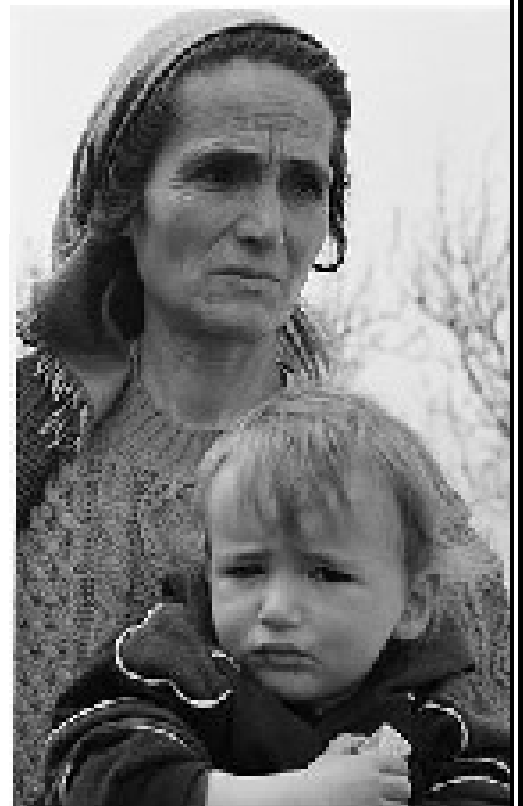# Refugee Mental Health

Interpreting in Mental Health Settings

Video Workbook

Laurel Benhamida, M.A.
Bruce Downing, Ph.D.
Eric Egli, M.A.
Zhu Yao

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Dr. Amos Deinard

Amos Deinard, MD, MPH, has been on the faculty of the Department of Pediatrics, University of Minnesota, since 1969. Beginning in 1979, as the Pediatric Consultant to the Minneapolis Health Department's Bureau of Maternal and Child Health program, he became involved not only in the direct care of refugee children who were immigrating from the refugee camps of Southeast Asia, but in health care program planning and development as well. In addition, he was the Principal Investigator of a resettlement project and a project funded by the National Institute of Mental Health to create a technical assistance center that would provide mental health assistance to those State mental health programs that were serving large numbers of refugees (NIMH-TAC/MH). All of the print and videotape documents that were developed under the terms of the NIMH-TAC/MH contract are included in this collection.

Table of Contents

Video Running time: 33 minutes

Overview

This training package is one in a series of videos, each with an accompanying workbook, designed to provide training in refugee mental health. The other topics covered in the series include the following: primary prevention, psychiatric interviewing of the refugee patient, and psychological testing with refugees.

This particular video is intended to provide a comprehensive overview of the role of the interpreter in refugee mental health settings, detailing the kinds of skills that interpreters may be expected to achieve with adequate training. It describes the ideal interpreter as a specially trained, highly skilled language professional, and demonstrates the importance to the mental health professional of having the services of such a person. We are aware that the situation portrayed here is found in few if any mental health settings with refugee clients today. Our view of professional interpreting is thus presented as an ideal to be aimed at, and to be planned for through the appropriate selection, utilization, and training of interpreters. Nevertheless, even when the ideal situation is not attainable in the short term, many of the general points made are immediately applicable to any situation where interpreters are used.

Important audiences for this videotape include mental health professionals and persons who are working as, or wish to become, interpreters. For both of these groups a showing and discussion of the videotape will need to be followed up with further training. Mental health professionals can benefit from further training in cross-cultural mental health care and more specifically, in working with interpreters. Another video in this series, "Psychiatric Interviewing of Refugee Patients," also provides guidelines for mental health professionals working with interpreters and addresses pertinent cross-cultural issues.

Interpreters planning to undertake work in mental health settings, for example on a freelance basis, will require additional training concerning the language of mental health and mental illness and specific aspects of the refugee mental health settings. Bilingual individuals interested in becoming interpreters, or extending their competence as interpreters, will need additional training, dealing with the techniques of interpreting as well as mental health concepts and settings, before they can be expected to function in the professional manner portrayed here. Such training can best be undertaken by a college or university, with the support of those local agencies that recognize the need for and can offer employment to those who are trained.

Another audience for this videotape will be administrators who are in a position to make decisions regarding the provision of competent interpreting services. Such persons will be interested in questions of how to obtain trained interpreters and how to access or establish interpreter training programs, as well as issues of professional competence and liability. Although not addressed in the videotape, these matters are taken up in the enclosed sheet on "Initiating Training at the Agency or Community Level" and in the accompanying references.

The aim of this videotape is to make clear the responsibilities and capabilities of the well trained and professional interpreter. Mental health professionals should recognize the complexity of the interpreter's role, and they should not expect people without thorough training to be able to carry out adequately all the interpreter tasks portrayed in the videotape.

On this point it must be clearly understood that the responsibilities of the interpreter in the mental health setting are very limited. One must not make the error of placing responsibilities on the interpreter that are properly those of the mental health professional. Just as when no interpreter is present, it remains the mental health professional's job to communicate with the patient, to understand the patient's meaning and cultural viewpoint, to make the diagnosis and determine the course of treatment, to insure that the patient understands instructions and medications, and to see that professional ethics and other standards are maintained in the process.

How to use this training package

Ideally these materials should be presented and subsequent discussion should be led by an individual or a team of two people knowledgeable about both the interpreting profession and the mental health setting. If the discussion leader is not knowledgeable in these areas we suggest that the leader carefully review the tape and accompanying materials before conducting the training session.

Prior to showing the videotape, the discussion leader may want to identify the concerns and interests of participants with respect to interpreting and mental health. The "List of possible discussion topics" sheet can be used by the leader to identify these concerns and to focus the post video discussions on topics of greatest interest to the particular audience.

This training package includes a number of printed materials—see the list of contents in the front of the folder. Some are intended for use by the presenter (in this bound section of the folder) and some (in the front and back pockets of the folder) are intended for duplication and distribution to training participants.

A set of discussion topics is included as well as handouts which condense much of the information presented in this videotape. Supporting materials can be used in the post video discussions. The choice of materials can be determined after assessing the needs and knowledge of the audience.

To encourage further reading on this topic, a list of readings is included, along with abstracts of reports on interpreting in mental health for refugees and others produces by the Refugee Assistance Program – Mental Health: Technical Assistance Center.

Gearing the training package to different audiences

Some of the materials in this package can be distributed to all audiences; these include the following:

Videotape topic outlines with "Points to Remember:
Recommended readings
Abstracts of reports on interpreting in mental health

We have listed below materials in this package that may be appropriate for distribution to audiences from the following five groups:

1) **Health/Mental Health Administrators**
   - Guidelines for initiating interpreter training at the agency or community level
   - Guidelines for selecting interpreters
   - Guidelines for using bilingual mental health workers as interpreters
   - List of interpreter training programs
   - List of organizations and resources

2) **Mental Health Professionals (and those in training)**
   - Guidelines for working with interpreters
   - Guidelines for using bilingual mental health workers as interpreters
   - "Proposed code of ethics for interpreters in metal health for refugees and others"
   - Basic terminology of the interpreting profession

3) **Bilingual Paraprofessionals**
   - Guidelines for using bilingual mental health workers as interpreters
   - "Proposed code of ethics for interpreters in metal health for refugees and others"
   - Basic terminology of the interpreting profession

4) **Staff Interpreters and Interpreter Trainees**
   - Overview of personnel in mental health settings
   - "Proposed code of ethics for interpreters in metal health for refugees and others"
   - Basic terminology of the interpreting profession

5) **Non-staff Professional Interpreters (e.g. court interpreters)**
   - Overview of personnel in mental health settings
   - "Proposed code of ethics for interpreters in metal health for refugees and others"

Videotape Outline

I. **Introduction (Time Count: 0'00")**
   a. Refugee experiences
   b. The key is communication
   c. Overview of program

II. **What Interpreting Is (Time Count: 2'38")**
   a. The unprofessional mediator
         i. Vignette 1: Clinician, patient, and friend
   b. Reference to working with untrained interpreters
   c. Language planning for interpreter services
         i. Vignette 2: Clinician, patient, and skilled interpreter
   d. Patient rights and liability

III. **The Tasks of the Interpreter (Time Count: 7'10")**
   a. Introduction
         i. Two modes of interpreting (chart)
         ii. The tasks of the interpreter (chart)
   b. Psychological and Linguistic Tasks (Time Count: 8'18")
         i. What interpreting involves
         ii. Extracting the message from five levels of language (chart)
         iii. Sequence of events in consecutive and simultaneous interpreting
               1. Diagram: Flow of message
         iv. Challenge: Speaker who is hard to understand
               1. Vignette 3: Disturbed speech.
   c. Cultural Tasks (Time Count: 12'04")
         i. Sociolinguistic differences
               1. Vignette 4a: Girlfriend – bad interpreting
               2. Vignette 4b: Girlfriend – good interpreting
         ii. Vulgar, angry, or inappropriate language
               1. Vignette 5a: Angry patient – bad interpreting
               2. Vignette 5b: Angry patient – good interpreting
         iii. Cultural practices unfamiliar to the clinician
               1. Vignette 6a: "Coining"
               2. Vignette 6b: Interpreter explains "coining"
   d. Situational Tasks (Time Count: 18'13")
         i. The settings of mental health interpreting
         ii. First phase – Pre-interview communication (stills)
               1. Scheduling

(Videotape Outline Continued)

        2. Greeting and helping the patient
        3. Meeting with the patient
        4. Meeting with the interviewer
    iii. Second phase – The actual encounter (stills)
        1. Introductions and seating
        2. Monitoring communication – stepping out of role
    iv. Third phase – Post-interview communication (stills)
        1. Meeting with the clinician
        2. Accompanying patient, translating medication label, etc.

e. Professional Tasks (chart) (Time Count: 22'06")
    i. Ethical issues (chart)
        1. Confidentiality
        2. Neutrality and limits of expertise
            a. Vignette 7: Clinician asks interpreter to persuade patient
        3. Fidelity: Pressure to summarize, omit, modify
    ii. Stress and fatigue (chart)
    iii. Emotional issues (stills)
    iv. Interpersonal issues
    v. Compensation

IV. Learning or Research Tasks (sequence of stills) (Time Count: 29'20")
    i. Keeping current knowledge of both languages
    ii. Maintaining word-lists of glossary
    iii. Learning about mental health
    iv. Joining/forming professional associations

V. Conclusion (Time Count: 31'15")

Credits (End Time Count: 33'45")

List of Possible Discussion Topics

- Planning for interpreting services

- Modes of interpreting (simultaneous, consecutive, summary) in mental health care

- Ethical problems in interpreting

- Providing training for interpreters

- Certification for interpreters

- How to find/select an interpreter

- Working with interpreters

- Dealing with emergency and in-patient situations through an interpreter

- Legal issues such as informed consent, language rights, liability and malpractice suits involving interpreting

- Psychological testing through an interpreter

- Other concerns

Suggested guidelines for video discussion groups

In this section, discussion guidelines are provided for each major videotape topic. Refer to the "Videotape outline" should the audience wish to review sections of the video prior to the discussion.

Benefits of Competent Interpreting

With leader's guidance the audience can identify the risks of incompetent interpreting. Then the benefits of proper interpreting can be identified.

Planning for interpreter services:
Locating and using available resources/initiating training at the agency and community level

Handout: "Planning for interpreter services: Locating and using available resources"

Identifying qualified interpreters
What are local and regional resources? Discussants can identify those, with leader's aid if needed. Since these vary by region it is impossible to specify them here. Some possible resources might by found in the following areas:

- State and national interpreter associations (see "List of organizations and resources").
- State or local court system.
- Regional office of the Administrative Office of the United States Courts.
- Other governmental agencies of all kings which may be using interpreters.
- Agencies placing free-lance interpreters in assignments in a variety of settings.

Introducing qualified interpreters to the mental health setting
What do interpreters need to know before they begin accepting assignments? Discussants can identify what they need to know and several ways of introducing them to the mental health setting.

Calling them when needed
What are the elements of a professional relationship between interpreters and clinics and agencies? Discussants cans cover such issues as mutually satisfactory scheduling, keeping same interpreter on case, compensation, etc.

Handout: "Guidelines for initiating training at the agency or community level"

Initiating training at the agency and community level
The goal of this discussion would be to familiarize the audience with steps which can lead to an interpreter training program that meets community needs as well as ensuring trainees will be called upon by local agencies and institutions.

The unique and special challenges of interpreting in mental health settings

The group, whether MHPs or interpreters, may want to discuss the unique challenges of interpreting in mental health settings. Interpreting normally focuses on messages – the interpreter must understand and make sense of a message in order to interpret it. While the message might be awkwardly expressed, it is presumed that it is basically rational and will make sense. In mental health settings, however, messages may be distorted and at times may not make any sense. Discussants may also want to consider whether simultaneous might be a better mode to use for some patients because of the memory demands that reconstructing distorted message places of the interpreter. The demands on the interpreter to convey distorted process as well a distorted content, to maintain disorder despite the instinct to instill some order in the message, can thus be addressed.

Modes of interpreting, simultaneous and consecutive/psychological and linguistic tasks of the interpreter

Handouts: "The tasks of the interpreter" and "Psychological and linguistic tasks"

The discussion leader may want to emphasize the difference between translation and interpreting. The difference between simultaneous and consecutive can be clarified if there is any confusion.

The goal of discussing the psychological and linguistic tasks is to increase the viewers' appreciation for the complexity of interpreting. The discussion leader may want to discuss and give examples of concepts such as syntax, pronunciation, body language, and contextual linkage. Examples could show how interpreting can fail when any of these important components of the speaker's utterance is not grasped.

The leader may want to take a longer time to involve the group in sensitization exercises which will provide viewers with first hand experience in interpreting tasks.

Example: Role playing activity to demonstrate the difficulties of both consecutive and simultaneous interpreting.

In this activity the leader plays a patient and a group member plays the MHP at the initial interview. The role playing is carried out in English. The MHP is the elicit information about the patient's past history including previous hospitalizations, problems with drug and alcohol, family history, as well as current problems, etc. The "patient" will first speak in long enough utterances (several sentences) so that the audience gets a sense of the memory and message problems that are involved. Next the "patient" can speak in short utterances of a single sentence but losing his own train of thought (or if there is no "train of though", becoming even more disoriented…). Members of the audience can play the interpreter using consecutive, "interpreting" to their neighbor or themselves in a low voice after each segment of speech. Finally the "patient" can speak normally for several minutes, not pausing as for consecutive, and the members of the audience can try simultaneous by shadowing the "patient" in English.

Cultural Tasks

Handout: "Cultural and sociolinguistic tasks"

Discussion of this topic could make use of the three vignettes as jumping off points.

Vignette 4: Sociolinguistic differences. "Girlfriend"
The goal for reviewing and discussing this example is to insure that participants appreciate the importance of engaging/becoming an interpreter who will be able to handle such frequent problems without error or stumbling.

Vignette 5: Inappropriate or insulting language and uncomfortable topics. "Angry Patient"
Review and discussion of this example needs to focus on the importance of engaging/becoming an interpreter who will be able to handle emotionally charged messages without omitting material. Discussants may also consider other similar topics that are likely to come up in the mental health setting, for example, topics dealing with sexuality, reporting of highly traumatic experiences such as torture an war atrocities, or criminal behaviors. These topics commonly elicit a tendency to avoid talking about them – or interpreting their description.

Vignette 6: Unfamiliar cultural practices. "Coining"
This example illustrates the concept of elaborations and its benefits and limits in the mental health setting. Discussants may find it useful to focus the discussion on clarifying the responsibilities of clinician and interpreter in similar situations.

Situational tasks

Handout: "Situational tasks"

Each task mentioned in the videotape is part of the process which will contribute to the success of the intercultural communication in the mental health setting, and this to appropriate assessments and interventions for cross-cultural clients. Understanding the importance of these tasks is the goal of further discussion. In addition, discussants may want to consider whether additional tasks are appropriate or need to be carried out in specific mental health settings.

Pre-interview tasks
- Patient-related tasks include scheduling, greeting, accompanying the patient in the clinic, evaluating language needs.

- Clinician-related tasks include scheduling, deciding on the mode of interpreting, deciding on the seating arrangement, informing clinician of the patient's language needs, getting used to the clinician's speaking and interviewing style.

Interview tasks:
- Introductions, seating, monitoring the communication, maintaining appropriate role, stepping out of role.

Post-interview tasks:
- Patient-related tasks include accompanying the patient to other appointments, laboratory, pharmacy, translating some written materials, further scheduling.

- Clinician-related tasks include post-interview session to discuss communication problems or cultural issues (within interpreter's expertise), questions, or emotional reactions.

Professional tasks

Handouts: "Professional tasks" and Code of Ethics

- Ethical issues. Discussion may center on the variety and difficulty of ethical issues which the interpreter may face on a continuing basis.

- Stress and fatigue and emotional issues. It may be useful to focus discussion on the need to plan for coping with stress and fatigue, as well as emotional reactions, before these become debilitating, and to discuss concrete ways of doing so.

- Interpersonal issues. Examples of interpersonal issues that may arise can be discusses. Interpreters may be unfamiliar with the concept of transference and may nee to spend additional time on this topic.

Learning and Research Tasks

Handout: "Learning and research tasks"

Professional interpreters engage in a variety of learning and research tasks to maintain and update their skills. Review and discussion of these tasks will help introduce viewers to the importance of these activities and may also provide an opportunity for some participants to share resources and expertise.

Recommended Handouts

Planning for Interpreter Services:
Locating and Using Available Resources
Outlines of Video - 1

➢ **Identify qualified interpreters**
  o What are local and regional resources?

➢ **Introduce them to the mental health setting**
  o What do they need to know before they begin accepting assignments?

➢ **Call them when needed**
  o What are the elements of a professional relationship between interpreters and clinics and agencies?
  o How can scarce resources best be used?

Points to Remember:

- Prepare ahead for patient's language needs.
- Interpreters need to learn about the mental health setting before they accept assignments.
- Optimize use of available resources
- Agencies can cooperate to obtain qualified interpreters.

The Tasks of the Interpreter
Outlines of Video - 2

- ➢ Psychological and Linguistic Tasks

- ➢ Cultural and Sociolinguistic Tasks

- ➢ Situational Tasks

- ➢ Professional Tasks

- ➢ Learning and Research Tasks

Psychological and Linguistic Tasks
Outlines of Videotape Topics - 3

- ➢ **What is interpreting?**

- ➢ **Interpreting and translating: What are the differences?**

- ➢ **Simultaneous and consecutive interpreting: What is the difference?**

- ➢ **What are the components of the speaker's utterance?**
    1) Words and word endings, or inflections
    2) Syntax – the way words are put together
    3) Pronunciation – including stress, intonation, and tone
    4) Body language – gestures, gaze, sitting position, etc.
    5) Contextual linkage – connection with previous and future messages and the settings or context

Points to Remember:

- Interpreting refers to spoken language messages and translating to written language.
- Interpreting makes complex demands on the mind and body of the interpreter.
- Neither simultaneous nor consecutive is always better: an interpreter needs to be able to do both, depending on the situation.

Cultural and Sociolinguistic Tasks
Outlines of Videotape Topics - 4

➢ **What are sociolinguistic differences?**
  o Vignette #4: "Girlfriend"

➢ **What is inappropriate language?**
  o Vignette #5: "Angry patient"

➢ **What are unfamiliar cultural practices?**
  o Vignette #6: "Coining"

Points to Remember:

- An interpreter who does not know both languages and cultures well can make serious mistakes.
- Knowing both languages and cultures well is not enough; the interpreter must have the skills, ability, discipline, and endurance to interpret.
- An interpreter needs to interpret everything, even if it feels uncomfortable.
- Sometimes the interpreter needs to stop interpreting and elaborate briefly on the topic being discussed.
- At times importance cultural issues outside the expertise of the interpreter may arise. The mental health professional may need to consult cultural experts such as anthropologists or knowledgeable members of the refugee community.

Situational Tasks
Outlines of Videotape Topics - 5

➢ **What are the pre-interview tasks?**
  - ○ With the patient: scheduling, greeting, accompanying the patient in the clinic, evaluating language needs.

  - ○ With the clinician: scheduling, deciding on the mode of interpreting, deciding on the seating arrangement, informing him of the patient's language needs, getting used to the clinician's speaking and interviewing style.

➢ **What are the interview tasks?**
  - ○ Introductions, seating, monitoring the communication, maintaining role, stepping out of role.

➢ **What are the post-interview tasks?**
  - ○ With the patient: accompanying the patient to other appointments, laboratory, pharmacy, translating some written materials, further scheduling.

  - ○ With the clinician: post-interview session to discuss communication problems or cultural issues, within interpreter's expertise.

Points to Remember:

- • Refugees, immigrants, and others without adequate English skills will need interpreting services throughout their care.
- • Planning for the interview is essential.
- • Even if a person is qualified in a mental health profession and is a competent interpreter, they should nevertheless not be asked to practice both activities at the same time, just as a lawyer does not interpret and defend a client.

Professional Issues
Outlines of Videotape Topics - 6

➢ **What are some ethical issues?**
  o Confidentiality
  o Neutrality
  o Limits of Expertise
  o Fidelity

➢ **What are the signs of stress and fatigue?**
  o How to plan to deal with stress and fatigue?

➢ **What emotional issues can be anticipated?**
  o How can they be dealt with?
    ▪ Mutual trust
    ▪ Comfort
    ▪ Understanding

Points to Remember:

- Interpreting is tiring, requiring a great deal of the mind and body.
- Anticipating ethical questions is helpful in meeting new situations.
- Personal characteristics of the interpreter such as age and sex may affect the patient's readiness to disclose information.
- It is not unusual for the interpreter to be involved in the phenomenon of transference in the interview.

Learning and Research Tasks
Outlines of Videotape Topics - 7

➢ **Identifying and obtaining available home country and local news papers**

➢ **Listening to newly arrived refugees, and to those who have been in this country for many years**

➢ **Speaking the language of the country of resettlement often**

➢ **Maintaining a personal word list or glossary**

➢ **Acquiring and using dictionaries in both languages**

➢ **Learning about mental health, as well as other settings in which they interpret**

Points to Remember:

- Interpreters have to keep up with changes in both languages and cultures they interpret.
- Interpreters have to be informed about the settings in which they interpret.

Guidelines for Selecting Interpreters

Bruce Downing, Ph.D.
Department of Linguistics
Laurel Benhamida, M.A.
Refugee Assistance Program, Mental Health
Technical Assistance Center
University of Minnesota

A thorough knowledge of two or more languages is only the most obvious of the personal, social and professional qualifications that must be weighed in selecting an interpreter, whether for a single case or for long-term employment.

Personal and social characteristics

Competent interpreting can only be done by a mature individual who is able to work impartially and is respected by those that he or she interprets for. It is never appropriate to call upon a child to interpret, and it is risky to rely on a friend of the client whose biases and level of competence are unknown. An interpreter should be someone who is respected by members of the community. A person who is not respected will not be trusted with personal secrets. The consequence may be that patients will not seek services or will actually prefer to have their friends or relatives interpret for them. With some clients, an otherwise qualified person who is very young or of a given sex may be unacceptable. To avoid problems of this sort, community representatives may be brought into the selection process.

Proficiency in two languages (Degree of bilingualism)

Often a great deal of attention is paid to fluency in the second language (usually English), and very little to the extent of the interpreter's knowledge of his or her native language. A person who was not educated in the mother tongue or has been cut off from significant aspects of mother-tongue culture because of migration, separation, internment, etc., may have important gaps in his/her knowledge of important terms and concepts.

A broad and thorough acquaintance with geographic and social varieties of the language is also important. A person who cannot understand rural dialects of his/her own language is of no use when patients from those regions come in. A person who has no acquaintance with the life of poor or illiterate people may have a hard time interpreting for them. On the other hand a young or uneducated person may not have complete command of the polite language sometimes required in more formal settings among the social elite.

Adequate command of English similarly has many facets. Knowledge of specialized vocabulary, literacy, ability to comprehend complex utterances, and understandable speech may all be important.

Education and wide experience in both languages are the best predictors of broad cultural and linguistic competency. Where possible, persons to be employed as interpreters should have the equivalent of two years or more of college.

Professional competency in interpreting

Competency in community interpreting, including mental health interpreting, means basically (1) the ability to interpret accurately in the modes required, whether simultaneous or consecutive, into and from both of the speakers' languages, for the period of time required and (2) the ability to carry out other responsibilities and tasks related to the tasks of interpreting. The mental health interpreter needs a basic knowledge of mental health concepts and settings. How can this competency be obtained, and how can it be evaluated?

Some individuals have a natural aptitude for interpreting. Others, given the right kind of experience, may learn what they need to know on the job. Aptitude and experience are valuable for all interpreters. But for most, a course of instruction that includes supervised practice in interpreting in realistic settings is essential to achieve proficiency, confidence, adaptability, and consistent accuracy.

Intellectual ability, as reflected in IQ scores or college degrees, and language proficiency, as measured by TOEFL scores, ESL grades etc., are not measures of an individual's ability to provide competent interpretation. Even a certificate of completion from an interpreter training course is not the same as demonstrated proficiency in interpreting. Only a competency-based or juried examination of actual performance in interpreting can assure an adequate level of performance on the job. Until certification of community interpreters becomes established, competency in interpreting can best be determined by setting up a simulated interpreting session evaluated by persons who are proficient in the two languages.

The National Council on Interpreting in Health Care (NCIHC) also discusses the selection of qualified interpreters in the working paper titled, "Guide to Initial Assessment of Interpreter Qualifications." The article can be accessed online at:

http://www.ncihc.org/mc/page.do?sitePageId=57022&orgId=ncihc

Guidelines for Initiating Interpreter Training at the Agency or Community Level

Bruce Downing, Ph.D.
Department of Linguistics
Laurel Benhamida, M.A.
Refugee Assistance Program, Mental Health
Technical Assistance Center
University of Minnesota

1) Identify local agencies and institutions with a need for interpreting services. Working together with other nearby agencies in the community can lead to more effective use of scarce resources.
2) Assess the need for interpreters by languages and by estimated hours per week, including evenings. Consider options such as agency sharing of interpreter time, interpreter pools, "circuit-riding", and interpreter cooperatives, language banks, assisting free-lance interpreters to start and maintain a steady practice, and contracting with an agency to provide interpreters.
3) Identify existing spoken or sign language interpreter training programs in the community, state, or region. Become familiar with existing training models in other areas.
4) Identify individuals in your area with expertise in interpreting and if possible, interpreter training. The best programs use trainers who are also practitioners.
5) Consult with institutions of higher education in your area to see if they would be interested in developing training programs. (See the paper "Interpreter training: A review and discussion of interpreter training programs" referenced in #3 above.)
6) Bring individuals identified in the preceding steps together to identify which approach to training is best for your area.
7) Develop a plan for setting up a training program that makes appropriate use of the resources available and fits the needs of the agency or community. A well-rounded training program will usually include components addressing techniques of interpreting (with practice sessions), ethical and professional issues, and an introduction to the concepts and vocabulary of mental health and other community interpreting settings in which trainees will work.
8) Remember to make provision for training the mental health professionals and others who will be using the trained interpreters.

Note: This approach would also apply to initiating interpreter training at the state and regional level.

Guidelines for Using Bilingual Mental Health Workers as Interpreters

Eric Egli, M.A.
Department of Psychology
University of Minnesota

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In many mental health programs serving refugees, much of the responsibility for counseling and casework falls upon bilingual workers who do not have professional mental health training. Frequently these workers are called upon to interpret for mental health professionals such as psychiatrists or psychologists consulting on a given case. The following cautionary statements and guidelines should be considered when refugee mental health workers, whose primary responsibilities are direct service rather than interpreting, are called upon to interpret:

1) When asked to interpret, bilingual mental health workers should follow the guidelines for other interpreters, such as maintaining fidelity and not adding or leaving out anything said. In such a situation, the bilingual worker's main responsibility is to enable communication to proceed between the consulting professional and the patient in as accurate a manner as possible. The role should be explained to the patient and it should be clear when the interpreting role is being adopted.

2) If possible, only workers who are not personally involved in treating the particular case should be called in to interpret. A bilingual worker who functions as a clinician with the client will naturally want to attend to and consider the conversation. It becomes extremely difficult for those clinically involved in a case to adopt the essentially impartial and neutral role of interpreter. Interpreters who are thinking about the content of messages and their implications for treatment will not be able to concentrate upon accurately recalling and transmitting what the speakers are saying, and the quality of interpreting will suffer.

3) Remember that interpreting is a skill quite apart from being an effective clinician. Event the best bilingual mental health workers may not make good interpreters. Without specific training in interpreting and the ethics and responsibilities of the interpreting role, bilingual workers are likely to make very serious errors such as condensations, omissions, "steering" the client's answers, filling in for the client, and interjecting their own questions and explanations without informing the mental health professional of what they are doing. <u>Any worker who will be asked to interpret on a regular basis needs specific training in interpreting.</u>

Guidelines for Working with Interpreters

➢ **Use qualified interpreters to interpret.**

The most basic requirement is that you have access to an experienced and qualified interpreter who can truly aid communication rather than getting in the way or distorting the messages that you and the patient want to communicate. Being bilingual in English and the patient's language is only a prerequisite for being able to interpret (just as speaking English is only a prerequisite teaching it; being a native speaker doesn't make you a language teacher). A qualified, professional interpreter has the special skills needed to fully understand anything another person wants to say and to make that person's message clear to another person in a different language. In addition, like any professional, a qualified interpreter knows her role, her limitations, and her responsibilities as an interpreter for others.

➢ **Don't depend on children or other relatives and friends to interpret.**

Do NOT ask children or relatives or friends of the person you are going to meet with to interpret, Do not call upon staff members or others unskilled in interpreting even if they speak both languages. If bilingual staff with other responsibilities do the interpreting, they must not try to do two things at once, e.g., interpreting and counseling.

➢ **Have a brief pre-interview meeting with the interpreter.**

Plan to meet with the interpreter for a couple of minutes before the interview to explain the situation and any background needed for understanding what you plan to talk about. Agree with the interpreter in advance on such things as how the interview will start and where the interpreter should sit.

➢ **Establish a good working relationship with the interpreter.**

If possible try to work with the same interpreter over time so that you can establish a comfortable working relationship. Although your roles are quite different, you need to be able to work together as a team.

➢ **Plan to allow enough time for the interpreted session.**

Schedule enough time for the interview, remembering that an interpreted conversation requires every statement or question to be uttered twice.

➢ **Address yourself to the interviewee, not the interpreter.**

Speak directly to the patient, not to the interpreter, addressing the patient rather than the interpreter as "you." Your eye contact should be with the patient, not with the interpreter – because it is the patient you are talking to, not the interpreter.

➢ **Don't say anything that you don't want the other party to hear.**

Expect everything you say to be translated as well as everything the patient says. But remember that what can be said in one language may require a lengthy paraphrase in another.

➢ **Use words, not just gestures, to convey your meaning.**

Use words as much as possible to express your meaning, not gestures. The words are easier for the interpreter to deal with, and anyway the patient won't be hearing your words at the same time as your gestures.

➢ **Speak in a normal voice, clearly, and not too fast.**

Speak in your normal voice, not louder or slower (unless the interpreter asks you to slow down). Sometimes it is easier for the interpreter to interpret speech produced at normal speed, with normal rhythms, than artificially slow speech.

➢ **Avoid unnecessary jargon and technical terms.**

Avoid idioms, technical words, or cultural references that the interpreter either might now understand or might have difficulty translating. (Some concepts may be easy for the interpreter to understand but extremely difficult to translate.)

➢ **Keep your utterances short, pausing to permit the interpretation.**

For consecutive interpreting, you should speak for a short time – one longer sentence or three or four short ones, and then stop in a natural place to let the interpreter pass your message along. Be aware of the length or complexity of your speech so as not to unduly tax the interpreter's memory. Short simple sentences are obviously easier. Do not pause for interpretation in the middle of a sentence, since the interpreter may need to hear the whole sentence before she can even start to interpret it.

➢ **Ask only one question at a time.**

If you chain questions together, you may not be able to match questions with answers.

➢ **Expect the interpreter to interrupt when necessary for clarification.**

Be prepared to have the interpreter interrupt when necessary to ask you to slow down, to repeat something she didn't quite get, to explain a word or concept she might now be familiar with, or to add an explanation for something the patient may not be able to understand without some information.

➢ **Expect the interpreter to take notes if things get complicated.**

Don't be surprised if the interpreter takes notes to facilitate recall. This is an aid to memory, not an interruption.

➢ **Be prepared to repeat yourself in different words if your message is not understood.**

If mistranslation is suspected (for example if the response doesn't seem to fit with what you said) go back and repeat what you said in different words.

➢ **Have a brief post-interview with the interpreter.**

Meet with the interpreter again after the interview to assess how things went, to see if the interpreter is satisfied or has questions or comments about the process of communication.

If your interpreter has a limited command of English or limited interpreting skills, you may need to do some of the following:

➢ **Make sure the interpreter understands her role before you begin.**

Urge her to speak directly to you and the other party, using the first person pronoun to refer to the speaker. Instruct her not to add or delete anything, and especially not to add her own comments about what is said, or to offer advice, suggest questions or answers to your questions to the patient, etc.

➢ **Use the simplest vocabulary that will express your meaning**

➢ **Speak in short and simple sentences**

➢ **Check to see if the message is understood**

➢ **For important messages, such as instructions, directions, etc., ask the interpreter to repeat the message back to you in English.**

By repeating the message, you can make sure she's got it, and encourage her to ask for clarification of anything she doesn't fully understand, before she attempts to interpret your message to the patient. You can also ask the patient to confirm his or her understanding of what you said if this will not unduly embarrass them.

➢ **When interpreting is used, you will be interpreting through the interpreter but to the patient. Dealing with cultural differences and the personality of the patient is primarily your job, not the interpreter's.**

Here are some things to keep in mind with regard to the linguistic and cultural differences between you and the patient:

Example:
There may be less eye contact on the part of the patient than you would normally expect, and the eye contact may be with the interpreter rather than with you.

Example:
A smile or nod on the part of the patient may not mean what it would mean if done by you or someone from your culture.

Remember that if the patient comes from a different culture, then so do you.

Remember that if the patient has trouble grasping your way of thinking and the concepts and metaphors involved, you are probably having the same trouble dealing with the patient's way of thinking and the abstractions and metaphors of another culture.

If the patient has language problems when talking to you, then you have language problems too. Probably the patient knows more of your language than you do of his or hers.

Remember that the interpreter is not there (just) to interpret for the patient or to interpret the patient's language. The interpreter is there to interpret for two clients who don't know each other's languages, you and the patient. The interpreter is there to facilitate communication between the two of you. The interpreter is there to render each speaker's utterances in the other person's language, in such a way that the meaning of each utterance can be understood.

Bruce Downing
University of Minnesota
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Personnel in Mental Health Settings

(Adapted from: Carson, R.C., Butcher, J.N., & Coleman, J.C. Abnormal Psychology and Modern Life, Eighth Edition, 1988, p. 582)

Professional

Clinical/Counseling Psychologist
Ph.D. (Philosophy Doctorate); Psy.D. (Psychology Doctorate) – When degree is in clinical or counseling psychology, extensive training in psychological testing and psychotherapy and a one-year internship in a mental health setting are required. License to practice at the independent level in most states requires a doctoral degree, passing a national or state licensing exam, and a specified number of additional supervised hours (1-2 years). Master's level psychologists (those with M.A. degree only – 1 to 2 years of graduate study) may practice independently in some states, but usually can only practice under supervision.

Occupational Therapist
B.S. in occupational therapy plus internship training with physical or psychologically handicapped, helping them make the most of their resources.

Psychiatric Nurse
R.N. in nursing plus specialized training in care and treatment of psychiatric patients. M.A. and Ph.D. in psychiatric nursing specialties are possible.

Psychiatrist
M.D. degree with internship plus residency training (usually three years) in a psychiatric hospital or mental health facility. Becomes Board Certified by taking a national exam. Qualified to prescribe medication.

Social Worker
B.A., M.S.W., or Ph.D. degree with specialized degree with specialized clinical training in mental health settings.

Paraprofessional

Alcohol or Drug-Abuse Counselor
Limited professional training but trained in the evaluation and management of alcohol and drug-addicted persons.

Community Mental Health Worker
Limited professional training, works under professional direction and supervision (especially crisis intervention).

Psychometrist
Limited professional training (may have B.A. degree or some graduate training) but trained in the administration of psychological tests and works under the supervision of a psychologist.

In both mental health clinics and hospitals, personnel from several fields may function as an interdisciplinary team in the treatment of patients – for example, a psychiatrist, a clinical psychologist, a social worker, a psychiatric nurse, and an occupational therapist may work together.

Codes of Ethics

There are two codes of ethics that are commonly used for health care interpreting:

- The National Council on Interpreting in Health Care (NCIHC), the California Healthcare Interpreting Association (CHIA), and the Massachusetts Medical Interpreters Association (MMIA) developed the *National Code of Ethics for Interpreters in Health Care* in 2004. This code can be accessed online at:

  http://www.ncihc.org/mc/page.do?sitePageId=57768&orgId=ncihc

- International Medical Interpreters Association (IMIA) also has a code of ethics that was revised in 2006 and is available online at:

  http://www.imiaweb.org/code/default.asp

Standards of Practice

- The National Council on Interpreting in Health Care (NCIHC), the California Healthcare Interpreting Association (CHIA), and the Massachusetts Medical Interpreters Association (MMIA) developed the *National Standards of Practice for Interpreters in Health Care* in 2005. This document can be accessed online at:

  http://www.ncihc.org/mc/page.do?sitePageId=57768&orgId=ncihc

- International Medical Interpreters Association (IMIA) also has standards of practice that were revised in 2006 and is available online at:

  http://www.imiaweb.org/standards/standards.asp

- The California Healthcare Interpreting Association (CHIA) also has a standard of practice, independent from the NCIHC standards. The document is accessible online at:

  http://chiaonline.org/images/Publications/CA_standards_healthcare_interpreters.pdf

Basic Terminology for the Medical Interpreting Profession

"A" language: A language in which the interpreter has native proficiency in speaking and listening [ASTM].

Accreditation: A term usually referring to the recognition of educational institutions or training programs as meeting and maintaining standards that then qualify its graduates for professional practice.

Ad Hoc Interpreter: An untrained person who is called upon to interpret, such as a family member interpreting for her parents, a bilingual staff member pulled away from other duties to interpret, or a self-declared bilingual in a hospital waiting-room who volunteers to interpret. Also called a chance interpreter or lay interpreter.

Advocacy: any action taken (by an interpreter) on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. In general, advocacy means that a third party (in this case, the interpreter) speaks for or pleads the cause of another party, thereby departing from an impartial role. See **transparency**.
advocate a person who acts to further the interests of another party. When taking an advocacy role, the interpreter may speak in their own voice in order to "plead a cause" or attempt to "right a wrong"

"B" language: A language in which the interpreter has full functional proficiency in speaking and listening [ASTM].

Back Translation: Translation of translated document back into the original language. Often used to check the accuracy of the original translation, although professional translators do not use this process to check the accuracy of a translation.

Bi-Directional Interpreting: Interpreting between two languages where each functions as both a source and target language.

B**ilingual:** A term describing a person who has some degree of proficiency in two languages. A high level of bilingualism is the most basic of the qualifications of a competent interpreter but by itself does not insure the ability to interpret.

Bilingual Provider: A person with proficiency in more than one language, enabling the person to provide services directly to limited-English-proficient patients in their non-English language

Bilingual Worker / Employee: An employee who is a proficient speaker of two languages and may provide direct services in both languages, but who without additional training is not qualified to serve as an interpreter

Certificate: A document, such as a certificate of attendance or completion, that attests to participation in a course of study and attainment of some learning objective. A person who holds a certificate related to interpreter training is not thereby certified.

Certification: A process by which a certifying body (usually a governmental or professional organization) attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to do the job.

Certified Interpreter: An interpreter who is certified as competent by a professional organization or government entity through rigorous testing based on appropriate and consistent criteria. Interpreters who have had limited training or have taken a screening test administered by an employing health, interpreter or referral agency are not considered certified**.**

Community Interpreting: Interpreting that takes place in the course of communication in the local community among speakers of different languages. The community interpreter may or may not be a trained interpreter. Community settings include schools, social service agencies, clinics, legal services, and businesses that serve a diverse clientele.

Consecutive Interpreting: The conversion of a speaker or signer's message into another language after the speaker or signer pauses, in a specific social context [ASTM].

Cultural and Linguistic Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (CLAS Standards, adapted from Cross, 1989)

Cultural Broker(ing): Any action taken by the interpreter that provides cultural information in addition to linguistic interpretation of the message given.

Cultural Consultant: A person with the ability and experience to conduct training for health care providers on how to provide culturally sensitive care to their ethnically diverse patient population

Dual-Role Interpreter: A bilingual employee in health care who has been tested for language skills, trained as a medical interpreter and assumes the task of part-time medical interpreting willingly.

Face-to-Face Interpreting: Interpreting in which the interpreter is present in person with both, or at least one, of the persons for whom interpreting is provided.

First-Person Interpreting: The promotion by the interpreter of direct communication between the principal parties in the interaction through the use of direct utterances of each of the speakers, as though the interpreter were the voice of the person speaking, albeit in the language of the listener. For example, if the patient says, "My stomach hurts," the interpreter says (in the second language), "My stomach hurts," and not "She says her stomach hurts."

Health Care Interpreting: Interpreting that takes place in health care settings of any sort, including doctor's offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations. Typically the setting is an interview between a health care provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members).

Interpreter: a person who renders a message spoken or signed in one language into a second language, and who abides by a code of professional ethics.
Interpreting: (Noun) The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and

social context into account [ASTM] The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's languages. **(Adjective)** Concerning or involved with interpreting. Examples: interpreting services, interpreting issues.

Interpreting Assignment: A period of time during which an interpreter performs his or her duties. An interpreting assignment may involve multiple encounters with patients and providers.

Interpretation: While the two words have the same meaning in the context of oral/signed communication, the term interpreting is preferred, because it emphasizes process rather than product and because the word interpretation has so many other uses outside the field of translation and interpreting.

Interpreting Services: Services that provide an interpreter to facilitate communication between an English-speaking provider and a patient/client/resident who has limited English proficiency or is deaf/hard of hearing. An interpreter is a person who renders a message spoken or signed in one language into one or more languages. Unlike translation, which works only with written text, interpreting works only with spoken or signed communication.

Interpretive: Like the word interpretation, interpretive has many meanings and is often unclear when used in the context of oral/signed communication. It is preferable to use interpreting as an adjective, e.g. interpreting services, interpreting issues.

Language Combination: The set of working languages of an individual interpreter [ASTM]. An interpreter may be able to interpret both into and out of some languages but only interpret out of one or more others because of more limited productive skills in those languages.

Language Pair: The two languages that serve as source and target languages for an individual interpreter in a particular encounter

Licensed: Having official permission or authority to perform some professional role, such as interpreting.

Licensure: The process of obtaining an official license or authorization to perform a particular job. A mandatory process by which a governmental agency grants time-limited permission to an individual to engage in a given occupation after verifying that he/she has met predetermined and standardized criteria [NOCA].

Limited English Proficiency (LEP): A legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public servicesprovided in English without an interpreter [ASTM] This is a term used in the Policy Guidance of August 29, 2000 published in the Federal Register, by the Office for Civil Rights (OCR) of the US Department of Health and Human Services.

Literal Translation: A form of rough translation in which every word or word-element is translated in sequence without regard to how the message would normally be expressed in the other language, giving insight into the workings of the source language. Example: (French) "Il y avait beaucoup de gens," literally "It there had many of people," which means "There were lots of people (there)." Literal interpreting is not considered useful or part of professional interpreting; literal translations (written) are sometimes useful for analysis of the source text, but are not suitable when the aim is to assist communication.

Machine Translation: Translation that is accomplished by entering text in one language into a computer software program and obtaining a computer generated translation in a second language. Machine or

computer translation programs have difficulties recognizing idioms, context, regional differences and metaphorical language and tend toward literal translation.

Medical Interpreting: Interpreting that takes place in medical settings.

Multi-Lingual: A term used to describe a person who has some degree of proficiency in two or more languages. A high level of bilingualism is the most basic of the qualifications of a competent interpreter, but by itself does not insure the ability to interpret.

National Origin Discrimination: Violation of the 'national origin' clause of the Civil Rights Act of 1964, which states that "no person in the United States shall, on grounds of race, color, or national origin, be excluded from participation in, or be denied benefits of, or be subjected to discrimination under any program or activity receiving federal assistance." The OCR Guidance Memorandum of August 2001 (DHHS) details how national origin discrimination may be avoided through the use of qualified interpreters.

On-Site Interpreting: Interpreting done by an interpreter who is directly in the presence of the speakers. Also called face-to-face interpreting.

Parties: Individuals present during an interpreted encounter.

Pre-Session: A short discussion, held prior to the interpreted session, between the interpreter and the service provider or between the interpreter and the limited-English-proficient patient. With a patient, the pre-session serves to introduce the interpreter, establish rapport, inform the patient as to how the interpreter will work, and allow the interpreter to assure that (s)he can understand the patient's speech. With a provider, the pre-session serves to introduce the interpreter, establish a collegial relationship, inform the provider as to how the interpreter will work, and provide the opportunity for the provider to share any information about the upcoming session that might be helpful to the interpreter. Depending on the context and the time available, pre-sessions can be as short as 30 seconds or as long as 15 minutes.

Proficiency: The quality or level of a skill or competence acquired through training and practice.

Proficient: Exhibiting a level of competence characterized by facility and correctness in performing a skill such as speaking a non-native language or interpreting.

Professional Interpreter: Those who abide by a code of professional ethics.

Qualified Interpreter: An individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice published by the National Council on Interpreting in Health Care.

Register: A style of speaking or writing (intimate, casual, vulgar, formal, etc.) or a way of communicating associated with a particular occupation or social group (slang, criminal argot, medical jargon, business jargon, legal language, etc.). Interpreters are generally expected to maintain the register of the person whose utterances they are interpreting.

Registration: The governmental process by which a governmental agency grants a time-limited status on a registry, determined by specified knowledge-based requirements (e.g., experience, education, examinations), thereby authorizing those individuals to practice, similar to licensure [NOCA—one of three basic meanings]

Relay Interpreting: 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. Examples of this would be interpreting Quechua into Spanish, which in turn is interpreted into English or interpreting an idiosyncratic sign language into ASL and then into English.

Remote Interpreting: Interpreting provided by an interpreter who is not in the presence of the speakers , e.g., interpreting via telephone or videoconferencing {ASTM].

Sight Translation: Translation of a written document into spoken/signed language [ASTM]. An interpreter reads a document written in one language and simultaneously interprets it into a second language.

Simultaneous Interpreting: Converting a speaker or signer's message into another language while the speaker or signer continues to speak or sign.

Sign(ed) Language: A language expressed through hand gestures, facial expressions, and body movements used by people who are deaf or hard of hearing and for communication between hearing people and deaf or hard of hearing people

Source Language: The language of a speaker/signer who is being interpreted [ASTM].

Summarizing: A limited interpretation that excludes all or most details focusing only on the principal points of the interpreted speech — not a full interpretation.

Summary Interpretation: See **summarizing**.

Target Language: The language of the person receiving interpretation [ASTM]; the language into which an interpreter is interpreting at any given moment.

Telephone Interpreting: Interpreting carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speaker-phone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting can be used to serve individuals who are also connected to each other only by telephone.

Translation: The conversion of a written text into a corresponding written text in a different language. Within the language professions, **translation** is distinguished from **interpreting** according to whether the message is produced orally (or manually) or in writing. In popular usage, the terms "translator" and "translation" are frequently used for conversion of either oral or written communications.

Translation Services: Services that provide translation of written documents into other languages.

Translator: A person who translates written texts, especially one who does so professionally.
Transparency: The principle that everything that is said by any party in an interpreted conversation should be rendered in the other language, so that everything said can be heard and understood by everyone present. Whenever the interpreter has reason to enter into a conversation by speaking directly to either party in either language, the interpreter must subsequently interpret both his/her own speech and that of the party spoken to, for the benefit of those present who do not understand the language used. **Transparency** is maintained

when everything said by any party present, including the interpreter speaking for him/herself, is interpreted into a language that others present can understand.

Treating Team: All health care providers involved in the care of a particular patient within a single facility.

TTY Relay: A service enabling telephone communication between TTY/TDD customers (who are usually deaf or hard of hearing) and hearing people.

Unidirectional Interpreting: Interpreting from only one source language (usually found in conference interpreting).

Video Conferencing: Remote conference utilizing televideo technology.

Video Interpreting: Interpreting carried out remotely, using a video camera that enables an interpreter in a remote location to both see and hear the parties for whom he/she is interpreting via a TV monitor. The interpretation is relayed to the principal parties by speakerphone or through headsets. Two-way interactive television can also be used, so that the other parties can interact with the interpreter as if face-to-face.

Working Language: A language an interpreter uses professionally [ASTM]; a language into and/or out of which an interpreter interprets.

Commonly Used Acronyms:

ACTFL The American Council on the Teaching of Foreign Languages
ASTM ASTM International
ATA The American Translators Association
CAL The Center for Applied Linguistics
CHIA The California Healthcare Interpreters Association
CIT The Conference of Interpreter Trainers
DHHS The federal Department of Health and Human Services
IMIA The International Medical Interpreters Association (formerly MMIA)
LTI Language Testing International
MMIA The Massachusetts Medical Interpreters Association (See IMIA)
MAMI of CNY The Multicultural Association of Medical Interpreters of Central New York
NCIHC The National Council on Interpreting in Health Care
NOCA National Organization for Competency Assurance
OCR The Office for Civil Rights (DHHS)
OMH The Office of Minority Health (DHHS)
PALS Pacific Asian Language Services
MING The Medical Interpreter Network of Georgia
SOMI The Society of Medical Interpreters

These terms have been taken from the NCIHC Working Paper titled: The Terminology of Health Care Interpreting, A Glossary of Terms. This paper can be found online at:
http://www.ncihc.org/mc/page.do?sitePageId=57022&orgId=ncihc