interpret everything. I also asked the social worker to remind you to speak one at a time, and he agreed to help.

FAMILY MEMBERS

OK.

(if needed, add) I am ready to go back to interpreting.

In the example on the previous page, the interpreter asked *both* sides to help manage their communication. She reminded the family members to let her interpret *before* they start speaking. She also pointed out the problem to the social worker. He may now be more active in asking the family members to speak one at a time.

Practice the check-back process

Remote interpreters are often called for emergency medical situations. The communication can be loud, chaotic and confusing. Numbers and addresses are critical information that need to be interpreted correctly. The check-back process uses the steps for strategic mediation to double-check names, numbers and addresses.

Example: You are interpreting for a 911 call. A man is having chest pains and may be having a heart attack. His wife has called 911.

911 OPERATOR

We can send an ambulance to your house right away. What is your address?

INTERPRETER

Interpret the question.

WIFE

We live at 1234 Salinas Park Street in Salinas, California.

(To the 911 operator) Excuse me, as the interpreter I want to double-check the address. (To the wife) Excuse me, as the interpreter I want to know if you said your address was 1324 Salinas Park Avenue in Salinas, California?

No! No! It's 1234 Salinas Park STREET!

(to the 911 operator) We live at 1234 Salinas Park Street in Salinas, California.

OK, I'm sending an ambulance right away. Please give me your telephone number in case we get cut off. I'll call you back.

continues on next page

INTERPRETER

(Interprets what the 911 operator said into the indigenous language.)

WIFE

Our number is 831-555-1212.

(to the 911 operator) Excuse me, as the interpreter I want to double-check the telephone number. (to the wife) Excuse me, as the interpreter can I ask if you said your telephone number is 831-555-1212?

Yes! That's correct. Please tell them to hurry!

(to the 911 operator) Our number is 831-555-1212. Please hurry!

Check-back Names, Numbers and Addresses

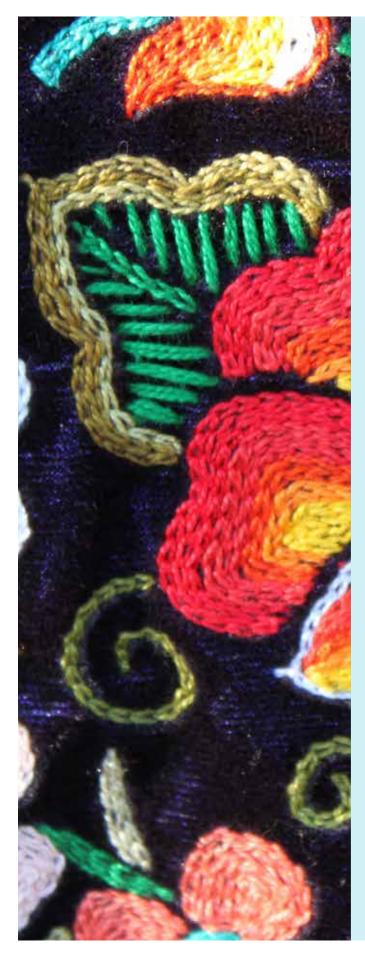
Take a moment and make sure you heard all of the names, numbers and addresses correctly. Write them down.



In this example, the interpreter corrected a critical error in the address. If the ambulance were sent to 1324 Salinas Park Avenue instead of 1234 Salinas Park Street, the man might die before the mistake was discovered. When you interpret remotely, addresses can be hard to understand. Take the time to double-check what you hear! Especially for an emergency situation, such as a 911 call, double-checking the number might save a life.

Review of Section 18.3

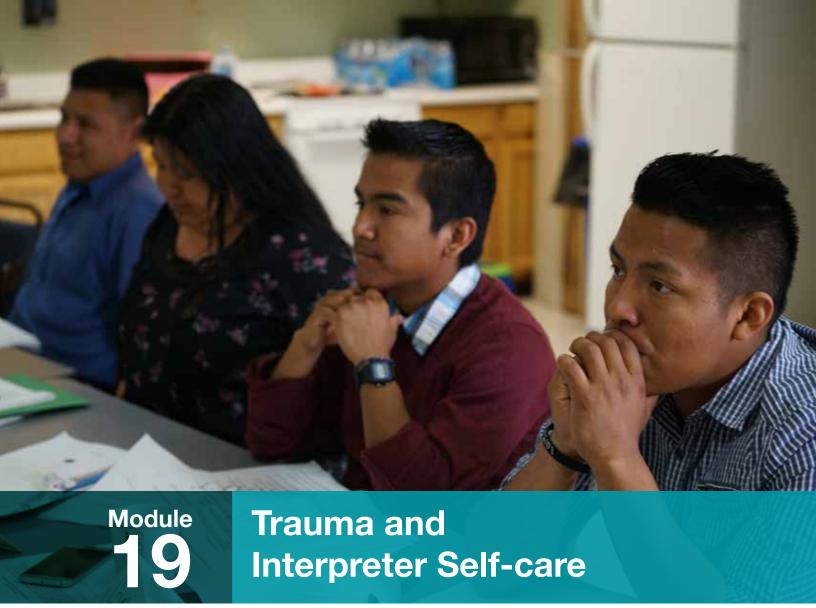
This section gave you specific examples for how to adapt your introductions and the steps for strategic mediation to remote interpreting. It also gave you a clear example of how to perform the check-back process.



Review of Module 18: Remote Interpreting

This module introduced you to remote interpreting, a growing part of healthcare and community interpreting. Section 18.1 gave you an overview of the field. The technology has improved in recent years. Many indigenous interpreters in the United States get work over the phone and even on video remote calls. More and more, their services are needed across the country. Remote interpreting can be a good source of income and work for indigenous interpreters.

Remote interpreting requires additional skills. Section 18.2 compared basic protocols for remote and face-to-face interpreting. Interpreters have to adapt their introductions and the steps for strategic mediation to manage the flow of communication and avoid errors. Also, it is harder to hear when you interpret by telephone or video. Making mistakes such as wrong numbers and addresses can cause harm. These mistakes are easy to make. Interpreters should take good notes and use the check-back process to make sure that names, numbers and addresses are correct. Section 18.3 gave specific examples and guidance on how to adapt these protocols to perform remote interpreting. Using those scripts and examples can make remote interpreting sessions go more smoothly.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 19.1

Explore the impact of stress and trauma on interpreters.

Learning Objective 19.2

Practice self-care before, during and after interpreting.

Learning Objective 19.3

Write a self-care plan.

Overview

Healthcare and other community interpreters work in stressful environments. They interpret for those who are sick, in pain or in need of basic services. Self-care is an important skill for professional interpreters. Interpreters need realistic and specific strategies for managing the stress and trauma they experience at work.

The first section of this module defines and identifies the differences between stress, trauma and secondary trauma. It introduces the concept of self-care. The second section offers short-term self-care strategies for interpreters to use before, during and after an interpreting assignment. The third section focuses on how to write a self-care plan. This module is based on a pioneering work, *Breaking Silence: Interpreting for Victim Services* (Bancroft et al., 2016a).¹¹³

¹¹³ To download a copy of this free training manual, workbook and glossary, go to http://ayuda.com/get-help/language-services/resources/



Stress and Trauma

Explore the impact of stress and trauma on interpreters.

Introduction

This section defines stress, trauma and secondary trauma, which is also called vicarious trauma. You will explore stressful and traumatic experiences that often occur in health care and community services. The stress and trauma that interpreters experience at work can affect them deeply. Interpreters need to understand what stress and trauma are and how they affect other people and themselves.

For example, if you interpret for a mother whose baby has just died or a victim of sexual assault, that session will probably affect you. These are emotionally difficult experiences for the mother, the victim and for you. Doctors, therapists and many other providers receive training on how to take care of themselves after emotionally intense sessions. Interpreters need this training too.

Stress and trauma

This topic is of critical importance for interpreters. Every community and legal interpreter encounters stress, and almost every one of them has experienced trauma while interpreting. Yet even the difference between stress and vicarious trauma is not clear to most interpreters.

Bancroft et al. (2016a), p. 70

Interpreting is a "helping profession." In other words, like nurses, teachers and social workers, interpreters do work that helps other people. Community interpreters provide a special service to people in need. They help immigrants and the Deaf get health care, education and social and legal services. They often work during stressful and difficult times. The stress and trauma that patients and clients experience can also affect them.

Stress

Stress can be defined as "a state of mental or emotional strain or tension resulting from adverse [negative] or demanding circumstances."¹¹⁴ It is a normal part of life. When we feel stress, it affects us physically, emotionally and mentally. Our bodies respond. Our hearts beat harder. We can get short of breath. Our stomach muscles may tighten. Emotionally, we may feel anxious or scared. We might get angry and frustrated. Mentally, our thoughts might race. Sometimes it feels hard to focus. Other times, we can think only about our problems.

For example, imagine you are driving to work. You have an important interpreting assignment right at the beginning of the day. You know that a team of doctors will meet with a patient to discuss a big surgery. The patient is taking the morning off from work. Suddenly, traffic slows down. You can see an accident ahead. You are stuck on the highway. You're going to be late.



Your heart starts beating fast. You sweat. Your hands shake. You feel scared and worried. The medical team is going to be angry. Why didn't you leave 15 minutes earlier? Why did you take this highway? You get angry at the cars around you. You are stressed.

Stress can be good or bad. Often, how it affects us depends on how we react. Some kinds of stress can make us want to work harder to solve problems. Other times, we might freeze and not know what to do. Stress can make our minds less clear. It can be hard to make decisions. Everyone responds to stress differently. As an interpreter, how do you react to stress? What do you do to handle your stress?

Stress: In a medical or biological context stress is a physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). Stress can initiate the "fight or flight" response.¹¹⁷

¹¹⁴ Oxford Living Dictionaries. Retrieved from https://en.oxforddictionaries.com/definition/stress

¹¹⁵ Retrieved from https://www.medicinenet.com/script/main/art.asp?articlekey=20104

Trauma

Trauma is more serious than normal everyday stress. Trauma can be defined as:

An emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer-term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.

American Psychological Association¹¹⁶

What causes trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse [negative] effects on the individual's functioning and physical, social, emotional or spiritual well-being.

U.S. Substance Abuse and Mental Health Services
Administration (SAMHSA)¹¹⁷

Stress is something we experience every day. A crying baby can cause stress. Worry about money or health is stressful. But trauma is more than simple stress. Trauma is the result of a strong, harmful experience (or many). Trauma can affect you all your life. Often it can be hard to recover from a traumatic experience.

Trauma can be experienced by one person, for example, after being in a car crash, losing a close family member or getting robbed. Trauma can also affect a group. For example, war and natural disasters such as earthquakes are big events that can traumatize large groups of people. Many villages and communities of indigenous peoples have seen their entire communities traumatized by massacres and other violence against them.

¹¹⁶ Retrieved from http://www.apa.org/topics/trauma/

¹¹⁷ Retrieved from http://www.samhsa.gov/traumajustice/traumadefinition/ definition.aspx

Secondary trauma

Interpreters experience trauma in their own lives. They experience the trauma of clients and patients. When you are exposed to other people's traumas and problems, especially for a long time, you can develop secondary trauma (also called vicarious trauma). Healthcare and community interpreters often experience secondary trauma because they interpret for painful stories, such as a child dying, a man losing an arm in surgery or a woman who was raped.

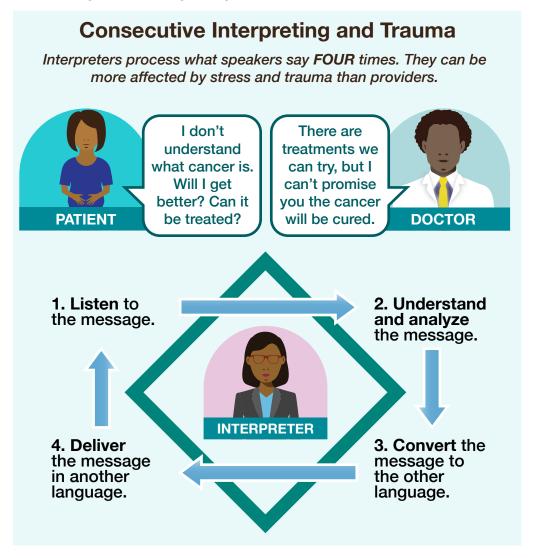
Interpreters are at risk for harm from trauma. There are many reasons. Remember, while interpreting, you have to:

- Interpret everything, including painful experiences, curse words and shocking stories.
- Interpret the names of private body parts and words for sex and violence.
- Manage your emotional response if you have had similar experiences yourself (such as rape, abuse or losing a close family member).
- Manage your feelings and body reactions.
- Manage stress in your own life (such as overwork, raising children or losing a spouse) when you also interpret for patients or clients with trauma.



Processing trauma

Doctors, social workers, nurses and therapists are also exposed to trauma. When they are in training, they learn how to deal with trauma so it does not harm them. The interpreting profession is just beginning to study how trauma affects interpreters. Interpreters may be even *more* affected by trauma than other providers because they do not only hear a story: They are also the voice of trauma.



When you interpret trauma stories, your brain goes through four steps. First you hear the story. Then you think about what the story means. Then you convert the words to put that story into the other language. Finally, you think of the story for a fourth time when you deliver the message.

When you interpret consecutively, you process the trauma *four times*. It can be hard for interpreters to "let go" of what they interpret. Some images and stories can stay with you a long time. Also, you interpret in first person. Direct speech can make you feel as if the trauma is happening to *you*. Your brain plays a trick on you. When you leave the session, you might cry or want to shout. You *feel* some of the pain.

Stress vs. secondary trauma

	Interpreter Stress vs. Vicarious Trauma	
	Job stress	Vicarious trauma
Immediate response (during the session)	Irritation	Dizziness/ lightheadedness
	Impatience	Nausea
	Feeling "fed up"	Heart pounding
	Fantasies of revenge	Distress or sadness
	Anger	"Spacing out"
	Frustration	Inability to continue
Short-term response (right after the session)	Taking it out on colleagues	Shaken or shaking
	Venting to friends/ family	Confusion
	Problem solving	Emotional numbness
	Revisiting job description	Flashbacks
	Reporting problems	Intrusive thoughts of crime
	Desire to quit	
Longer-term response	Desire to make changes	Insomnia or nightmares
	Reevaluating the job	Depression
		Anxiety
		Fear for safety or self/family

column and vice versa. This table is intended only as a general snapshot for interpreters; it is not

clinical guidance.

Stress is different than trauma. Most of us know how to adapt to and live with stress. Trauma can cause more harm. Trauma can last longer. Interpreters need to know the differences between regular stress and signs that they may be suffering something from secondary trauma (also called vicarious trauma). The table on the previous page is taken from an interpreting training manual called *Breaking Silence: Interpreting for Victim Services* (Bancroft et al., 2016a, p. 80). It shows differences between how people react to stress and trauma.¹¹⁸

Stories of trauma from indigenous interpreters

The indigenous interpreters interviewed for this program shared some of the difficult experiences they have had working as interpreters. Their stories show how interpreting other people's traumatic stories can affect interpreters. It has an impact on their work—and on their personal lives.

Mixteco interpreter

Once I had a video interpreting assignment for a woman who had been in an accident while she was pregnant. The accident made her disabled. She had given birth to her baby but did not know that it was dead. When I interpreted that information, she cried really hard. I had to ask her what she wanted to do with the baby's body. She was bitter that she was disabled. When she cried I had to keep it all in. I walked all over to calm myself down. I was with the nurses at the hospital, which helped me feel better. I felt really stressed that day.



Triqui interpreter

Once I interpreted for a patient who was dying. By the time I arrived at the appointment, the patient had died. I had to interpret for the family. I felt bad. Another time I interpreted for a man in jail.

¹¹⁸ Note: Extreme job stress could cause some of the responses in the "vicarious trauma" column and vice versa.

He told me how his mother had died when he was a teenager. He said that's why he had ended up in jail. I know it's not personal, but culturally it makes us sad. These kinds of appointments make you afraid. You don't want to go. The training and support we have received have given me the confidence to be here and not feel afraid. We have someone to support us. Interpreters need the training and extra support.

Mixteco interpreter

I had a difficult case where a baby died. I interpreted for the family for several months. The baby had heart problems. I went with them to the big hospitals out of town and interpreted for cardiologists and neurologists. The mother had a lot of difficult experiences. During one appointment, the cardiologist told her about the condition the baby had but not with many details. I intervened and tried to get him to explain it more simply because what he was saying didn't make sense in Mixteco. He tried to draw a heart and explain what was wrong with her baby. But he never told her the baby could die.

A few months later the family came into our hospital's ER. I couldn't go right away because I was with other patients. When I got to the ER, the baby had died. The mother asked over and over why her baby had died. We told her, but she couldn't take it in. It was such a hard case, even the ER doctor cried. He said, "I'm so sorry I couldn't save your baby. I did everything I could." As the interpreter, it really hurt. It's hard to think about. Sometimes you have to take a break.

Mixteco interpreter

When you follow a case from the beginning, the patients feel like a family member. You feel what they feel. Once I interpreted for a mother who lost a baby. My mother lived through something similar. My baby brother died. This made me want to help this family. I remember what my mother went through. I put aside my other work to help this family. It's another life, another soul. There is no one else to help. I wanted them to feel like they were not alone.

Mixteco interpreter

Once I interpreted over the phone for a boy who had a broken leg. He had a cast on his knee. They took an X-ray and saw that his bone was healing badly. They had to saw the cast off. It made me nervous. What if they cut his skin? They had a hard

time getting the cast off. They cut it some and then tried to pull from both sides to break it. They had to hold the boy. He said it hurt and he wanted them to stop. I started to sweat. I thought. "Man, how this boy must be feeling." When the cast broke, it made a loud cracking sound, and the boy screamed like I've never heard before. Then they moved his bone to see how it was, and he screamed again. I was so nervous; I wanted it to end. The mother got angry. She yelled at them. How come they didn't give him pain medication to numb his leg? So I just interpreted. You have to interpret the angry moments. The doctors can look at you like they are your words, but they were the mother's.



When I interpret for something like this, it's hard at first. But the second time I can handle it. When a new thing happens, I go through the same process. Being an interpreter is like being in school.

Stressful vs. traumatic assignments

Some interpreting sessions are stressful. We find ways to handle them. Other sessions are more traumatic. Think about the appointments you have. Which ones are stressful? Which ones could cause you to feel trauma? Every interpreter is different. But sessions that are often stressful for indigenous interpreters include:

- Interpreting for end-of-life appointments (palliative care and hospice).
- Interpreting conflicts between the patient or client and the provider.

- Interpreting for people who are sick but won't change their behavior to get well (for example, a diabetes patient who won't change his diet).
- Interpreting for patients who probably won't follow through with their treatment or service plan (for example, you know a patient won't fill out the insurance forms that could pay for surgery because the forms are too complicated).
- Interpreting for patients with sexually transmitted infections (the patients often refuse the regular treatments that will let them live a long time).

Sessions that can be traumatic include interpreting for sessions like these:

- Disconnecting a patient from life support.
- Domestic violence.
- A patient who dies in the emergency room and the doctor has to tell the family.
- A gynecologist who has to talk to the mother about terminating a pregnancy.
- Babies who are born dead (stillborn).
- Any kind of neonatal emergency with a premature baby.
- Patients who are connected to life support because of a drowning or coma.
- An emergency C-section.
- A major injury to arms or legs (when they are cut off or broken).
- Child abuse (physical or sexual).

Resilience

After reading about all this stress and trauma for interpreters, you may wonder why you would ever want to do this work. Yet many interpreters find such assignments meaningful and important. After all, you are helping people at intense moments of their lives. They need you.

Resilience: The capacity to recover quickly from difficulties; toughness.

Oxford Living Dictionaries 121

¹¹⁹ Retrieved from https://en.oxforddictionaries.com/definition/resilience

However, as an interpreter, you need to be aware of how stress and trauma can harm *you*. You need to prevent that harm. The rest of this module focuses on how to take care of yourself.

Start by remembering that you are present for many wonderful moments in people's lives. Patients come in sick and go home feeling better. Parents welcome new children into their families. Clients who need help with housing, education and jobs get the resources they need. Teachers and school psychologists help students with learning disabilities have success at school. These positive experiences are just as important as the hard ones.

Research has shown that the most common effect of trauma is *resilience*. What is resilience? It's the ability to get back to normal after you have a hard experience.

Resilience is the ability to:

- Bounce back [keep on going]
- Take on difficult challenges and still find meaning in life
- · Respond positively to difficult situations
- Rise above adversity
- Cope when thing look bleak [hopeless]
- Tap into hope
- Transform unfavorable situations into wisdom, insight and compassion
- Endure

Resilience refers to the ability of an individual, family, organization or community to cope with adversity and adapt to challenges or change. It is an ongoing process that requires time and effort and engages people in taking a number of steps to enhance their response to adverse circumstances.

Resilience implies that after an event, a person or community may not only be able to cope and recover, but also change to reflect different priorities arising from the experience and prepare for the next stressful situation.

Bancroft et al. (2016a), 84

Community and healthcare interpreters see resilience every day. You interpret for immigrants who show great resilience. They have left their native homes, traveled to a new country and adapted to a new way of life.

You are resilient too. Interpreting can be a challenge. It can be heartbreaking. It can also inspire and excite you. This is rewarding work. Interpreters are like many other professionals who help people. Doctors, nurses, teachers and social workers also experience trauma. Many of them grow into stronger, more caring people as a result. You can too.

Review of Section 19.1

Stress and trauma are part of interpreting. They affect interpreters' work and their personal lives. The stories they interpret can have a deep impact on them. Interpreters need to know the difference between stress, trauma and secondary trauma and how they affect interpreters at work and at home. Stress is something that all of us experience. It can have a good effect or a bad effect on us. Often, stress can motivate us to work harder or solve problems. It can also create anxiety and worry. Trauma is more serious. Over time, interpreters can develop mental, emotional and physical problems because of secondary trauma. Understanding how stress, trauma and secondary trauma affect interpreters can help them to prevent harm to themselves.



Interpreter Self-care

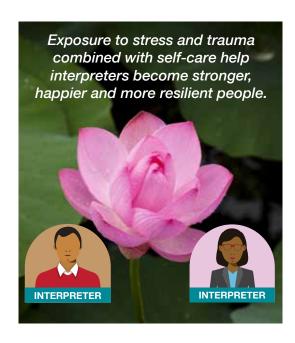
Practice self-care before, during and after interpreting.

Introduction

To handle the impact of stress and trauma, interpreters need to:

- Recognize their own ways of reacting to stress.
- Practice strategies for handling stress and secondary trauma.

Now that you understand what stress and secondary trauma are, this section explores strategies for responding to stress and trauma.



Self-care

The way to protect ourselves from the negative effects of stress and trauma is self-care. Self-care is about how we take care of ourselves, especially when we experience stress and trauma.

Self-care: the ability to maintain physical, emotional, relational and spiritual health in times of stress.

Jeanette David and April Naturale, SAMHSA¹²⁰

We already know we have to care of ourselves at home. Many of us try to eat well, exercise, get enough sleep and spend time with friends and family. Self-care applies to our work lives too.

¹²⁰ Retrieved from http://beta.samhsa.gov/ sites/default/ les/podcasts-selfcare-dbhresponderspresentation.pdf

Before, during and after the session

The strategies listed here are just suggestions. Try them out. Use the ones that work best for you. Add new ones that you know will support your health and well-being.

Before the assignment

You won't always know when a stressful assignment is coming. Community interpreters often don't have time to prepare. A traumatic assignment may seem simple at first and become hard. In that case, use your self-care strategies for during and after the assignment. When you do have the chance to prepare, try these strategies.

Prepare for the assignment

Often the best way to lower stress is to simply be prepared for what you have to do. When you prepare for the assignment well, you will feel comfortable with the terminology and the service. You will know what to expect.

Self-care Strategies

Before Interpreting

- Be prepared for the assignment.
- Meet with the provider to coordinate.
- Plan where to sit for safety.
- Imagine what might happen—plan your response.
- Take a few deep breaths before starting.

During Interpreting

- Take deep breaths.
- Focus on your notes.
- Switch to third person for painful stories (such as rape).
- Focus on the task of interpreting, not the emotions in the room.
- · Ask for a break.

After Interpreting

- Talk with the provider after the session.
- Take deep breaths.
- Do what relaxes you.
- Ask for support from coworkers or family and friends.
- Follow your self-care plan.

Meet with the provider before the assignment

When possible, meet with the provider. Ask what to expect. Let the provider know about your worries or fears.

Imagine how the assignment will go

Take time to visualize the assignment. Who will be there? What will you have to do? How do you think you'll respond? Will you be scared or nervous? Imagine feeling calm and prepared. Olympic athletes use this technique to prepare for big events. They imagine every part of the race or competition. They visualize their perfect performance. You can do this too.

Breathe before starting

Take a few deep, slow breaths. Deep breathing is one of the easiest and quickest ways to handle stress. Research shows that deep breathing and meditation promote health in many ways. Even if you have just a minute before the session starts, find a place to sit or stand still and take a few deep breaths in and out. Pay attention to your breathing. You may be surprised at how awake and calm it makes you feel. (See the following pages for more information on breathing exercises.)

During the assignment

The hardest time to manage stress and trauma is during the assignment. You might interpret for a patient whose baby has died. The client may share a difficult story about rape and abuse. You may be the "voice" telling the client he is going to be deported. You are in the middle of a tough experience and *you* are everyone's voice.

But you are also human. Interpreters are not machines. We react emotionally and physically to difficult experiences. Yet, as the interpreter, you have to stay calm and focused. This is what doctors, therapists, teachers and social workers have to do as well. They may feel sad for their patient, or angry when a client is hurt. They are also trained to put aside their feelings while they work. Try the next strategies to help you manage your reactions.

Grounding techniques

Grounding refers to a set of techniques to stop you from reexperiencing a trauma, even if it is someone else's trauma. Grounding is a professional technique that is used by therapists to help their clients, particularly traumatized clients

Bancroft et al. (2016a), p. 92.

The word "grounding" comes from "ground" or "earth." When you "ground" yourself, you focus on the physical space around you. You are sitting on a chair. Your feet are on the floor. You are helping a provider and patient communicate. The story you are hearing happened in the past. It is not your story. It may be hard to listen to and interpret it, but it is not happening *now*.

Grounding Exercise

For use during a panic attack, when you need to stay calm, or anytime you feel "disconnected" from your body.

Look around you. Identify and name:

5 things you see 4 things you feel

3 things you hear2 things you smell1 thing you taste

Here are a few grounding techniques.

- Take deep breaths.
- Focus on physical things: what you can see, smell, hear or taste.
- Pay attention to interpreting and taking notes.
- Switch from first to third person when you interpret painful events.
- Remind yourself that this is your *work*, not your personal life.

Anything that helps you stay focused, calm and in the present ("here and now") is a grounding technique. Interpreters have shared some of their special grounding techniques:

- Wear a rubber band or bracelet and snap it against your wrist when you interpret painful stories.
- Visualize a safe place, such as a mountain or a beach.
- If your mind visualizes a traumatic story, and the images disturb you, try to imagine everything in black and white and the people as stick figures.
- Pick something in the room to look at.
- Tap your foot on the floor.
- Wiggle your toes inside your shoes.
- Take a drink of water.

Choose a grounding technique that doesn't bother anyone else. If you have to interpret for a long, intense assignment, see the exercises in the boxes on the next page. You can do them in just one to three minutes.

Take a break

If you can't calm down or stay focused during the session, ask for a break. You don't have to say why. Ask for a brief bathroom or water break. During your break, do something to calm down. Practice a grounding technique. Breathe. Stretch.

Grounding exercises

Grounding Exercise: 1 Minute

- Put your hand on your belly or just below your navel.
- Feel your belly rise and fall gently as you breathe.
- Breathe in slowly.
- Pause for a count of three.
- Breathe out.
- Pause for a count of three.
- Continue to breathe deeply for one minute, pausing for a count of three after each breath in and each breath out.

Grounding Exercise: 2 Minutes

- Count down slowly from ten to zero.
- With each number, take one complete breath, inhaling and exhaling.
- Breathe in slowly.
- For example, breathe in deeply saying "ten" to yourself. Breathe out slowly.
- On your next breath, say "nine," and so on.
- If you feel lightheaded, count down more slowly to space your breaths further apart.
- When you reach zero, you should feel more relaxed.
- If not, go through the exercise again.

Grounding Exercise: 3 Minutes

- While sitting down, take a break and check your body for tension.
- Relax your facial muscles and allow your jaw to fall open slightly.
- Let your shoulders drop.
- Let your arms fall to your sides.
- Allow your hands to loosen so that there are spaces between your fingers.
- Uncross your legs or ankles.
- Feel your thighs sink into your chair, letting your legs fall comfortably apart.
- Feel your feet on the floor.
- Breathe in and out slowly while you sit completely relaxed.

Dos and don'ts during the session

It's not always easy to control your reactions to stressful situations. You are human. If a patient or client is upset, it can be easy to comfort them as you would a friend. But when you interpret, here are things you should *not* do

- Touch the client.
- Tell the client everything will be all right.
- Give the client advice about what to do.
- Tell the client how to feel better.
- Wipe the client's tears.
- Cry with the client.
- Offer to have a cup of tea or coffee with the client.
- Stay and comfort the client if the provider has to leave for a few minutes.

Instead, practice the grounding techniques explored in this section. When you are stressed during a session, *do* try to do all this:

- Interpret everything.
- Focus on taking notes while the client tells his or her story.
- Feel the chair you are sitting in and see the room you are in. Notice sounds, the air flowing, any smells in the room.
- Take a few breaths whenever you can.
- Remind yourself that you are interpreting the story, not living it.
- Remember that you are *helping* this person by being a voice.
- Look at something in the room, like a clock or a painting.
- Put both feet on the ground and wiggle your toes.

After the assignment

When you finish a difficult session, focus on your self-care. Right after the session you can:

- Take more deep breaths. Breathing is the simplest and quickest action to take.
- Meet with the provider. Discuss what was stressful.
- Debrief with your supervisor or coworkers.
- Call a loved one. Share your feelings.

Remember: You can talk about your *feelings* to anyone. Just don't share details about the session. In the long term, practice regular self-care. Do what relaxes you most. Eat well and exercise. Get enough sleep. Follow your self-care plan (discussed in the next section.)

Review of Section 19.2

This section gave you strategies for how to take care of yourself before, during and after a difficult assignment. Community interpreters cannot avoid difficult experiences, but they can take steps to protect themselves.



Building a Self-care Plan

Write a self-care plan.

Introduction

This section focuses on your self-care plan. You will learn how to write a plan that can help prevent the negative effects of stress and trauma.

Planning for self-care

Self-care is not just for times of stress. Our health includes our well-being. It means having positive social and family relationships, feeling happy, being able to relax and feeling that our lives have purpose and meaning. Our health depends on taking care of ourselves. Daily self-care can reduce stress and secondary trauma.

Long-term self-care can be divided into four main areas:

- 1. Enough sleep
- 2. Eating well
- 3. Activity and exercise
- 4. Relaxation techniques

These four areas seem obvious. Most of us know we need to exercise and eat well. We wish we got more sleep. But if we don't plan, it's easy to skip healthy activities. We think, "Oh,



I'm busy today. I'll exercise tomorrow." Or "Next year when I'm done with my college classes I'll start eating better. It's too hard right now."

Self-care is easy to postpone. When we do, we pay a price. The negative symptoms you saw in the last section could happen to us. That's why interpreters need to plan their self-care.

Writing a self-care plan

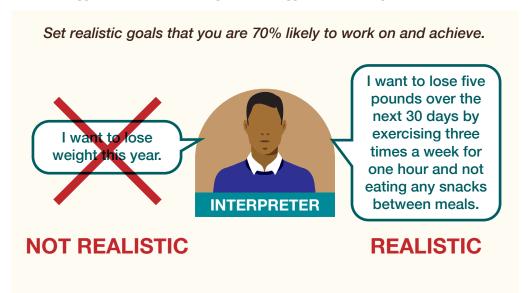
Interpreters need a written self-care plan. When we write down our goals, we are more likely to reach them. We need a *plan* to include self-care in our daily activities. We also need to plan things we can do before, during and after hard assignments.

Set realistic goals and objectives

In Module 1 you practiced setting goals and objectives to improve your interpreting skills. The goal was a general but realistic statement. The objective gave a specific description of how to achieve the goal.

Self-care goals and objectives should be realistic too. They should be something you really can do. If you say, "I want to lose weight this year," your goal is too general and vague. How will you lose weight? When? How much weight do you want to lose? Let's say the goal is to lose five pounds soon. The objective could be, "I will lose five pounds over the next 30 days by exercising three times a week for one hour and not eating snacks between meals." The objective is more specific and detailed than the goal. But it has to be realistic. Now you have an objective you can follow that is more likely to help you lose weight.

When you set your goals and objectives, pick actions that you are at *least 70 percent likely* to do. They should fit well into your life. If you hate the gym, don't plan to go to the gym three days a week!



Examples of self-care goals

Long-term goal: Relaxation

Objectives

- Twice a month, on weekends, my partner and I will go on a date to a place we enjoy.
- Each night, I will turn off all electronic screens an hour before going to bed and then listen to music that relaxes me for a few minutes.
- Every week I will sit with my son to watch his favorite TV show without cooking or cleaning up at the same time.

Before the assignment

- Before every assignment, I will sit for one minute and breathe in and out deeply.
- I will leave for each assignment 30 minutes early so I don't arrive late or stressed.
- Before a difficult assignment, I'll talk to my supervisor and ask for advice.

During the assignment

- I will sit in a place where I feel safe and can focus on interpreting.
- If I get upset, I'll put my feet on the floor and wiggle my toes in my shoes.
- If the story is about violence or abuse, I will focus on my note-taking and interpreting.

After the assignment

- If I am upset, I will take a 10-minute walk outside and breathe the outside air deeply.
- If I am confused, I will talk with my supervisor.
- If I feel traumatized, I will go home and have a nice dinner with my family to focus on the good things in my life.

Each of these examples is specific and realistic. They are actions that busy adults can do.

Self-care Plan for Community Interpreters Short-Term Goals Long-Term Goals During the Before the After the assignment assignment assignment 1. ENOUGH SLEEP Goal: Goal: Goal: Objective: Objective: **Objective:** Goal: **Objective:** 2. EATING WELL Goal: Goal: Goal: Objective: Objective: **Objective:** Goal: **Objective:** Goal: Goal: 3. ACTIVITY Goal: **AND EXERCISE** Objective: Objective: **Objective:** Goal: **Objective:** 4. RELAXATION Goal: Goal: Goal: Objective: Objective: **Objective:** Goal: **Objective:**

This table is adapted from Bancroft et al. (2016a), p. 102.

Building your plan

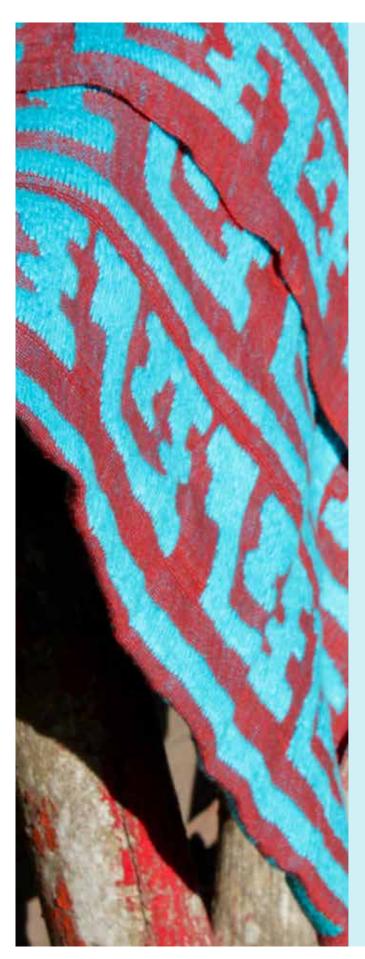
Now it's your turn. The table on the previous page can help you organize your goals. Choose from this list of possible self-care activities or put in your own. Here are examples of self-care goals (you will also need to think of *specific* objectives):

- Sleeping for seven to nine hours a night.
- Taking more walks.
- Having time with friends.
- Reading books.
- Meditating.
- Spending more time singing, dancing or playing with my children.
- Taking more weekend trips.
- Listening to music.
- Taking afternoon naps.
- Practicing deep breathing.
- Whatever else you like to do.

Write something you like to do, or it's not self-care—it's punishment!

Review of Section 19.3

Interpreters can take positive action to prevent the harm caused by stress or secondary trauma. One of the best ways to protect yourself is to write a self-care plan. Interpreters need goals for the stress or trauma they experience before, during and after an assignment. They also need longer-term goals for general health and wellness. This section explored how to write your own self-care plan. Remember: Set goals and objectives for self-care that are realistic for *your* life.



Review of Module 19: Trauma and Interpreter Self-care

Community interpreters often have stressful work. Section 19.1 showed how interpreters interpret many stories of trauma. Hospitals, schools and community services help people during the best and worst moments of their lives. Interpreters may experience trauma even more deeply than other workers because they are the "voice" of the story. They can experience secondary trauma by interpreting painful stories often. The way to protect yourself from this kind of harm is self-care.

Section 19.2 explored strategies for managing stress and trauma before, during and after interpreting assignments.

Section 19.3 showed you how to write your own self-care plan. Interpreters may be exposed to stress and trauma, but they also have the joy of providing an essential service to those in need. Use the tools explored in this module. They can help you have a long, productive and healthy career as a professional interpreter.



Learning Objectives

After completing this module, you'll be able to:

Learning Objective 20.1

Review and understand the NCIHC healthcare interpreting standards of practice.

Learning Objective 20.2

Apply the NCIHC standards of practice to common challenges in healthcare interpreting.

Learning Objective 20.3

Discuss the work and role of a cultural liaison.

Overview

This module reviews many things you have learned in this training manual. The NCIHC code of ethics (NCIHC, 2004) was introduced in Module 4. The first section of this module introduces you to the NCIHC standards of practice (NCIHC, 2005), which are the guidelines that show you how to apply each ethical principle in your work. The second section offers concrete examples from the work of indigenous interpreters. Finally, the last section introduces you to another profession that more and more interpreters are entering. That profession has many names, such as patient advocate, outreach worker, health promoter and patient representative. It is the work of a cultural liaison.



Healthcare Interpreting Standards

Learning Objective 20.1

Review and understand the NCIHC healthcare interpreting standards of practice.

Introduction

Healthcare interpreters follow the NCIHC code of ethics (NCIHC, 2004). As you learned in Module 4, that code has nine ethical principles: accuracy, confidentiality, impartiality, respect, cultural awareness, role boundaries, professionalism, professional development and advocacy.

The NCIHC standards of practice (NCIHC, 2005) support this code. For each ethical principal, several standards of practice show you *how* to follow that principle.

NCIHC Ethical Principles

- Accuracy
- Confidentiality
- Impartiality
- Role boundaries
- Respect
- Cultural awareness
- Professional development
- Professionalism
- Advocacy

Ethics and standards

Module 4 introduced you to healthcare interpreting ethics. Professional ethics are the "rules" that show you correct behavior in your work. The nine principles in the NCIHC code of ethics show you the basic requirements to follow when you interpret.

Ethics tell you what you are supposed to do. They do not tell you how to do it. For that, you will need standards of practice. Standards of practice are guidelines. They are practical. They help you follow each ethical principle. When NCIHC created the code of ethics for healthcare interpreters, it also created standards of practice.

Each principle in the NCIHC code of ethics has two or more standards of practice. It's easy to get confused by ethics and standards. Don't worry about the differences. Think of ethics as the rules to follow. Standards help you follow those rules.

There are 32 standards of practice for the nine NCIHC ethical principles. Some principles have more standards than others. The tables on the following pages introduce you to the standards. The table lists each ethical principle, the standards of practice for that principle and one example for each standard. Each principle and standard are described first with the language NCIHC uses, then again in plain English.

Standards of Practice: A set of guidelines that define what an interpreter does in the performance of his or her role, that is, the tasks and skills the interpreter should be able to perform in the course of fulfilling the duties of the profession.

NCIHC (2005), p. 1

Ethics

- Tell you what to do.
- Are the rules.
- Are more strict.
- State the general goal.

Standards of Practice

- Show you how to do it.
- Are the guidelines.
- Are more flexible.
- Show you how to reach the goal.

I need to follow the ethical principle of ACCURACY when I interpret. To be accurate, I have to say everything the doctor and patient say, without adding, changing or leaving anything out.

Standards of practice for accuracy

	us of practice		
	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	ACCURACY Interpreters strive to render the message accurately, conveying the content and spirit of the original message, taking into consideration the cultural context.	The interpreter says everything that was said by one speaker in the other language without losing or changing any of the meaning, including any cultural meaning.	I say everything exactly as it is said.
Standard 1	The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.	The interpreter says everything that was said by the speaker without adding anything, leaving anything out or adding something that was not said.	For example, an interpreter repeats all that is said, even if it seems redundant, irrelevant, or rude.
Standard 2	The interpreter replicates the register, style, and tone of the speaker.	The interpreter uses the same level of language, the same way of speaking and the same tone that the speaker uses.	For example, unless there is no equivalent in the patient's language, an interpreter does not substitute simpler explanations for medical terms a provider uses, but may ask the speaker to reexpress themselves in language more easily understood by the other party.
Standard 3	The interpreter advises parties that everything said will be interpreted.	The interpreter tells everyone that everything they say will be interpreted.	For example, an interpreter may explain the interpreting process to a provider by saying "everything you say will be repeated to the patient."

Table continues on next page

Standard 4	The interpreter manages the flow of communication.	The interpreter makes sure the speakers pause before they go on too long and lets only one person speak at a time.	For example, an interpreter may ask a speaker to pause or slow down.
Standard 5	The interpreter corrects errors in interpretation.	When the interpreter makes an interpreting mistake, the interpreter corrects it.	For example, an interpreter who has omitted an important word corrects the mistake as soon as possible.
Standard 6	The interpreter maintains transparency.	When the interpreter intervenes for any reason, he or she says the same thing to both parties.	For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not understand, so I am going to ask for an explanation."

Standards of practice for confidentiality

	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	CONFIDENTIALITY Interpreters treat as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.	The interpreter does not share any information from the assignment, except in special cases (for example, if the patient's life is in danger or the patient might try to harm someone).	I keep everything in the session confidential.
Standard 7	The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.	The interpreter does not share any information learned about the patient while interpreting, except with the team of people who treat the patient. The interpreter can only share information when the patient gives permission or to obey the law.	For example, an interpreter does not discuss a patient's case with family or community members without the patient's consent.
Standard 8	The interpreter protects written patient information in his or her possession.	The interpreter protects written information about the patient that he or she has, including the interpreter's notes.	For example, an interpreter does not leave notes on an interpreting session where someone could see them.

Standards of practice for impartiality

	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	IMPARTIALITY Interpreters strive to maintain impartiality and refrain from counseling, advising, or projecting personal biases or beliefs.	The interpreter does not take sides or give personal advice or opinions.	My personal feelings don't influence my interpreting.
Standard 9	The interpreter does not allow personal judgments or cultural values to influence objectivity.	The interpreter does not allow his or her own personal judgments or cultural values to make him or her lose objectivity.	For example, an interpreter does not show personal feelings through words, tone of voice or body language.
Standard 10	The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.	The interpreter tells everyone if he or she knows the patient or has another conflict of interest and will step out of an assignment if necessary.	For example, an interpreter avoids interpreting for a family member or a close friend.

Standards of practice for respect

	Name I Average		NOUIO EVALUELE
	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	RESPECT Interpreters treat all parties with respect.	Interpreters treat all parties with respect.	I treat everyone with respect.
Standard 11	The interpreter uses professional, culturally appropriate ways of showing respect.	The interpreter shows respect to providers and patients in ways that are professionally and culturally appropriate.	For example, when saying hello, an interpreter uses appropriate titles for both patient and provider.
Standard 12	The interpreter promotes direct communication among all parties in the encounter.	The interpreter helps the parties to communicate directly with each other.	For example, an interpreter may tell the patient and provider to speak directly to each other, rather than the interpreter.
Standard 13	The interpreter promotes patient autonomy.	The interpreter supports the patient's independence and does not make decisions for the patient.	For example, an interpreter directs a patient who asks him or her for a ride home to appropriate resources within the institution.

Standards of practice for cultural awareness

	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	CULTURAL AWARENESS Interpreters strive to develop awareness of the cultures encountered in the performance of interpreting duties.	The interpreter should continually learn more about the patient's culture and the medical culture where he or she works.	I learn about the cultures I interpret for.
Standard 14	The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.	The interpreter keeps studying to learn more about the culture of the people he or she interprets for and the biomedical culture of the health care system.	For example, an interpreter learns about the traditional remedies some patients may use.
Standard 15	The interpreter alerts all parties to any significant cultural misunderstanding that arises.	The interpreter tells everyone when a cultural misunderstanding creates a communication barrier.	For example, if a provider asks a patient who is fasting (not eating) for religious reasons to take an oral medication, an interpreter may call attention to the potential conflict.

Standards of practice for role boundaries

	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	ROLE BOUNDARIES The interpreter maintains the boundaries of the professional role, refraining from personal involvement.	The interpreter follows the professional rules and doesn't get involved personally with the patient or provider.	I act as the interpreter and do not get personally involved.
Standard 16	The interpreter limits personal involvement with all parties during the interpreting assignment.	The interpreter does not get personally involved with the parties during the interpreting assignment.	For example, an interpreter does not share or elicit overly personal information in conversations with a patient.
Standard 17	The interpreter limits his or her professional activity to interpreting within an encounter.	The interpreter simply interprets during the session, without doing anything else.	For example, an interpreter never gives advice to a patient on health care questions, but tells the patient to ask the provider instead.
Standard 18	The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.	The interpreter who also has a different job follows standards of practice when interpreting and does not try to also do the other job.	For example, an interpreter who is also a nurse does not talk with another provider in the patient's presence, without saying what they said to each other.

Standards of practice for professionalism

	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	PROFESSIONALISM Interpreters at all times act in a professional and ethical manner.	The interpreter must at all times act in a professional and ethical manner.	I act professionally in all ways.
Standard 19	The interpreter is honest and ethical in all business practices.	The interpreter is honest and ethical in all business practices.	For example, an interpreter accurately represents his or her credentials.
Standard 20	The interpreter is prepared for all assignments.	The interpreter is prepared for all assignments.	For example, an interpreter asks about the nature of the assignment and reviews relevant terminology.
Standard 21	The interpreter discloses skill limitations with respect to particular assignments.	The interpreter tells the appropriate person if he or she does not have the right skills to accept the assignment.	For example, an interpreter who is unfamiliar with a highly technical medical term asks for an explanation before continuing to interpret.
Standard 22	The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.	The interpreter does not sight translate documents that are complex or very important, especially if he or she does not know how to sight translate well.	For example, when asked to sight translate a surgery consent form, an interpreter instead asks the provider to explain its content and then interprets the explanation.

Table continues on next page

Standard 23	The interpreter is accountable for professional performance.	The interpreter is responsible for doing a professional job while interpreting.	For example, an interpreter does not blame others for his or her interpreting errors.
Standard 24	The interpreter advocates for working conditions that support quality interpreting.	The interpreter asks for working conditions that let him or her do quality interpreting.	For example, an interpreter on a lengthy assignment indicates when fatigue might compromise interpreting accuracy.
Standard 25	The interpreter shows respect for professionals with whom he or she works.	The interpreter shows respect for professionals with whom he or she works.	For example, an interpreter does not spread rumors that would discredit another interpreter.
Standard 26	The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.	The interpreter behaves in a way that respects the interpreting profession and which is appropriate to the setting he or she interprets in.	For example, an interpreter dresses appropriately and arrives on time for appointments.

Standards of practice for professional development

		professionar (
	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	PROFESSIONAL DEVELOPMENT Interpreters strive to further their knowledge and skills, through independent study, continuing education, and actual interpreting practice.	The interpreter works hard to keep learning about professional interpreting by studying, taking classes and practicing.	I keep learning how to be a better interpreter.
Standard 27	The interpreter continues to develop language and cultural knowledge and interpreting skills.	The interpreter continues to develop language and cultural knowledge and interpreting skills.	For example, an interpreter stays up to date on changes in medical terminology or regional slang.
Standard 28	The interpreter seeks feedback to improve his or her performance.	The interpreter asks other people to give feedback and evaluations about how to improve his or her performance.	For example, an interpreter consults with colleagues about a challenging assignment.
Standard 29	The interpreter supports the professional development of fellow interpreters.	The interpreter helps other interpreters to improve their skills and learn more about professional interpreting.	For example, an experienced interpreter mentors novice interpreters.
Standard 30	The interpreter participates in organizations and activities that contribute to the development of the profession.	The interpreter joins organizations that help interpreters improve the whole profession.	For example, an interpreter attends professional workshops and conferences.

Standards of practice for advocacy

	NCIHC LANGUAGE	PLAIN ENGLISH	NCIHC EXAMPLE
Ethical Principle	ADVOCACY When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.	Interpreters can take action outside of their role as the interpreter when the patient's health, well-being or human dignity is in danger.	If the patient is at risk, I may take action to help.
Standard 31	The interpreter may speak out to protect an individual from serious harm.	The interpreter may speak out to protect an individual from serious harm.	For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked.
Standard 32	The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.	The interpreter can take action outside the interpreter's role as the interpreter to protect individuals or a group from being treated badly or abused.	For example, an interpreter may alert his or her supervisor to patterns of disrespect toward patients.

Review of Section 20.1

Healthcare interpreters follow the NCIHC A National Code of Ethics for Interpreters in Health Care and the NCIHC National Standards of Practice for Interpreters in Health Care. The standards of practice are guidelines that help interpreters follow the ethical principles. There are 32 NCIHC standards of practice to support the nine NCIHC ethical principles. This section explained what the 32 standards of practice are with examples of how they work.



Applying the Standards to Common Situations

Learning Objective 20.2

Apply the NCIHC standards of practice to common challenges in healthcare interpreting.

Introduction

Standards of practice support interpreters. They offer practical guidance about how to act professionally in many situations. A good way to learn how these standards can help you is to apply them to real-life interpreting situations. This section shows you how to apply standards to seven common situations in community interpreting.

Applying the standards of practice

For each situation below, there is a standard of practice to guide you. If you follow the standard, you are also following the ethical principle that it supports.



Situation: The patient is upset and angry at the doctor and says, "This doctor is such a stupid idiot. I have wasted my time coming here!"

NCIHC Standard of Practice #3: The interpreter tells everyone that everything they say will be interpreted.

Providers and clients or patients sometimes say rude and offensive words. They also tell *you*, the interpreter, their personal opinion—but they never imagine you will interpret it! Of course, you have to be accurate when you interpret. You cannot decide what to leave in and what to leave out. To make sure everyone understands your role, follow NCIHC Standard of Practice #3. When you introduce yourself, remember to say, "I will interpret *everything* said in the session." They might forget this point. In that case, you might need to repeat it during the session.



Situation: You interpret for a difficult case where a baby dies. The mother, Blanca, is well-known in your community. When you get home, your cousin says, "You were at the hospital today. I heard about Blanca's baby. Did you interpret for her? What happened?"

NCIHC Standard of Practice #7: The interpreter does not share any information learned about the patient while interpreting, except with the team of people who treat the patient. The interpreter can only share information when the patient gives permission or to obey the law.

Gossip is common in small communities. It's hard to keep secrets. Your reputation as a professional depends on not sharing what you interpret outside the institution. If people believe you share their private information, they will lose trust in you. To keep information confidential, follow NCIHC Standard of Practice #7. You can respond by saying, "I'm not allowed to talk about the people I interpret for. Interpreters have to keep information private. It's also the policy where I work."



Situation: You are called to the social worker's office to interpret for an attempted suicide case. When you walk in, you realize the client is your child's teacher.

Standard of Practice #10: The interpreter tells everyone when he or she has a conflict of interest and will step out of an assignment if necessary.

Patients and clients share private parts of their lives. If you interpret for a small community, you will interpret sometimes for people you know personally. When this happens, follow NCIHC Standard of Practice #10. Immediately tell the provider that you know the patient or client. In this example, the social worker can then speak with you and the client to decide if you should stay or if another interpreter should be called in.



Situation: A teacher is meeting with indigenous parents who have not filled out their student's health forms for the school. The school teacher is frustrated because the parents don't seem to know their own home address and won't write it on the forms. As the interpreter, you are aware that the indigenous language has no written form. It is likely the parents do not know how to write their address.

NCIHC Standard of Practice #15: The interpreter tells everyone when a cultural misunderstanding creates a barrier to communication.

Many indigenous languages have no written form. Some indigenous immigrants may not know how to write down their physical address. Also, the address is in English and has unfamiliar sounds and words. New immigrants may not have worked out a strategy for having their address written down on a piece of paper to carry with them.

Follow NCIHC Standard of Practice #15 in this situation. Use cultural mediation to point to the cultural misunderstanding (see Module 11 for details). You can say to the teacher, "Excuse me, as the interpreter I want to mention that [name the language] has no written form. It can also be hard to write an address in English." Then tell the parents what you said to the teacher. "Excuse me, as the interpreter I told the teacher that [the language] has no written form and it can also be hard to write an address in English."



Situation: You are a female interpreter interpreting for a male client who is applying for housing benefits. He keeps asking you personal information about where you live and whether you have a boyfriend. After the session, he invites you on a date.

NCIHC Standard of Practice #16: The interpreter does not get personally involved with the parties during the assignment.

Patients and clients are often curious about you. They may ask where you are from, who your family is, how you learned English, if you have children, and so on. You are there to interpret for them. You need to be impartial and professional. Try not to sit alone with the patient or client. If that is not possible, talk about general things, such as the weather or traffic. You can be warm and friendly, but not too personal. (In legal and mental health interpreting, try *never* to be alone with the client.)

In this situation, follow NCIHC Standard of Practice #16. Avoid being alone with the client and talk only about general topics. If you are asked to do something against your ethics, use the "How to Say No" model (be polite—offer 2-3 solutions—give reasons).



Situation: You are a healthcare interpreter and work in hospitals and clinics. Your son's school calls you and asks if you can interpret for a special education meeting. You have never interpreted in a school before.

Standard of Practice #20: The interpreter is prepared for all assignments.

You might be the only indigenous interpreter in your language who is available for an assignment. It is all right to accept an assignment in a setting you don't know well if you can prepare for it. Follow NCIHC Standard of Practice #20 and what you learned about assignment preparation in Module 12. Ask the person who calls you as many questions as you can about the assignment. Do internet research and speak to coworkers and family to prepare a glossary of terms.



Situation: You have started to work as an indigenous interpreter for a local hospital. You grew up in Oaxaca until you were 12, when you moved to the United States. Now you are 20 and speak English pretty well. You speak your indigenous language at home and in the community but you don't know much about medical treatment, medical terminology or the U.S. health care system.

NCIHC Standard of Practice #27: The interpreter continues to develop language and cultural knowledge and interpreting skills.

All interpreters need to keep improving their language skills. Following NCIHC Standard of Practice #27 can be challenging for indigenous interpreters. There are few to no indigenous language classes and few resources on the internet. You need strategies for building your indigenous language knowledge and glossaries. These can include working with family members, coworkers, and searching for online videos in your indigenous language. (This topic is taught in depth in Module 7.)

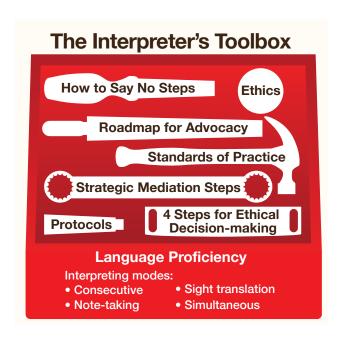
The interpreter's toolbox

Community interpreters need interpreting skills, protocols, ethics, standards of practice and decision-making strategies. Here are the reasons:

- You need to know how to interpret.
- You need to know the protocols to follow.
- You need to know what ethical conduct is.
- You need to know how to make decisions to stay within your role and ethics.

This training manual has focused on all these things. Another way to think of everything you have learned in this manual is to imagine you have a toolbox for interpreters. It includes your skills, protocols, ethics, standards and decision-making strategies.

You carry these tools to every assignment. Sometimes you may need only a couple of them, such as your introduction and strategic mediation skills. Sometimes you may need the whole box.



In the example of the patient who asks for a ride home, the interpreter can use several of these tools. First, try the four steps for ethical decision-making from Module 5:

- Identify the problem: You are being asked to go outside your interpreter role.
- Think about the consequences: If you give the patient a
 ride, you are violating both your ethics and your workplace
 rules. If you do not, the patient may not find a ride home and
 complain about you to the community. That complaint could
 harm your reputation.
- Make a decision: Decide which solution will cause the least harm and how to handle it. (For example, what would you say and do?)
- Evaluate the result: Did your solution work well? What would you do differently next time?

If you decide to say no to the patient, use the "How to Say No" model in Module 6:

- Be polite: You can say "I wish I could give you a ride. I know it's hard to find transportation to where you live."
- Offer 2-3 solutions: "I can take you to the hospital social worker. She has bus passes. Or I could find you a telephone so you can call a friend to come pick you up."
- Give reasons: "I am not driving back home until late tonight.
 The hospital says I'm not allowed to give patients a ride home, or I could lose my job. If we were in an accident, someone could sue the hospital."

Ethical challenges do not have one right and one wrong answer. Many times what you choose to do depends on the specific situation. Use the tools in this manual to help you make wise, professional decisions.

Review of Section 20.2

This section applied the NCIHC standards of practice to seven common situations that community interpreters face when they work. These standards of practice guide you in your daily work. They cannot help you if do not study and apply them. Take the time and effort to understand them.



The Cultural Liaison Role

Discuss the work and role of the cultural liaison.

Introduction

This training manual introduced you to the profession of community interpreting, with a special focus on healthcare interpreting. This final section explores another job, one that often includes interpreting. As a result, this work is confused with the work of the interpreter.

In fact, these are two different jobs. The second job has many names. For example, you will hear these terms at work and in job descriptions:

- Patient advocate
- Outreach worker
- Health promoter
- Parent liaison
- Cultural mediator (or intercultural mediator)
- Patient navigator

Many of these jobs are assigned to people who are also expected to interpret. These jobs involve acting as a bridge between cultures. In this manual, we call this position the "cultural liaison."

The cultural liaison

A cultural liaison is a worker with the job of helping a certain group of clients or patients get meaningful access to a service. They bridge cultures to help those people who need cultural assistance. That group is often immigrants. It could be the Deaf, persons with major disabilities, the homeless or nearly any group that needs such assistance. As a result, this job can have many names, but its core purpose is the same. If the job involves helping immigrants, the cultural liaison usually interprets as part of the job.

The cultural liaison is *not* an interpreter

But wait. Don't interpreters also bridge cultures? Yes. That's what is confusing. Many people expect you to act as both the interpreter and a cultural liaison. They can't see the difference!

This manual has helped you understand how to work as a professional interpreter. But it does not train you how to be a cultural liaison. You will need to understand the difference between interpreting and the extra job responsibilities of a cultural liaison. Here are the reasons:

- It is extremely likely that you will be asked to go outside your role as the interpreter and also act as a cultural liaison.
- If you do not understand where your role boundaries are, you will not be able to set limits on each role.
- If you are not clear about your interpreter's role—everyone else will be confused too!



The interpreter:

- Facilitates communication between two or more parties.
- Does not participate in or add to the communication except to clarify linguistic misunderstandings and to point to possible barriers in the communication.
- Follows a strict code of ethics that requires impartiality.
- Does not take sides or provide additional services to the provider or client.



The cultural liaison:

- Helps clients or patients get access to a service.
- Helps bridge cultures and provide cultural assistance.
- May assist clients or patients to make appointments, interact with other service providers or obtain additional information about services.
- Often works in a partnership role with providers.
- May regularly advocate for patients or clients.

The work of the cultural liaison

To understand part of the work of a cultural liaison, consider this story told by a doctor:

We had a patient with an abdominal tumor. It was cancer. The terms "mass" and "cancer" did not exist in the patient's language. As a doctor, I had to find a way to culturally explain the terms so that the patient understood his diagnosis and could make his own decisions about treatment.

I worked with the [cultural liaison]. We explained the mass as "something that doesn't belong there." We finally said that this kind of cancer was "incompatible with life." As a doctor, my job is to explain facts and help patients make decisions. That is hard when the indigenous person doesn't have the same understanding of health as I do. I need to get from point A to point B. What is going to help me bridge to this patient, on his terms?

I work with the [cultural liaisons]. I may think I've explained the problem perfectly, but when I ask the patient what he understood, it is clear he has not. We keep working to make sure the patient understands as best as possible what he needs to know about his health.

This doctor is describing a cultural and language *partnership* with interpreters who are taking on an extra job. This interaction starts with language. But it goes well beyond the interpreter's role. The interpreter sometimes has detailed conversations about culture and language alone with the provider—or alone with the client.

That role may be important. And needed. If you get requests to have detailed discussions about cultural issues:

- Clarify that as an interpreter, you cannot act in this capacity.
- Ask the hospital or institution to make a change to your job description.
- Get training to act as a *cultural liaison* (or the job title the institution gives you, such as "patient advocate").

This strategy will work well if you are an employee. It will then be transparent that you have two different jobs. But if you are a contract interpreter, you will need a different contract with the

language service that sent you if you want to do any work that goes beyond your interpreter role.

Interpreters should *not* provide this kind of help during or after a session *as* interpreters. That situation could lead interpreters to violate the ethical principles of impartiality, accuracy and role boundaries. It will also confuse everyone about the interpreter's role. However, interpreters *can* sometimes work this way with providers *if* they take on a second role as cultural liaisons outside the session.

Let's explore what a cultural liaison is, and what cultural liaisons are permitted to do.

The role of the cultural liaison

When you need to address important cultural barriers to communication *outside* the interpreting session, sometimes cultural mediation is enough. Sometimes it might not solve the problem. As you learned in Module 11, cultural mediation, if you perform it correctly, *is* within the role of the community interpreter. But to act as a cultural liaison role is a different job. It is important work too—but it is different from interpreting. It takes more time. It is complex.

Interpreters as helpers

When indigenous interpreters act as interpreters, they need to follow their interpreter ethics. They should make clear that they are acting as *interpreters*. If you have to address a cultural barrier, follow the guidelines in Section 11.2 for performing cultural mediation. Don't interfere. Make sure that all parties you interpret for *stay in control of their own communication*. Let everyone *make their own decisions*.

But indigenous peoples face cultural barriers. Everything about the new country can seem so different. It might be overwhelming. Hospitals are scary places. Even a school can feel huge and confusing. As a result, indigenous interpreters are often expected to act as cultural specialists. Providers can be eager to know, "What's going on here?" Indigenous residents might want you to explain, "How do things work here?"

Remember. The "helper" role is separate from the interpreter role.

Interpreter? Advocate? Or cultural liaison?

Someone may ask you to do special things for the indigenous person that go beyond interpreting. For example, you might:

- Accompany the indigenous client to another appointment.
- Work with providers on strategies to address cultural issues.
- Fill in forms.
- Help clients apply for other services.

If you do something of this kind rarely, when the client is at risk, you might call it "advocacy." If you do it regularly, you are doing another job. This helper role is called the *cultural liaison role*. You might hear other names for it, and in some cases, you may already have permission to act as a cultural liaison. However, this role comes with some strict rules.

Interpreting	Advocacy	Cultural Liaison
 Facilitates communication. Manages the conversation between other people. 	 Steps out of interpreter role only to seek assistance or justice for a client or patient. In some countries 	 Regularly helps clients and patients to gain access to services. Needs permission in writing to act
 Does not speak for the client or provider. Maintains 	and settings, may advocate only in extreme circumstances if at all.	as cultural liaison from the institution or agency.
impartiality. • Rarely or never advocates.	Uses advanced skills.	 Must clarify to all parties when acting as a cultural liaison vs. an interpreter.

If you act as cultural liaison

First, everyone must give you permission to act as a cultural liaison. You may take on this role only if the institution and the language service for which you work both give you permission in writing to act as a cultural liaison. If the permission you get is not in writing, the hospital, institution or language service could be in legal trouble if something goes wrong. (This problem is discussed below.)

For example, at the hospital you might be asked to drive the patient to another clinic. Let's say you are in a car accident. You didn't have permission in writing to drive the patient anywhere. Now the hospital is in legal trouble, perhaps thousands—or even millions—of dollars of legal trouble. So is the language service that sent you to the assignment.

Second, during the session, if you are the interpreter, you must act only as the interpreter, following all your ethics and standards of practice. Outside the session, you may act as a cultural liaison if you have written permission. But in that case, make clear when you are acting as an interpreter and when you are acting as a cultural liaison. Give them a chance to say, "No, I just want you to interpret."

For example, you could say, "During the session I was acting as your interpreter. I could only interpret. Now I will be your cultural liaison. I will be able to guide you with these forms and take you to your next appointment. When we get to that appointment, I will be your interpreter again."

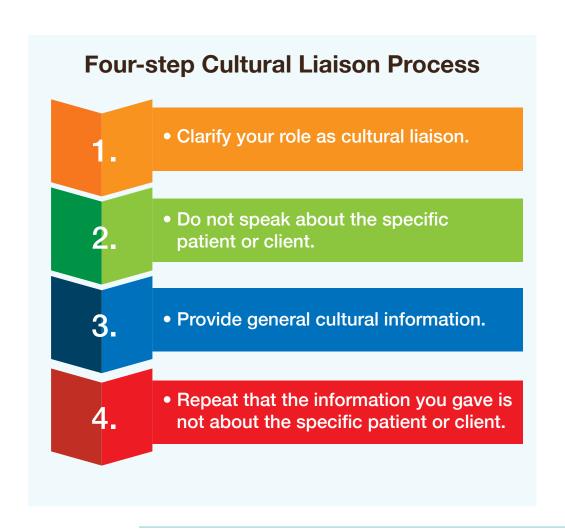
When you step out of one role into another, make sure that everyone knows you have changed roles. In other words, never act both as the interpreter and the cultural liaison at the same time.

The cultural liaison outside the session

When acting as a cultural liaison *outside the session*, you can share cultural information with providers or assist patients in certain ways that go beyond cultural mediation. Remember, as you learned in Module 11, as an interpreter you can give a *little* cultural information when you interpret. But the goal is to give just enough information about the *cause* of the cultural misunderstanding to let the parties discuss it themselves.

When you act as a cultural liaison, you can give more information than that. But even this information should be shared *carefully*. Try hard not to speak *for* a patient. Do not stereotype the patient's actions or culture. Otherwise, providers can think that what you say about one person means that everyone in the whole culture behaves the same way and believes the same things—which is never true. Remember:

- Speak in *general* terms ("many people," "some people") and not *stereotypes* ("They believe..." "In her country they use..." "People there think that...").
- Speak about your beliefs ("I suspect there might be a cultural issue about...") and avoid personal statements about anyone else. (In other words, don't say, "She is behaving this way because..." "He thinks that...")
- Always, always ask the provider to verify any information you give with the indigenous person.



Guidelines for cultural liaisons

Guidelines for the cultural liaison role—working with patients or clients

If you are expected to act as a cultural liaison *without* special training, here are a few basic guidelines.

- Find out from both the organization *where* you interpret and the organization that *sent* you to interpret what you are allowed to do and not allowed to do for patients or clients. *Get that answer in writing and keep a written record.*
- When you meet with either party outside the session, start by clarifying that you are not acting as the interpreter.
 For example, tell the client, "Right now, I am not your interpreter. I am your guide. I'm here to guide you through the system. Whenever we speak to someone, I will be your interpreter again."
- Only act as a cultural liaison when you are outside the interpreted session.

If you have permission in writing, and the indigenous person needs your help, you can:

- Help to set up the next appointment.
- Explain how to get to another appointment.
- Find a provider to answer questions.
- Refer the person to another service (if you have permission in writing).
- Find information about public transportation.

However:

- Do NOT care for the person's children.
- Do NOT give money.
- Do NOT explain forms.
- Do NOT give any kind of medical information or legal explanations. (Doing so is usually *illegal* unless you are a licensed health care provider or a lawyer!)
- Do NOT explain how the agency works unless you were trained to do so. Instead, find a provider and interpret the explanation.

If you are asked to drive a patient or client anywhere, only do so if:

- You have permission in writing.
- You carry a valid driver's license and current insurance for extra passengers for job-related driving.
- You are acting as an employee, not as a contract interpreter.

Guidelines for the cultural liaison role—working with providers

You need special training to act as a cultural liaison. Many cultural liaisons never get such training. If you have no training and you are alone with a provider who asks you cultural questions, here is a four-step process for what to do:

- 1. Step 1: Clarify your role as cultural liaison. Clarify that you are acting as a cultural liaison—not as an interpreter.
- 2. Step 2: Do not speak about the specific patient/client. Start by saying that nothing you say is about the patient or client.
- 3. Step 3: Provide general cultural information. Avoid stereotypes so that the provider doesn't think what you say is always true. (For example, say, "Some people in this indigenous culture may believe" or "You might wish to ask the patient what she thinks is the cause of diabetes.")
- 4. Step 4: Repeat that the information you gave is not about the specific patient/client. End by saying, "What I just told you might not be true for this patient (or client). I don't know. You would need to ask the patient."

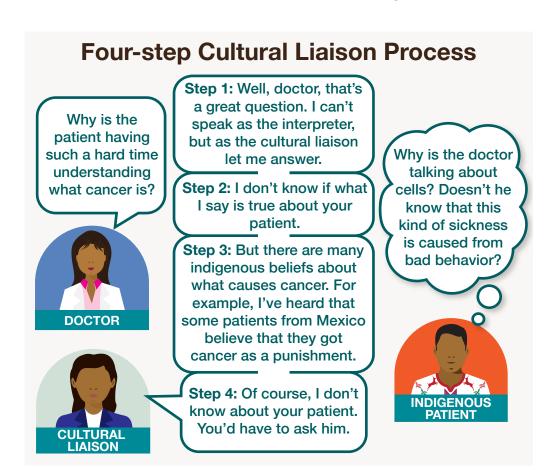
Here is an example of following these four steps.

A doctor is telling an indigenous patient that he has cancer. He explains that no one really knows what causes cancer, but that it occurs when cells start to grow out of control in a part of the body. The patient gets very upset. He is sure he has gotten cancer because when he was a younger man he used to hit his mother when he got angry. The doctor gets very confused and turns to the interpreter for help:

Doctor: What was going on in there culturally? Can you explain? **Interpreter:**

- Step 1: Clarify your role as cultural liaison. That's a great question. I can't speak as the interpreter, but as the cultural liaison let me answer.
- Step 2: Do not speak about the specific patient/client. First, I don't know if what I say is true about your patient.
- Step 3: Provide general cultural information. Avoid stereotypes. But there are many indigenous beliefs about what causes cancer. For example, I've heard that some patients from Mexico believe that they got cancer as a punishment and they are supposed to deal with it because suffering is part of life. They think it's their fault they are sick.
- Step 4: Repeat that the information you gave is not about the specific patient/client. Of course, I don't know about your patient. You'd have to ask him.

Step 3, keeping the information general, is the hardest part. But other parts of the four steps can also be a challenge.



Here are some more examples of how to provide cultural information without speaking about the patient or client:

- Yes, you're right, that's an important problem. Many people have told me that if they get their blood drawn, they believe something bad will happen. You could ask the patient what she believes.
- I really don't know. But it's an important question, and I'd be happy to interpret it for the client.
- Many patients from that part of [Mexico] who have this
 problem go to a [traditional healer, for example, curandera,
 sobadora] for something called a [barrida, etc.]. You could
 ask the patient's family if she does that.
- "I'm happy to answer your questions, but nothing I say is about the patient. Please ask the patient. Every person is culturally unique."

Remember, the most important thing is to repeat at the end, "I was happy to answer your questions, but I could be wrong. Every indigenous group is a bit different. Every patient is different too. Please ask the patient." Always refer the provider back to the patient or client.

What can go wrong

There are always going to be pressures on indigenous interpreters to do things they shouldn't do. Here is an example. Patients who have to go to specialty hospitals often want the interpreter to accompany them—even if the hospital is two hours away. The first hospital may pay for a taxi service to take the patient, but the patient might say "But what do we do when we arrive? We need you!"

In other words, you are the interpreter. But people will ask you, often, to act outside your role—as a cultural liaison—even if you have no official permission to do so. Sometimes the indigenous interpreter joins the patient in the same taxi and makes the long trip (acting in a helper role)—even when that interpreter is breaking hospital rules.

If you want to work in this way, and you have no written permission but something goes wrong, you are at legal risk. So is the organization, as you learned earlier. You see, if there is a terrible car accident, people could sue you, the indigenous family, the doctors and the hospital!

Advocacy

Sometimes you may make a decision to go outside the interpreter role. You engage in advocacy. Advocacy was discussed in Section 11.3. It means that you go outside your interpreter's role when a patient's health, safety, well-being or human dignity are at risk. You face a special situation. You feel that you have no choice. In this case, you are not acting as an interpreter but as a human being with a heart.

In fact, nearly all community interpreters sometimes go outside their role to help clients. *Advocacy is permitted in serious situations*. If, however, you find you are *often* going outside your interpreter's role, not just in emergencies or serious situations but simply as part of your work, then that is not something you can call "advocacy."

Even deciding to advocate once is a risky decision. You could get fired for it and never interpret again. Be careful. You shouldn't advocate often. But you do have to make decisions every day. You are an indigenous interpreter. People will ask you for help. Should you translate discharge instructions in writing? Push people in wheelchairs? Comfort them if they get bad news? If you don't know whether or not to do these things, ask the organization what you should do. Try not to decide on your own.

Clarifying the cultural liaison role

Some decisions will be clear to you. As the cultural liaison, you can usually make telephone calls for the patient or find them a telephone to make a call. Some decisions will not be so clear. Whatever you decide to do, inform the provider and/or the organization what you did outside your role as the interpreter. If you are not a cultural liaison, ask if you should become one.

Each time you decide to do something outside the interpreter's role, be careful. Think: *How much risk should I take to help this person? Is the risk worth it?* The more you understand the risks of going outside the interpreter's role, the more you can make informed decisions. Examples of the risks of going outside the interpreter role include:

- Losing your job.
- Lawsuits against you and/or the hospital or your employer.

 Destroying your relationship with the provider, the indigenous person or community.

The Dangers of the Helper Role

Always evaluate the risk of acting as a cultural liaison, which include:

- Losing your job.
- Being involved in a lawsuit against you or your employer.
- Harming and not helping the indigenous patient or client.
- Losing your professional reputation.



Review of Section 20.3

Interpreters are often asked—or expected—to go outside their role as interpreters. They give cultural information, help clients and perform services that help bridge cultures. But this role is really a separate job—not the interpreter's job. That job can have many names, such as patient advocate, outreach worker, parent liaison or intercultural mediator. In this section, we call it the work of the cultural liaison.

Interpreters can take on this extra job if they get special training and if they get permission in writing. This extra job should be included in their job description. Because cultural liaisons often cannot get training, and indigenous interpreters are often asked to act as cultural liaisons, this section offered special guidance for indigenous interpreters. It showed them what to do if they are expected to act not only as interpreters but to take on an extra job as a cultural liaison.



Review of Module 20: Interpreting Standards of Practice

This module introduced you to the NCIHC National Standards of Practice for Interpreters in Health Care. These standards support the NCIHC ethical principles.

Section 20.1 provided a review of ethics and standards of practice. It discussed the 32 NCIHC standards of practice and provided a plain language version for each standard. It also provided an example of how to follow each standard.

Section 20.2 described seven common challenges community interpreters face and showed how the standards of practice can help you handle those challenges professionally. It also introduced the idea of the interpreter's toolbox to review the main skills and techniques taught in this manual.

Ethics are the rules that a profession follows. They show you what to do. Standards of practice are the guidelines. They provide you with a map to follow. Even though they are written for healthcare interpreters, they work well for other community interpreters. Standards of practice also help you to review everything you have learned in this program.

Finally, as indigenous interpreters you will often be asked to act outside your interpreter's role. Section 20.3 showed you that sometimes you can address this problem by acting as a cultural liaison—which is a different job than interpreting (although it can include interpreting). This section described the work of a cultural liaison—but added that you must get permission in writing to perform that job. If you plan to work as a cultural liaison, have this second job written into your job description and get training for it.



Conclusion

Think of this training manual as your interpreter's toolbox. Inside the interpreter's toolbox are many tools to help you manage the challenges that face indigenous interpreters every day. Those tools help you to act as a *professional* interpreter. Try to use your interpreting skills, modes, protocols, ethics, standards, decision-making steps and strategic mediation skills to help you behave professionally at all times.

Indigenous interpreting is an extraordinary profession. It helps indigenous people in their real lives. It improves the quality of health care and community services. As an indigenous interpreter, you give voice to the voiceless. You help to make right some of the indignities and suffering of your indigenous community members. Above all, your work gives them access to the services that they need. Often, they have both a legal and a human right to these services.

Every day, you use your knowledge, skills and experience to help your community. You improve the quality of community services. You make a difference. Providers tell us they can't do their work without you.

We hope you are proud to be *professional* interpreters. Thank you for the gift you give by interpreting. You enrich the profession, and you honor your communities.

Good luck!

