

GUIDELINES FOR WORKING WITH INTERPRETERS

for counselling & health care staff working with refugees

1. Introduction

To work with newly arrived refugees you need to be able to work with interpreters, unless you speak a relevant community language. As NSW receives approximately 30% of all refugees settling in Australia, it is likely that you will work with refugee patients at some stage, even if you are not working at a specialist refugee agency.

A reliable assessment of non-English speaking people cannot be made without a professional interpreter - language is a crucial factor in determining a client's/patient's needs, strengths and abilities. Family or friends should not be used as interpreters because their personal relationship and their proficiency with language (and medical jargon in particular) can influence what is being interpreted.

2. Using an interpreter with refugee clients vs. using an interpreter with migrants

Many of the basic skills are similar, but because the client, and often the interpreter, have survived war or organised violence there are some extra considerations.

Experiences of human rights violations can impact on a person's ability to trust others. This will be exacerbated if:

- the interpreter belongs to the ethnic, political or religious group that persecuted your patient or patient's family/friends.
- the client thinks that what they say to you will be spread among their community
- they fear that the interpreter might inform the government of their home country about political criticism they make - putting friends and family at home in danger.

Other differences relate to the extra pressure which can be placed on the interpreter due to the traumatic material which may emerge in the counselling session with refugee survivors of torture and trauma. If the interpreter has survived similar experiences to the client, or is from a similar background, they may experience re-traumatisation from their interpreting work with this client group. In addition, as with all health professionals, the interpreter has their own

reaction to the client and to what is discussed which could be broadly described as 'countertransference.' (Becker and Bowles, 2001b).

Health professionals working with refugees need to be aware of strategies that build the patient's trust and support the interpreter. This paper highlights some of the issues you should be aware of.

3. Tips for working with interpreters:

Organising an interpreter

- Ask if the client has any preferences for an interpreter (eg a particular ethnicity, religion or gender) but be aware that gender preference may not always be met.
- If you work for the health service, you will have Health Care Interpreters available. Otherwise, use the Translating and Interpreting Service (TIS) Tel: 131450 (or the Priority Line for hospitals after hours on 1300 655 030).
- Organise the interpreter as early as possible to give the interpreter service time to organise a suitable person. Some communities have a shortage of interpreters.
- Allow sufficient time for a brief meeting with the interpreter before and after the interview to discuss the case and to allow for interpreter debriefing as required.

Before the interview

- Begin to build a trusting, respectful working relationship with the interpreter.
- Brief the interpreter before the client arrives on the type of interview, and how you would like the interpretation done (i.e. simultaneous or consecutive)
- Let the interpreter know that the sessions could be distressing, and that this is a common reaction that can be worked through.
- Arrange seating to facilitate communication between the client and yourself.

During the interview

- Speak directly to the client, using the first person.
- Explain your and the interpreter's role to the patient. Explain that the interpreter's main task is to enable the two of you to communicate accurately, and that s/he must do so with integrity, impartiality and confidentiality. Your client may think that the interpreter should advocate for them
- Explain the concept of confidentiality, and tell them about the interpreter's obligations to keep information confidential. Confidentiality will be a new concept for many newly-arrived refugees
- Use clear language and short sentences
- Allow the interpreter to clarify information
- Do not have private conversations with the interpreter in front of the client.
- Explain to the client that you may meet with the interpreter after the session for a joint discussion and this is a normal part of the process.

After the interview

- Ask the interpreter's opinion on any cultural or political issues in the case, or developments in the country of origin that could be affecting the client.
- Ask the interpreter how the session was for them.
- If a follow-up meeting is required, request the same interpreter, although be aware that it may not be possible.

4. Supporting interpreters

Interpreters are not just a 'voice box', they are a third person in the consultation or counselling triad. Hearing stories of torture and trauma can produce strong reactions in all health professionals, particularly if they have gone through very similar trauma themselves. Unlike counsellors, interpreters do not have extensive formal support structures, particularly if they work on a contract/fee for service basis.

As a colleague you can help support interpreters by leaving some time at the end to debrief with them about how the session went for them. If more extensive support is required, you can encourage them to make use of debriefing structures in their work place including requesting a break between appointments, or organising formal debriefing.

5. Dealing with complaints

Address minor problems by providing feedback after the session. If the problem is more serious a complaint should be made to the interpreter service.

6. Cross-cultural communication

Health workers are not expected to be cultural experts, but they do need to try to understand their client and communicate effectively with them. While interpreters may be a great resource to you in providing cultural information, the following will also help you negotiate many cultural differences:

- Ask the client what their expectations are and how things were done in their country
- Acknowledge and respect differences that may exist between your beliefs, values, and ways of thinking and that of your client. Talking about the differences may help give your client a framework for understanding Australian culture.
- Make an effort: even showing a basic knowledge and an interest in their culture can be invaluable to clients trying to adjust to the Australian system.
- Avoid generalisations about cultural groups: there is variety within each culture that is influenced by urban or rural background, education, ethnicity, age, gender, social group, family and personality.
- Get advice from community leaders, community workers or interpreters. Confidentiality, however, must be kept at all times.

Some useful tips for communicating well with clients include:

- checking that you understand each other
- using open questions
- clarifying questions or statements
- asking questions clearly
- avoiding jargon and slang.

This extract is based on STARTTS' & the Refugee Health Service (2004) Working with Refugees: A Guide for Social Workers, with input from the STARTTS' Interpreter Working Group. Members of the Working Group include STARTTS, NSW Refugee Health Service, SSWAHS HCIS and SWAHS HCIS.

Recommended Readings:

Becker R & Bowles R (2001a) "Interpreters' experience of working in triadic psychotherapy relationship with survivors of torture and trauma" in B Raphael & A Malak (eds) *Diversity and Mental Health in Challenging Times*, Transcultural Mental Health Centre, 2001.

Becker R & Bowles R (2001b) "When Three's a Crowd: Ethical Considerations in the Practice of Psychotherapy with Traumatized Refugees when Working with an Interpreter", paper presented at 'Diversity in Health: Sharing Global Perspective's' International Conference 28-30 May 2001, Darling Harbour, Sydney.

Becker, R. and Bowles, R (2004) 'Stuck in the Middle. Debriefing for Interpreters.' *Refugee Transitions*, FASSTT:Sydney, p40 - 42.

Standard Procedures for Working with Health Care Interpreters (Policy Directive PD2006_053).