HISPANIC/LATINO BEHAVIORAL HEALTH CENTER OF EXCELLENCE

Best Practices in Interpretation Services for Latine Communities in Need of Behavioral Health Services

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IRESA INSTITUTE OF RESEARCH, EDUCATION AND SERVICES IN ADDICTION

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SAMHSA Substance Abuse and Mental Health Services Administration

For simultaneous translation to Spanish

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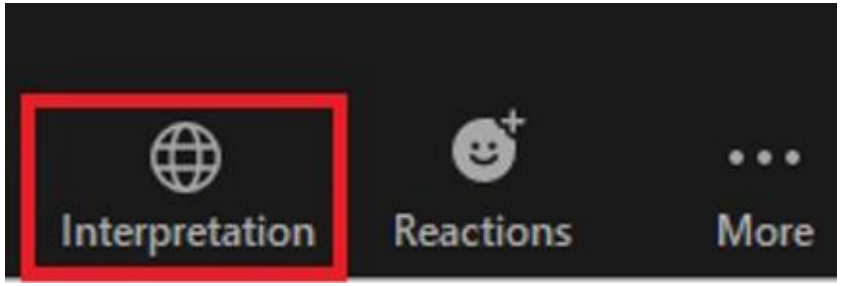
Click the interpretation tab and then click Spanish



Presionar la pestaña de interpretación y luego presionar Español

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Mission

To advance and support the sustainability of behavioral health equity by promoting community driven, culturally grounded and person-centered prevention, intervention, multiple pathways of recovery, and recovery supports for diverse Hispanic and Latine communities.

The Hispanic/Latino Behavioral Health Center of Excellence, New England MHTTC and Northeast and Caribbean MHTTC recognize the complexities associated with gender and ethnic identification as well as the right of all individuals to self-identify. The Centers use the term Latine with the intention of both facilitating a fluent reading and pronunciation and supporting an inclusive and respectful language. Latine is a gender-neutral form of the word Latino that uses the letter e at the end; an idea native to the Spanish language.

Speakers' name.

Cecily Peeples Rodriguez is a dedicated leader currently serving as the Associate Director for Research and Organizational Innovation at the Virginia Tech Institute for Policy and Governance. With a robust background in applied research, her work focuses on leadership and management in public health and human services, including critical topics such as language access, migration and resettlement, cultural competence, and organizational equity and inclusion.

She is skilled in both qualitative and quantitative study designs and adept at deriving meaningful insights from complex datasets. Cecily collaborates with cross-sectoral teams and community partners to identify research needs, ensuring that her findings are relevant and impactful. Known for her strong communication skills, she regularly presents research outcomes and best practices to diverse audiences.

Before her current role, Cecily held various leadership positions, including Director of Diversity and Inclusion at the College of Architecture and Urban Studies and Manager of Applied Research at the School of Public and International Affairs at Virginia Tech. Her leadership extends to her previous role as Director of Refugee Health Services at the U.S. Committee for Refugees and Immigrants, where she oversaw programs with budgets exceeding $30 million and led initiatives focused on health coverage for refugees and immigrants across multiple states.

Cecily's commitment to workforce development and health equity has been evident throughout her career. At the Virginia Department of Behavioral Health, she developed training curricula and provided statewide technical assistance to numerous community services boards and private providers of behavioral health services. Her efforts to reduce disparities in behavioral health and promote culturally and linguistically appropriate services have established her as a subject matter expert and a sought-after leader.

She holds a Master of Public Administration from Virginia Tech and a Bachelor of Arts in Political Science from Virginia Commonwealth University. An active participant in professional development, she is the Chair of the Certification Governing Board of the Institute for Diversity Certification and has contributed as an evaluator and member of various professional committees.

Cecily's extensive record of presentations at national and state conferences underscores her role as a thought leader in her field. Her work continues to promote access, equity, and excellence in public services for diverse populations.

Agenda

- New(ish) and emerging concepts in language access and health
- The importance of trained interpreters
- Common practices of trained interpreters
- Strategies for working with trained and untrained interpreters
- Considerations for behavioral health settings

English Language Learners are a Vulnerable Population

Language and Health Outcomes

LEP Individuals are:

Less Likely to	More likely to	At risk of
• Understand the process to obtain insurance and remain insured • Receive preventative care and understand the care received • Follow physician instructions and return for follow-up visits • Be satisfied with their health care	• Be admitted to the hospital • Have longer hospital stays • Receive insufficient anesthesia when admitted to the hospital	• Receiving unnecessary diagnostic testing • Suffering medical errors

Language Access and Social Determinants of Health

- Communication Barriers
- Health Literacy
- Preventative Care
- Emergency Care Access
- Social Isolation
- Patient Engagement
- Policy and Advocacy

Language Justice

Refers to the idea that individuals should have the right to express themselves, understand information, and participate in society in their preferred language.

This concept emphasizes the importance of linguistic diversity and aims to ensure equitable access to resources, services, and opportunities for speakers of all languages, especially marginalized or underrepresented languages.

Language Justice in Action

- Multilingual Communication
- Interpretation Services
- Community Engagement
- Training and Education
- Language Access Plans
- Promotion of Language Rights
- Technology Use
- Inclusive Education
- Visibility of Linguistic Diversity
- Resource Allocation

First, some terms I use way too much in this webinar…

- Source language and Target language
- Language of service – often refers to the language used by the individual being served
- LEP – Limited English Proficient
- ELL – English Language Learner
- Encounter/session – the time period in which the interpreter is being
- Language access services - all the components of ensuring effective communication in an organization

What do you think?

Which relationship is most important?

a) Interpreter – Individual
b) Provider – Interpreter
c) Individual – Provider

Untrained Interpreters

Unknown language competence	**Little or no orientation to terminology used**	**No knowledge of interpreting standards of practice**	**Relationship with individual could compromise the quality of the session**

Trained and Ad-Hoc Interpreters

"Inaccurate Language Interpretation and its Clinical Significance in the Medical Encounters of Spanish-speaking Latinos."

Compare accuracy of interpretation for in-person professional (IP), professional videoconferencing (VC), and ad hoc interpretation (AH).

Accurate interpretation made up 70% of total coded TUs and inaccurate interpretation (errors) made up 30%. Inaccurate interpretation occurred at twice the rate for AH (54% of coded TUs) versus IP (25%) and VC (23%) interpretation, due to more errors of omission ($p<0.001$) and answers for patient or clinician ($p<0.001$).

Take away from another study… "Had higher accuracy during non-technical portions of the discussion in comparison with the technical portions.

Nápoles, A. M., Santoyo-Olsson, J., Karliner, L. S., Gregorich, S. E., & Pérez-Stable, E. J. (2015). Inaccurate Language Interpretation and Its Clinical Significance in the Medical Encounters of Spanish-speaking Latinos. Medical care, 53(11), 940–947.

Common Errors in Interpreting

52% Omission

16% False Fluency

13% Substitution

10% Editorialization

8% Addition

Source: Northern Virginia Area Health Education Center

Children as Interpreters

Imbalance of power

Lack of maturity

Lack of language proficiency

Uncomfortable role

Negates confidentiality

The advantage of Using Trained Interpreters

Patient's full comprehension

Patient's consent and autonomy

Patient's education about U.S. health care system improves

Avoidance of unnecessary tests

More information for complete health history

Greater ease of diagnosis

Common Practices of Trained Interpreters

More than just speaking the language…

Along with needing language skills, the interpreter must also have:

Photo Credit: HRSA

A good memory for what is said

An ability to find equivalent meaning in each language even when no equivalent words exist

A knowledge of specialized vocabulary and concepts in areas such as medicine, pharmacology, and behavioral health

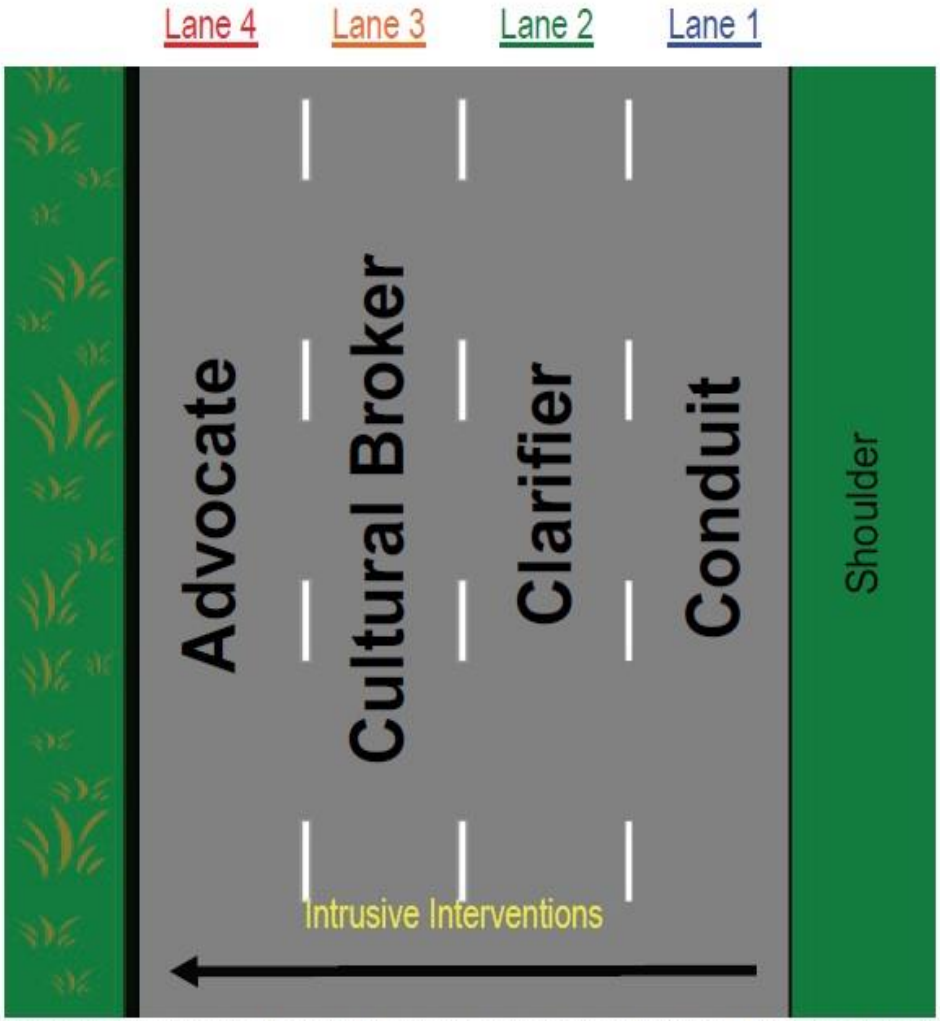
A focus on customer service and the knowledge to know what is needed to maximize the quality of individual care by facilitating appropriate communication between providers and individuals

Modes of interpreting

- Consecutive
- Simultaneous
- Sight translation
- Relay interpreting

Interpretation should be in first-person, and as literal as possible

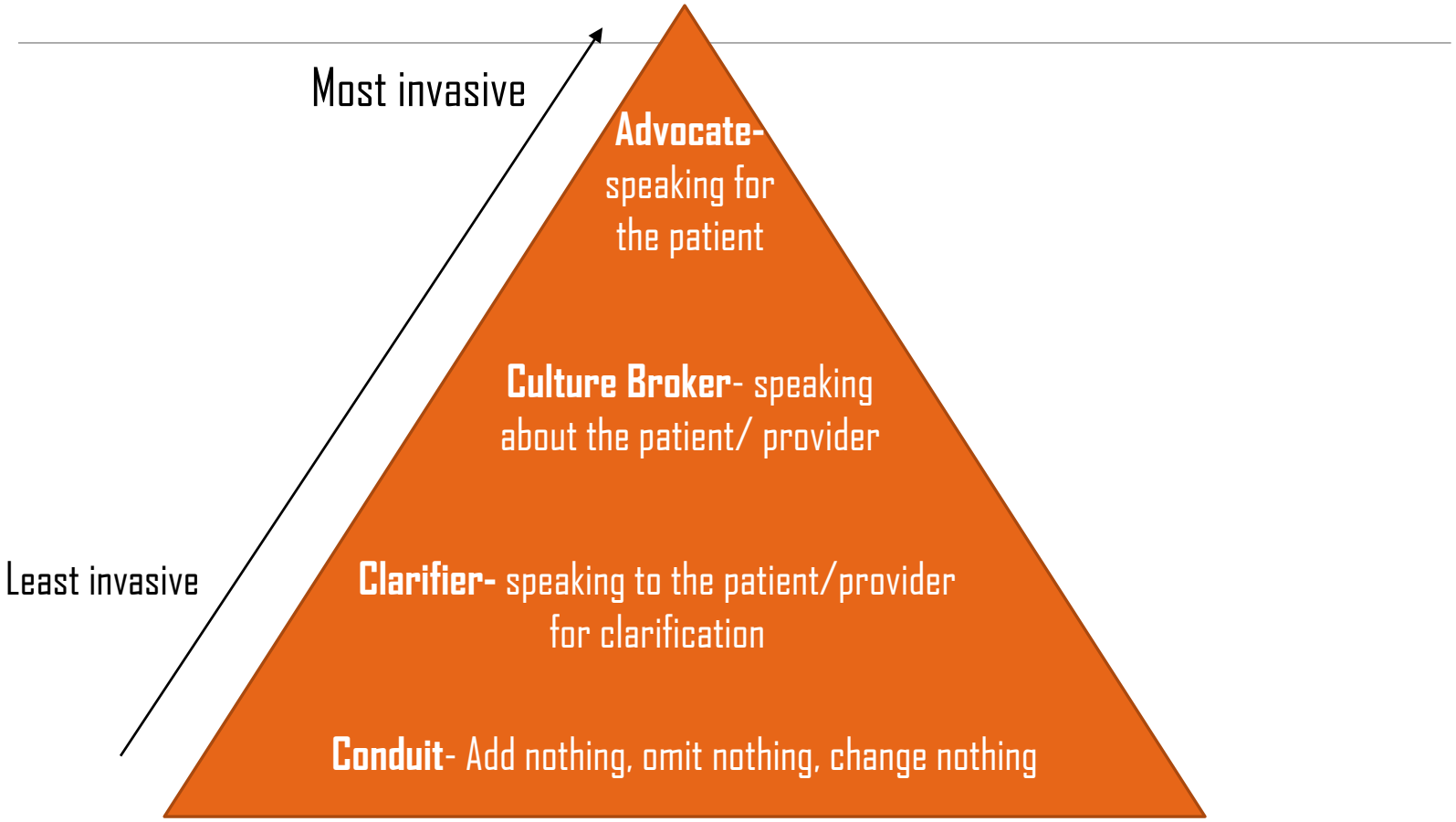
Everything said in the room is translated/ interpreted



Adapted from discussion at Kaiser Permanente Health Care Instructor Institute, Washington D.C., 2005 and enhanced at Kaiser Permanente Southern California June 2007 QBS Facilitator Training.

The interpreter highway

Incremental Intervention

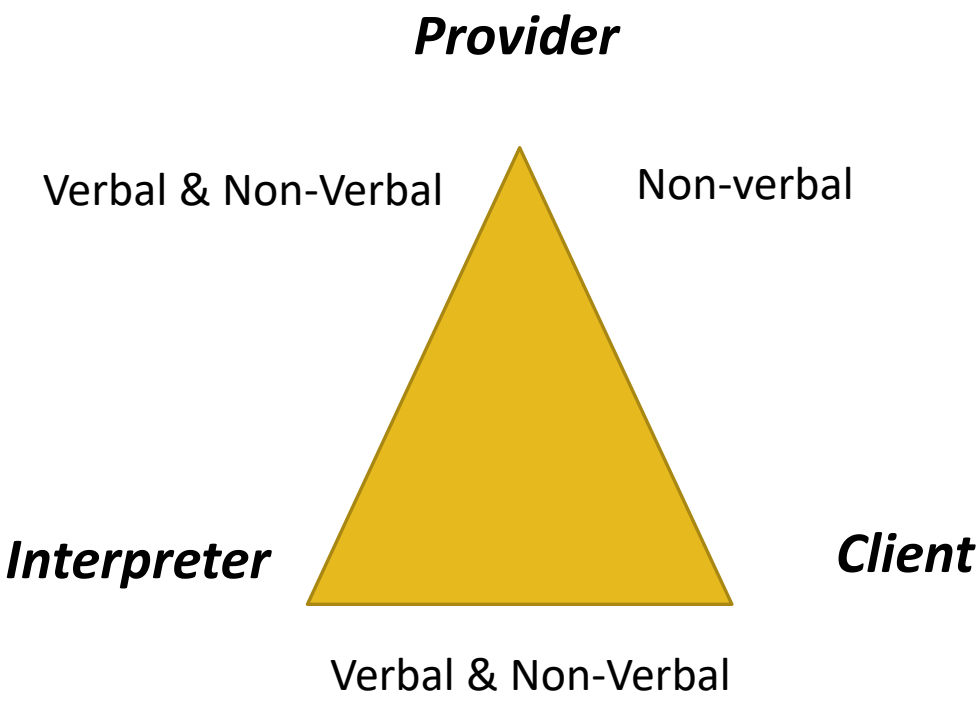


Strategies for Working with Trained and Untrained Interpreters

Psychotherapeutic Triad Model

When three persons work together using two different languages, three distinct interactions are occurring. This is even more difficult on the telephone.

Unlike two-way communication, there is a shift of power balance within the triangle.



Lee, Evelyn, Working with Asian Americans: A Guide for Clinicians. Guilford Press. (1997).

How do you do it?

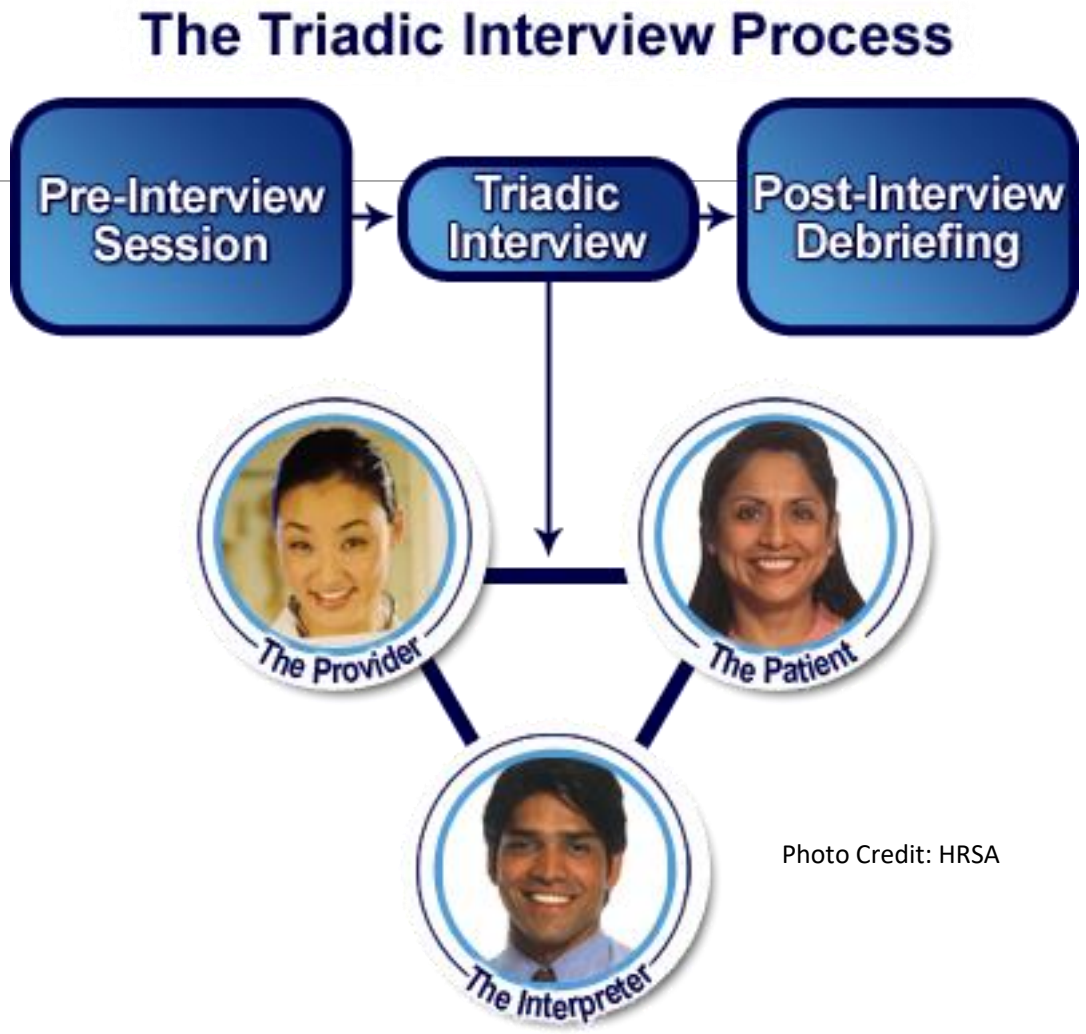


Photo Credit: HRSA

Pre-session

Need to have pre-session before every session.

Clinician should share their game plan with the interpreters, so that the interpreter can remain as neutral as possible.

Clinician should share diagnosis and help interpreter to understand what it means.

Should interpreter to anticipate likely behavior so that they are not surprised by unusual behavior, such as repetitive movements or unwanted sounds (tics), psychosis, hallucinations etc.

Share information from waiting room conversation or parking lots.

During session

- Talk directly to the client/patient.
- Speak about one issue/topic at a time to the degree possible.
- If a 10 second explanation is summed up in few words, ask for clarification.
- Watch for changes in patient's tone.
- If a response doesn't make sense, ask for more information.
- Keep an open mind – logical connections may be different between different cultures.

Post session

- Debrief: allow interpreter to ask questions.
- Interpreter should help clinician understand cultural implications observed in the session.

- May be helpful to ask interpreter their opinion about cultural issues.
- Interpreter and/or clinicians should clarify any words or language that you are not sure were interpreted correctly.
- Therapist should consider checking in with interpreter, how has the sessions affected them?

"An interpreter <u>is</u> responsible for facilitating communication and ensuring completeness and accuracy"

-- Rosemary Rodriguez

If an interpreter is just facilitating communication, then what is the role of the provider?

To share expectations and the purpose of session

To structure communication, the course of the conversation and the therapeutic process

To monitor the dynamics of the triad and consider physical placement for best results

To avoid slang, highly specialized language and acronyms

To communicate at the individual's level of education and not rely on the interpreter to adapt and explain the meaning of the message

Pay attention to the flow of the conversation and interrupt politely if the individual speaks for too long

To clarify their methodological approach, the triadic relationship (transference/counter-transference) to support the interpreter in their effort to make sense of the encounter

An Interpreter is NOT A

But recognize their cultural and language expertise and USE IT

Request	Request that the interpreter interpret everything into the first person
Speak	Speak at an even pace in relatively short segments; pause so the interpreter can interpret.
Insist on	Insist on full transparency in the session.
Avoid	Avoid Slang.

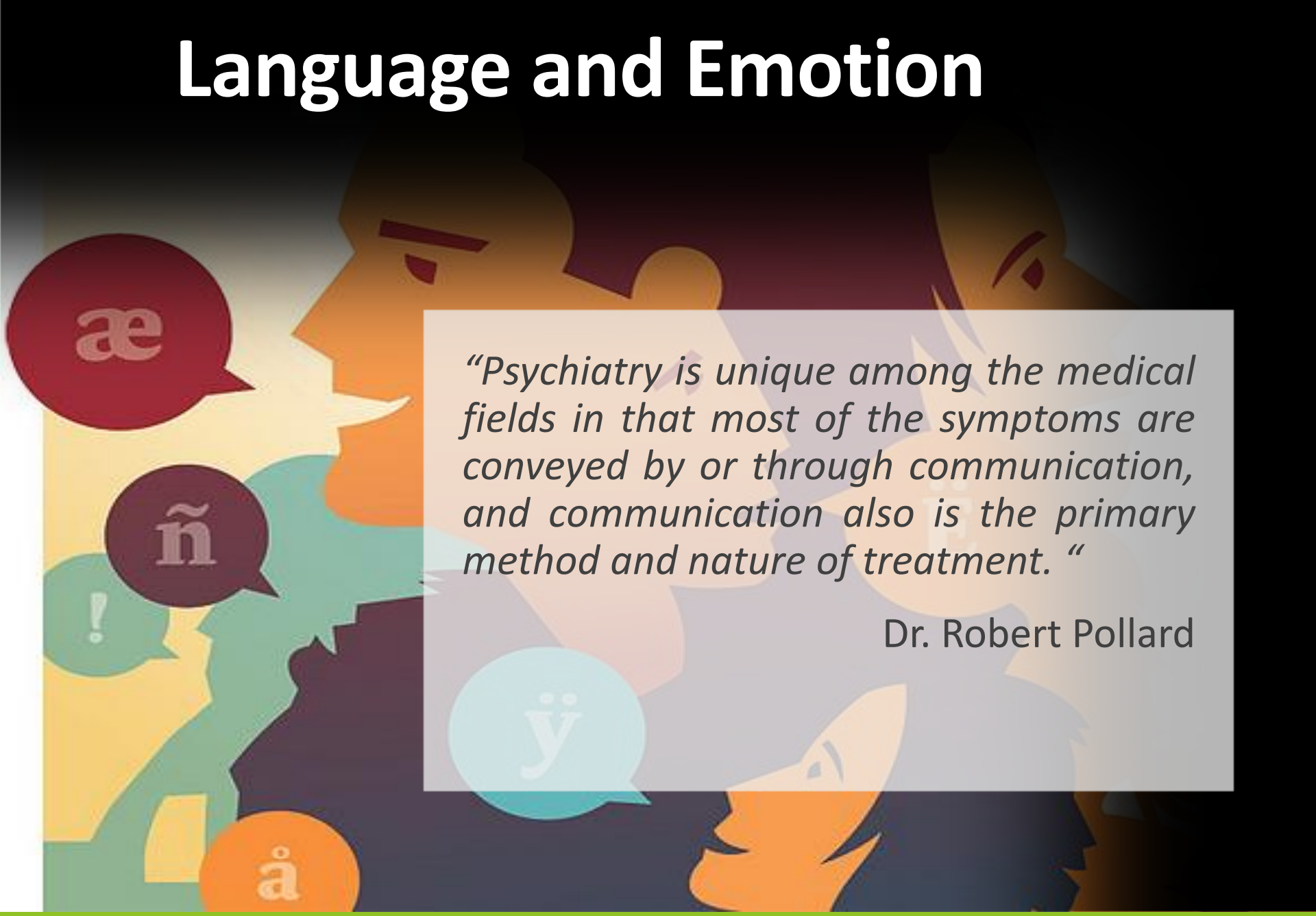
- *Do not hold the interpreter responsible for what the patient says or doesn't say.*
- *Be aware that many concepts you express have no linguistic, or often even conceptual equivalent in other languages.*
- *Encourage the interpreter to alert you about potential cultural misunderstandings that may come up.*
- *Speak about one problem or symptom at a time.*

Working with an untrained interpreter

Considerations for behavioral Health Settings

What are some differences between medical and community interpreters and behavioral health interpreters?

Language and Emotion



"Psychiatry is unique among the medical fields in that most of the symptoms are conveyed by or through communication, and communication also is the primary method and nature of treatment. "

Dr. Robert Pollard

Language Matters

Recovery is self-directed enabling individuals be able to self-talk (self-identify)

Language can dispel stigma

Overcome self-defeating thinking, statements, and beliefs

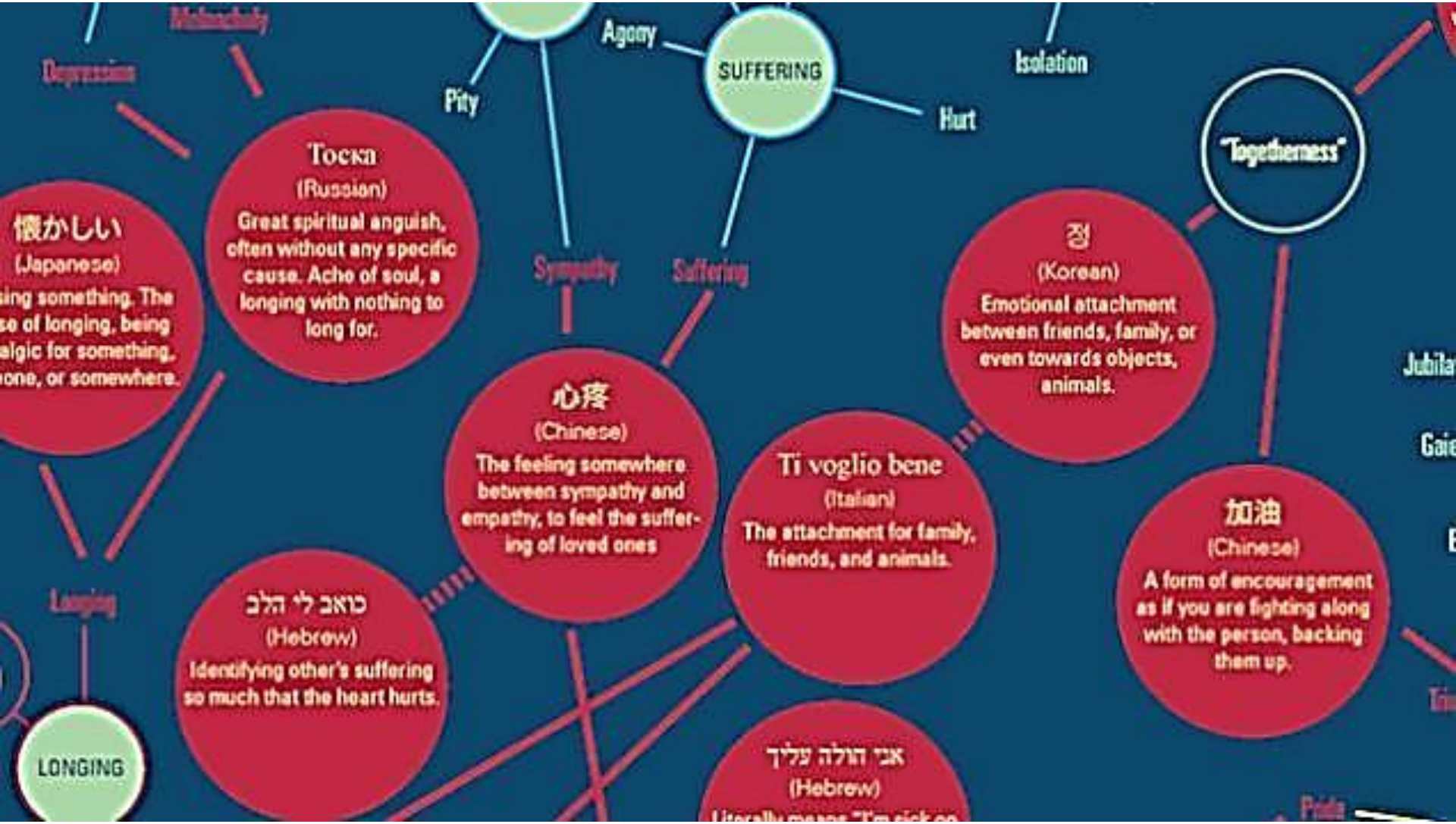
Language shapes thinking, behavior and decision, then ultimately our lives

Conveys hope and recovery

Language can be positive or negative

How do you want an interpreter to use your language?

Language and Emotion



Interpreting in a Behavioral Health Setting

Clinical assessment

Presentations of psychiatric patients, such as flight of ideas, illogical thinking, poverty of speech, thought content, and pressured speech, ***are difficult to translate***

Comprehensive evaluations include constant ***shifting of contents*** between history gathering, problem solving, psychotherapy, and education.

In psychiatric settings, interpreters often attempt to ***"normalize"*** the patient's psychopathology to make sense of it themselves.

Interpreting in a Behavioral Health Setting

Issues in therapy

There is virtually no literature addressing the inclusion of an ***interpreter in groups*.**

The clinician's ability to assess sincerity, truthfulness, and attitudes are affected by the use of an interpreter.

The ***"Neutrality Myth"*** (Metzger, 1999)

Issues of codependency on the part of the interpreter, transference issues, counter transference, and borderline behavior on the part of the client, and lack of awareness of these dynamics on the part of the clinician can all subtly undermine the therapy.

Hamerdinger, Steve and Karlin, Ben. Therapy Using Interpreters: Questions on the Use of Interpreters in Therapeutic Setting for Monolingual Therapists. 2009.

Secondary/Vicarious Trauma

Interpreter and patient are likely to feel connected because of culture and language.

Interpreter may be affected by the content of the counseling session.

An impacted interpreter will impact the therapy, although they are trained “they are not therapist.”

Interpreters may be asked to use words or language that is very uncomfortable for them and thus upsetting to them.

Professionals depend on complex emotional language form and content to get at the information they need. This is all about communication.

Every language organizes and expresses meaning differently and trying to find direct equivalents in two languages often is not always possible.

Communication may be further impacted by cognitive, emotional, behavioral or social factors.

The interpreter's skill and experience in negotiating linguistic and cultural factors can aid in accurate and complete transmission of messages.

Interpreting technical terms and clinical jargon is difficult without proper preparation.

Final thoughts…

Questions? Comments?

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Resources

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