



Stuck in the middle

Debriefing for interpreters

Professionals who work with people who have suffered high levels of trauma are subjected to secondary and vicarious traumatisation. Interpreters working at the coal-face, interpreting for highly traumatised people, in highly charged situations, have long been overlooked, but they are particularly vulnerable. RISE BECKER and ROBIN BOWLES report on a psycho-educational debriefing process developed by STARTTS together with the Interpreter Service NSW.

In 2001, some of the NSW Interpreter Service managers contacted STARTTS regarding training and support for interpreters who work with severely traumatised and tortured clients. STARTTS decided to run two 'focus groups' for interpreters to encourage the interpreters to think about the effects of working with traumatised clients, and to discuss what would be helpful for them in order to work more effectively.

Not wanting to raise expectations of what could be provided, STARTTS ran a hybrid one-day program of debriefing, needs assessment and self help components.

We sent out a questionnaire for each participant to fill out and bring along to the focus group, as a way of beginning to think about the topic beforehand. During the morning we had small group exercises designed to open up feelings and thoughts about working with trauma, and about previous experiences of support and debriefing. Interpreters spoke about their work with traumatised people and how it affected them. One woman said, "After a difficult session you can feel very tense inside. You are trying to block it off; you don't really know how you feel. The parking has expired. It's difficult to identify that you feel anything.

You think it's out there, it's not within your circle, but it is. Later on you're driving and you think of it again. I'm always affected by working with children, abuse or illness, maybe because I'm a mother."

In the afternoon, the group had more exercises for thinking about what kinds of organisational mechanisms had been helpful and could be realistically provided to help them deal with 'vicarious traumatisation' and other stresses. There was also a self-help component looking at individual responsibility for taking care of oneself, both at work and at home.

Other interpreters spoke of being left, after difficult sessions, carrying unresolved feelings such as helplessness and anger and with “permanent scars that don’t go away”. They mentioned crying while driving home and experiencing intrusive memories. Separating their work experiences from their own lives is particularly difficult: “In one case a child died. It was 12 years ago. I just can’t forget it. I have to live with it. When the opportunity comes, you try to take it out. When you talk about it, it is as if it was yesterday,” and another interpreter added that “if you are affected too much it is very hard and you have to make sure you don’t cross the border.” Another spoke of feeling helpless: “There are people you can’t help; this leaves you feeling unfinished.”

There is a pressing need to address these issues. Interpreters identify strongly with their clients and are affected by the abuses of their clients and the system. Thus, interpreters feel a dilemma when seeing clients being forced to wait for hours to see a doctor, being treated by professionals in an impersonal way, or simply by the political climate being unsympathetic to refugees and asylum seekers.

Interpreters also feel that they themselves are abused by the system. They face moral dilemmas in cases such as when being asked to make a dialect report for a court case or refugee determination hearing, when it is not their role and it prejudices the relationship with the client.

Some professionals, it seems, fail to understand the role of the interpreter and treat them as if they were relatives of the clients, rather than professionals in their own right. Some spoke of doctors

“screaming at the interpreter rather than the patient”.

At times, too, the clients get angry and take it out on the interpreter. They also play power games around which interpreters they like or will have. Interpreters are also placed in a difficult position when they believe their clients are not telling the truth, or when clients use a lot of resources and do not turn up. Then they feel ashamed to be identified as being from the same group.

The workshops gave rise to the interpreters expressing many feelings about their work. On the positive side, comments made indicated that interpreters find their work interesting, stimulating and linguistically challenging, and they take pride in doing intense, sophisticated and accurate interpreting. They feel good about helping clients and professionals to bridge the communication gap and helping sick, stressed and unhappy clients.

There is a great deal of satisfaction in supporting people through life and death situations, being involved in moments of deep connection in counselling people and in seeing a successful outcome to difficult long term cases. Interpreters find it interesting to hear life histories and experiences of other people, and to observe the process of change in psychotherapy; they feel that they can learn a lot for themselves and their families.

However, the work takes a high toll. Feelings of helplessness are common, especially when one is the intermediary between a traumatised client and a professional who may be somewhat insensitive or matter-of-fact in presenting bad news. The interpreters find it hard to have to

interpret an angry or disciplining message from a professional or, perhaps, a lukewarm message where greater warmth would be appropriate. Professionally, the interpreter ought simply to translate accurately and pass on the professional’s words, but it is only human and natural for the interpreter to want to intercede – to soften the blow or disguise the lack of sensitivity. Interpreters bring not only linguistic skills, but usually also bring a set of cultural understandings. They may understand very well the professional’s cultural insensitivities, but they are themselves professionally bound simply to pass on the message. As one interpreter said, “the patient may think it is you”.

All in all, it is clear that many interpreters feel that they are not adequately respected as professionals by the other professionals with whom they work, such as when a doctor goes over time and the interpreter has another appointment booked. The linguistic difficulty of the job is not really appreciated; in translating abstract phrases such as ‘hot pain’, is it ‘burning pain’ or ‘chronic pain’?

The job can be lonely, stressful and demanding. They drive long distances in the country, or rush from session to session in the city when patients are sometimes uncooperative and they have no choice about with whom they work. Interpreters speak of “giving and giving until there is nothing left”.

Given the difficulties that interpreters experience, the importance of the briefing and debriefing processes are vital. There are situations when interpreters need briefing to prepare them for what they are about to experience, but more

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often they need to be debriefed after difficult sessions. Debriefing is occasionally offered (“once in a blue moon”) by individual professionals, but this is not routine or standard practice. Making it routine would confront the notion that debriefing was for those who could not cope. “To be offered it as a normal part of the team is not stigmatising. If it is normal, then you don’t feel bad about it. If you are the only one, then you say you don’t need it. It should be part of the normal routine.” Another added that “you don’t want to be seen as if you can’t do your job properly”.

When debriefing is offered, one interpreter said, “You notice the difference... You feel cleansed, you feel fantastic. I still remember it though it was years ago, you felt included, and you feel a part of the team. We consider ourselves to be a part of the team, but we are not always treated like that”.

Many feel the need for debriefing, but it must occur in the right context. Some interpreters see debriefing with their colleagues as the best arrangement, normalising it and making it part of the process of working with traumatised people. Others feel that they would rather have one-on-one sessions with the professional, and that they need professionals to understand their needs in the process. “I need to trust that person. It’s very distressing for me; I don’t want someone I can’t trust. It wouldn’t happen within the organisation because everyone is interconnected. You need a one-to-one talk. Some people are very private.”

They also want professionals’ expertise turned towards them, and their own experiences to be taken seriously: “I would like to

talk to an outsider who is looking at it from a different point of view. It is hard to look at our own emotions. Is my reaction due to my previous experience (what I went through) or due to what happened in the session?”

The recommendations that came out of the workshops are leading to further work with interpreters and those who use their services. The culture within the Interpreter Service needs to change. Debriefing should be seen as a necessary and important part of working, reflecting that the professional is ‘in touch’ and focussed on the work rather than being overwhelmed. Not being affected may be worse than being affected, suggesting that the worker is switched off or numb. Literature on vicarious traumatisation outlines that it is impossible not to be affected by being exposed to trauma of this magnitude.

Debriefing will be encouraged and available, but it will not be mandatory or uniform. People will be directed towards utilising resources as a matter of course in a positive and constructive way. Debriefing mechanisms need to suit different people; some like a space for coffee while others like to talk. The informal structures that are the mainstay of the organisation must continue and be encouraged, such as people talking to colleagues about how they are affected.

The idea of briefing will also be encouraged when possible. This should be suggested to other service providers and organisations that use interpreter services.

There will be more workshops. These go some way towards addressing the issues. People feel motivated and involved, validated

in their professional roles, and excited by the focus groups. Some interpreters requested and now receive ongoing individual help.

It is to their credit that the managers of the Interpreter Service invited STARTTS in and continue to encourage our comments. This bodes well for successful cultural change in the organisation and ensuring that interpreters have ongoing support in dealing with their vicarious traumatisation. This work is an on going collaborative effort and the managers are hoping that over time all the recommendations will be addressed and they are beginning initiatives to do so.

A working party has been established, made up of managers, interpreters and representatives from STARTTS and Refugee Health to review and implement proposals arising from the focus groups. Currently the group is focussing on training needs of interpreters and counsellors. In time, the group is hoping to produce a resource document educating some practitioners and clients about these issues. Having interpreters helping with these tasks has multiple functions. Firstly, they offer a specific perspective. Secondly, as active change representatives, they have some control and a voice in their own right. This in itself is a burnout antidote since it gives them some control over their work life. This group will hopefully come up with a document to educate and inform service providers about the feelings of this vital part of any therapeutic team, when help is offered and the monolingual professional does not have the vital ingredient to help, that is, the capacity to communicate. ■