

# Submission to Foundation House

Exploring barriers and facilitators to the use of qualified interpreters in health – Discussion Paper

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## **1. Introduction**

The **Australian Psychological Society** (APS) welcomes the opportunity to make a submission to the Victorian Foundation for Survivors of Torture and Trauma (VSTT), known as Foundation House (FH), on the discussion paper: *Exploring barriers and facilitators to the use of qualified interpreters in health.*

The APS is the premier professional association for psychologists in Australia, representing more than 20,000 members. Psychology covers many highly specialised areas, but all psychologists share foundational training in human development and the constructs of healthy functioning.

A range of Interest Groups within the APS reflect the Society's commitment to investigating the concerns of, and promoting equity for, vulnerable groups such as Indigenous Australians, cultural and religious minority groups, older people, children, adolescents and families.

Psychology in the Public Interest is the section of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society.

Our submission is based on psychological research and practice, particularly drawing upon the experience of our members who work with CALD clients and have accessed (or attempted to access) qualified interpreters. We also identify the broader health and wellbeing consequences associated with the inability to access quality interpreter services.

## **2. Recommendations**

*The APS concurs with FH, that 'no Commonwealth funding for qualified interpreters for allied health practitioners in private practice' is a barrier to the use of qualified interpreters.*

*The APS urges FH to also make reference to 'the provision of Commonwealth funding for qualified interpreters for psychologists and other allied health practitioners in private practice including those who provide Medicare services' as a facilitator to the use of qualified interpreters and therefore as a recommendation to government.*

*It is recommended that the FH discussion paper further emphasise the importance of face-to-face (onsite) interpreting, particularly for clients of psychological services, and develop recommendations which make face-to-face services more accessible for psychologists, health and mental health services and their clients.*

*The APS recommends that the FH discussion paper further identify inter-group and inter-personal relationship issues which may impact on interpreting services, and provide guidance for addressing sensitivities for both policy and practice purposes.*

*The APS recommends that promotion of the use of interpreters, including funded access to interpreters, is delivered in the context of culturally competent service provision, and with appropriate training.*

### **3. The importance of interpreters to psychological services**

Most psychologists can expect to work at some stage with people from culturally and linguistically diverse (CALD) backgrounds, and if the English language skills of the client are limited, they may require the use of interpreters.

The APS acknowledges that interpreting is a highly specialised skill involving precise, effective and timely translation of information from one language to another. There is a need for psychologists to access an accredited interpreter when:

- The client/guardian requests an interpreter
- The client's English skills are assessed to be inadequate for the consultation
- The client prefers to speak in another language
- The client is more fluent in a language other than English.

Furthermore, TIS National recommends that interpreters should be used:

- to ensure accurate communication between people who have different language needs
- because effective professional practice requires both parties to have a clear understanding of each other
- because in times of crisis or stress, a person's second language competency may decrease
- because all Australians have the right to access services freely available to English speaking Australians – irrespective of their ethnic background and first language preference.

It is impossible to provide a high quality psychological service without effective communication between the psychologist and the client. Inadequate communication with clients who have low English proficiency limits their ability to access services and also has a profound impact on the quality of treatment received when they do access services.

In psychological settings communicative demands are complex. Clients are required to communicate difficult experiences and to discuss interpersonal relationships. In the case of refugees, extremely sensitive issues of torture and

trauma are also likely to be raised in a psychological context. In the presence of a thought disorder, delirium, dementia, anxiety or depression, the capacity to communicate in a second language is further impaired.

Inadequate communication will limit the capacity of the psychologist to:

- Develop a therapeutic relationship
- Understand the point of view of the client
- Understand the cultural context of the client
- Conduct an assessment
- Formulate a diagnosis
- Reach agreement on an appropriate treatment plan, and
- Monitor and evaluate the effectiveness and any adverse effects of treatment.

#### **4. Legal and policy context for psychologists' use of interpreters**

Legal and policy frameworks that provide a safeguard for access to services for CALD clients and advocate for equality of access to health services include:

- Australia's Human Rights Framework (2010)
- Australia's Multicultural Policy (2011)
- The Mental Health Act (2007)
- The Disability Discrimination Act (2005)
- The Race Relations Amendment Act (2000)
- The National Standards for Mental Health Services (1997)
- Mental Health Act Code of Practice (2008)
- National Service Framework for Mental Health (1999)

The Mental Health Act (5ii) asserts that clinicians providing mental health services must "take into account the age-related, gender-related, religious, cultural, language and other special needs of people with a mental disorder"; this section applies to all mental health services funded under the Act, including both clinical and psychiatric disability support services.

Policy documents that advocate for equality of access to health services include the National Standards for Mental Health Services, which stipulate that "the mental health service upholds the right of the client and their carers to have access to accredited interpreters" (Commonwealth Department of Health and Family Services, 1997, p. 7). The Department of Human Services Policy (1996, p.15) also stipulates that services should "provide the best use of language services to enhance communication between their staff, the client and their carers".

Guidelines for psychologists working with interpreters have been made available to APS members in a number of ways:

- The APS *Code of Ethics* that applies to all our professional work as psychologists, includes a specific section on psychologists' use of interpreters.(See Attachment 1). The Code is publicly available at: [www.psychology.org.au/about/ethics/](http://www.psychology.org.au/about/ethics/)
- The APS Psychology and Cultures Interest Group has recently developed papers on issues to consider when working with interpreters, and more broadly with clients from diverse cultural backgrounds (see Attachment 2). These papers have been published online in the Interest Group's Newsletter (July 2011), but the link is only available to APS members.
- The APS is currently in the process of developing Guidelines on the use of interpreters for psychologists working in private practice.

The Code of ethics specifically stipulates that psychologists who use interpreters:

- (a) take reasonable steps to ensure that the interpreters are competent to work as interpreters in the relevant context
- (b) take reasonable steps to ensure that the interpreter is not in a multiple relationship with the client that may impair the interpreter's judgment
- (c) take reasonable steps to ensure that the interpreter will keep confidential the existence and content of the psychological service;
- (d) take reasonable steps to ensure that the interpreter is aware of any other relevant provisions of this Code, and
- (e) obtain informed consent from the client to use the selected interpreter.

## **5. Response to Foundation House Discussion Paper**

### **5.1 Lack of funded access for qualified interpreters for psychologists**

Overwhelmingly the biggest issue facing clients of psychological services (and therefore psychologists) is the lack of access to Commonwealth funding for qualified interpreters. Psychologists, as well as other allied health practitioners working in private practice, and including those providing Medicare funded Services, do not currently have funded access to interpreter services.

The APS and its members have consistently raised this as an issue of access and equity for clients using psychological services. Some recent case examples illustrate the consequences of this lack of access (and benefits in having used interpreters):

- there have been times when a child in the family has been used to interpret and this made the child anxious as the material discussed was frightening to them

- a psychologist who was completely unaware of a specific cultural ritual (and had not used an interpreter) had therefore inappropriately assigned a psychotic diagnosis to a client from a CALD background
- a refugee who had been battered about the head as a non-compliant in the jail system in his country and through the interpreter the psychologist realised that the person may have some head trauma. But when the psychologist consulted with a neuropsychologist, there were no tests that could be administered that had been validated for the country of the refugee. The neuropsychologist indicated that it would therefore be unethical to administer any testing to the refugee.
- the psychologist who did not use an interpreter, but had made a diagnosis of psychosis for a refugee client; however when the refugee was referred to another psychologist who used an interpreter no psychotic behaviour was diagnosed.
- the psychologist who intended to see asylum seekers in her practice for no charge but was not able to do so due to not having access to funded interpreters
- the case of a client who was misdiagnosed with schizophrenia (as the health professional did not use an interpreter) but this was later (correctly) diagnosed as complex PTSD as she had seen her whole family killed before her. The client then had to retell her story and this was, not surprisingly, re-traumatising for her.

The experiences reported by our members concur with what is outlined in FH's discussion paper, that *'the cost of engaging qualified interpreter services in these circumstances must either be met by the allied health practitioner or the client. In practice this means that unless the client can afford to pay for an interpreter, the practitioner is likely to decline the referral, or the client will attend and try to manage on their own, or with the assistance of a friend or family member'*.

*The APS concurs with FH, that 'no Commonwealth funding for qualified interpreters for allied health practitioners in private practice' is a barrier to the use of qualified interpreters.*

*The APS urges FH to also make reference to 'the provision of Commonwealth funding for qualified interpreters for psychologists and other allied health practitioners in private practice including those who provide Medicare services' as a facilitator to the use of qualified interpreters and therefore as a recommendation to government.*

## **5.2 The importance of face-to-face (onsite) interpreting**

We support the discussion by FH around onsite versus telephone interpreting, concurring that:

- onsite interpreting is preferred for establishing rapport in a counselling session
- the same interpreter can be used for multiple appointments to promote continuity

*but*

- telephone interpreting provides the easiest access to qualified interpreters and is more cost effective
- telephone interpreting provides a greater level of anonymity and privacy.

The APS strongly supports the use of face-to-face interpreting for psychological services. We note that the discussion paper quotes a research study of interviews with community health providers in Victoria by Dr Andre Renzaho (2008) in relation to the '*value of using professional interpreters, particularly for emergency, sensitive or complex medical issues*'. Dr Renzaho also goes on to note that '*Where a professional interpreter was used, face-to-face interpreting was preferred over telephone interpreting services*' (Renzaho, 2008).

Using face-to-face interpreters for psychological services is beneficial as sessions are likely to be lengthy and may involve multiple consultations. Onsite interpreting provides a more personal approach, particularly relevant for more complex and detailed issues which are likely to be discussed in a counselling context. There is increased opportunity for human interaction and visual cues to be accessed in the session.

Onsite interpreting services are also mentioned in terms of the *in-house* services provided by some health organisations. While obviously where available, we would support the recommendation to use *in-house* interpreters for counselling sessions (in preference to telephone interpreter services), we are concerned that in most situations it is unlikely that community-based agencies would have a ready supply of in-house interpreters for every different language needed. It could be assumed therefore, that community-based agencies, and indeed most health services, would need to make use of external providers for face-to-face interpreters<sup>1</sup>.

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#### <sup>1</sup>**Face-to-face Interpreters available**

In Melbourne, there are several onsite interpreting services available. Two of these onsite services offer expertise in health and mental health contexts:

##### **1. VITS Language Link**

This is a 24-hour service service of onsite and phone interpreters known to be specialists in mental health interpreting and translating. It is listed on the internet as: Mental Health Interpreting Service, 232 Victoria St, Melbourne VIC 3000, (03) 9412 6262. Website: [http://www.vits.com.au/onsite\\_interpreting.htm](http://www.vits.com.au/onsite_interpreting.htm)

##### **2. OnCall Interpreting Services**

This is another popular service for mental health and general health services, and is mentioned briefly in the discussion paper in relation to a particular legal case study. It is a more expensive service, but very professional (and often used if interpreters are not available from VITS in the language and times needed) - ONCALL Interpreters & Translators - Level 3, 3 Bowen Crescent, Melbourne VIC 3004, Ph 03 9867 3788. Website: <http://www.oncallinterpreters.com/>

For example, in Melbourne, counsellors at the Asylum Seeker Resource Centre often use professional external face-to-face interpreting services. This is especially needed for longer counselling sessions (more than an hour) compared to a shorter GP appointment, and it can provide the personal approach for the client and the counsellor as outlined above. Although, as pointed out in the discussion paper, we acknowledge that some clients prefer the anonymity and privacy of a telephone counsellor, and in many situations the additional cost of face-to-face services is prohibitive.

*It is recommended that the FH discussion paper further emphasise the importance of face-to-face (onsite) interpreting, particularly for clients of psychological services, and develop recommendations which make face-to-face services more accessible for psychologists, health and mental health services and their clients.*

### **5.3 Sensitive issues with interpreter use**

Foundation House has identified several ethical or sensitive issues which may act as barriers to the quality of interpreting services, as well as having implications for the provision of psychological and other health services.

The APS believes that several issues that may arise with interpreter access could be expanded in the discussion paper, which mainly refers to problems with using family members rather than professional interpreters. These issues encompass both inter-group and inter-personal relationship problems:

- **Racial and/or political** tensions between different ethnic groups who speak the same language or similar dialects;
- **Religious** tensions between differing political or religious groups (especially if a person has converted from one to another);
- **Community** tensions between people who come from the same local community or extended family group, where there may have been some animosity in the past;
- **Gender** issues affecting use of interpreters, not only for gender-specific health and safety issues, but also in relation to cultural practices and power relationships

#### **5.3.1 Racial and/or political tensions**

The issue of racial or political tension between differing ethnic groups who speak the same language or similar dialects may need to be further highlighted in the report. For example, with asylum seekers an interpreter from the same language group may be asked to interpret, but when they meet or speak with the person requiring help, they become aware that they are from different ethnic or tribal groups who have a history of enmity or at least some level of distrust. This



tension might not be apparent to the English-speaking counsellor or other health worker who cannot understand the language (although very uncomfortable body language, signs of fear or raised voices might indicate a problem). The English-speaking person is then not sure what is happening or being said, and whether the interpreter is accurately reporting all that was being exchanged with the client. So this is an issue that needs to be raised and covered in training for counsellors or other workers on the use of interpreters.

### **5.3.2 Religious tensions**

Similarly to racial issues, religious tensions can also arise between differing groups and individuals, making it very uncomfortable for both the person needing the interpreter, as well as the interpreter. This can be especially disconcerting if the person is fearful of reprisals on themselves or their families from a differing political or religious group.

Racial, political and religious issues are covered well in the **Guidelines for working with interpreters for counselling and welfare staff working with refugees** by *NSW Health Care Interpreter Services, STARTTS, & NSW Refugee Health Service* (Jan 2011):

Many of the basic skills are similar, but because the refugee 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.

### **5.3.3 Community tensions**

Professional interpreters sometimes have community and/or extended family connections that can be problematic, especially if there has been some animosity in the past. This can be an issue, especially with asylum seekers who are part of a small language group with traditionally large extended family networks and so the limited number of available interpreters could be personally known to them. For example, there might be significant tensions between the interpreter and the client, where they have been associated by marriage and relationships have

soured. This can happen when families are newly arrived and extended family members offer to care for them, but the pressures become great when the new arrivals have no money, no job and no negotiating power as tension builds up. So, such family connections with an interpreter, however tenuous, can be quite distressing for the client and awkward for the interpreter and counsellor as well.

#### **5.3.4 Gender issues using interpreters**

Gender issues are raised briefly in the discussion paper, particularly in relation to women talking with specialist doctors about sensitive issues. However, gender issues in counselling can be broader than this, and can include power relationship and safety issues, particularly in cultures where women may feel inhibited to speak in front of men, or have been treated insensitively by their male relatives in the past.

Women also may be unable or unwilling to articulate intimate or gender-specific health needs with a male interpreter, particularly on issues to do with female genital mutilation, domestic violence, and sexual abuse or rape.

Additionally, in some cultures, women are not encouraged to speak about personal issues in front of any man, let alone a stranger.

All of these sensitive issues are briefly addressed in a research project *Culturally appropriate service provision for children and families in the NSW child protection system*, undertaken in 2010 by NSW Human Services, which notes the following common issues when selecting an interpreter (citing Chand, 2005):

- All ethnically matched interpreters may not always offer the assumed cultural support, empathy and understanding to CALD families, because of *regional, class or religious differences* between sub-groups from the same ethnic background.
- *Gender* matching the interpreter with the client family may be necessary because of cultural norms or in domestic violence or sexual abuse circumstances where it may be inappropriate.
- Caseworkers in NSW are required to use an interpreter and not depend on a *child, friend or relative* to translate. It is unethical and unprofessional to use children as interpreters. A child may not understand the exact nature of the problem being discussed and parents may not want children to know everything about their particular problems or it may be inappropriate for them to know.

**Multicultural Health**, a guide produced by *The Royal Australian College of General Practitioners (2007)* states:

- Skilful and effective use of interpreters and the avoidance of potential problems encountered during translation are central to general practice quality care. During translation, the conversation needs to be directed between doctor and patient and not directed to the interpreter, and not interfere in the patient-doctor interaction. Confidentiality must be assured, especially in small communities, and health professionals need to be aware of the pitfalls of using families in this role. There may also be different factions within a community that are important to the patient.
- Lack of awareness of culturally specific spiritual needs, beliefs and practices may impede addressing specific cultural issues such as female genital mutilation, domestic violence, sexual violence, as well as being a potential cause of offence to patients.

The Multicultural Gamblers Help Program at the Centre for Ethnicity and Health has developed a number of resources for counsellors, including a tip sheet covering sensitive issues with interpreters

The tip sheet addresses the language and cultural issues that must be considered when booking an interpreter:

- The ethnicity and religion of the interpreter may be important to some clients, particularly if they come from countries where there has been political and civil unrest or conflict along religious lines. Note that ethnicity is not necessarily the same as country of birth (e.g., country of birth may be Iraq but ethnicity could be Kurdish).
- The gender of the interpreter may be important to some clients, especially when discussing sensitive issues.
- Interpreting services may be limited in rural and regional areas or in small and newly emerging communities.
- Ask the client if they have any ethnic or religious preferences for working with interpreters.
- Ask the client if they would prefer a male or female interpreter.
- If preferred language is not available, check whether the client can speak other languages and is willing to use an interpreter in another language.

*The APS recommends that the FH discussion paper further identify inter-group and inter-personal relationship issues which may impact on interpreting services,*

*and provide guidance for addressing sensitivities for both policy and practice purposes.*

### **Interpreting within the context of cultural competence**

The use of interpreters is only one aspect of working in a way that is culturally competent when delivering psychological services. For example, psychologists and other health professionals need to understand the impact of culture and ethnicity (both their own and the clients), be aware of cultural assumptions and stereotypes, the limits of western treatment approaches when delivered to CALD clients, the impact of migration (including discrimination), and the importance of clients having access to culturally safe services.

*The APS recommends that promotion of the use of interpreters, including funded access to interpreters, is delivered in the context of culturally competent service provision, and with appropriate training.*

### **5.4 The health and wellbeing consequences of lack of access to qualified interpreter services**

Along with the risks associated with not accessing interpreters as part of psychological services, the APS is also concerned about the general health and wellbeing outcomes for clients not able to use qualified interpreters within the broader community, including in their range of interactions with the health system.

It is widely acknowledged that language can be both a barrier and enabler for social inclusion. Migrants and refugees are at risk of experiencing social exclusion for a range of reasons. The lack of awareness and understanding by the mainstream community of the experience of migrants and refugees, lack of English language skills, inability to access interpreters or adequate settlement support, living in poverty and financial hardship, experience of displacement and loss or destruction of family and social supports all exacerbate difficulties faced by migrants and refugees (Whittlesea Community Connections, 2008).

Social exclusion has been associated with a range of adverse health and wellbeing outcomes including depression, illness and poor health (Glover et al, 1998; Berkman & Glass, 2000). Key factors involved in the social inclusion (or exclusion) of migrants and refugees that are identified in the psychological literature include sense of identity, belonging and cultural maintenance, and the experience of racism, discrimination and prejudice.

Lack of access to appropriate, quality interpreting is one significant contributor to social exclusion and therefore poor health and wellbeing outcomes.

In addition, while we acknowledge the importance of acquisition of the English language for migrants and refugees in Australia as this enables full participation in the community, we are aware that language maintenance is key to social and cultural identity and the valuing of a multilingual society. Provision of adequate interpreter and translation services is therefore crucial for cultural maintenance and for realising a truly multicultural society.

Finally, while access to and use of interpreters is imperative for service access and mental health support, the APS acknowledges that for many communities, counselling is not a familiar or culturally appropriate form of assistance. Mental health services need to develop culturally appropriate ways of supporting communities, which requires engagement with migrants and refugees, information provision around help-seeking for mental health problems, and training health professionals in communicating about such issues with diverse communities (e.g. cultural competence, culturally safe practice). Interpreting services, while important, are only part of a more holistic response to a culturally diverse client group and society.

## **6. Conclusion**

Foundation House is to be commended for undertaking significant research into the barriers and facilitators involved in using qualified interpreters in the health sector, including the need for training in the area of health and mental health issues.

We endorse the focus on addressing cost as a significant barrier to accessing interpreter services for private allied health clients/services, and urge FH to emphasise this point in the final draft of the discussion paper.

We believe the paper would be strengthened by building a stronger case for accessing face-to-face interpreters for psychological services, and a fuller discussion about some of the sensitive issues that can arise with interpreters, including racial, political and/or religious tensions; strained local community or family relationships; and gender issues of power imbalance.

The APS appreciates the opportunity to work with Foundation House to enhance the practice of counselling and the provision of culturally appropriate services to CALD groups, especially those who have come to Australia as refugees, and we are available to consult further on this project if required.

## References

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## Attachment 1

### APS Code of Ethics

The Australian Psychological Society **Code of Ethics** articulates and promotes ethical principles, and sets specific standards to guide both psychologists and members of the public to a clear understanding and expectation of what is considered ethical professional conduct by psychologists. These professional standards, include respectful ways to work with other professionals, including interpreters. The section in the *Code of Ethics* on the use of interpreters, reads:

#### **Use of interpreters**

*Psychologists* who use interpreters:

- (a) take reasonable steps to ensure that the interpreters are competent to work as interpreters in the relevant context;
- (b) take reasonable steps to ensure that the interpreter is not in a *multiple relationship* with the *client* that may impair the interpreter's judgement;
- (c) take reasonable steps to ensure that the interpreter will keep confidential the existence and content of the *psychological service*;
- (d) take reasonable steps to ensure that the interpreter is aware of any other relevant provisions of this *Code*; and
- (e) obtain informed consent from the *client* to use the selected interpreter.

## **ATTACHMENT 2**

**Cultures and Psychology APS IG Newsletter - July 2011**

### ***Using Interpreters with CALD clients***

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There are many hallmarks of psychologists that work in the cross cultural field. It is important to note that people who are culturally competent are aware of other cultures and their various forms, they are willing to receive information, willing to respond to teaching, actually have a deep satisfaction in responding, they accept the goodness of knowing about other peoples, they prefer to accept cultural differences and have a commitment to understanding these differences.

If we extend this to psychologists, competent psychologists are culturally aware of their own backgrounds, they are also aware of those assumptions and value biases socialised by their cultural background, they are comfortable with cultural differences between psychologists and clients and they are also sensitive to the circumstances that might require referral of a client to a culturally similar psychologist.

They are also culturally knowledgeable and as psychologists have an understanding of the sociological role of minorities in their own country; they also have specific knowledge about the culture of their clients, and a clear explicit knowledge of the psychological literature and knowledge of the institutional barriers that prevent minorities from using mental health services appropriately.

The culturally skilled psychologist can generate a variety of verbal and nonverbal responses appropriate to a wide range of cultures. The psychologist both sends and receives verbal and non-verbal messages accurately to or from culturally different people and they are willing to challenge the system or institution on behalf of a client when the individual is right and the system is wrong.

To this end, the psychologist will always understand the cross cultural implications of any psychological assessment such as barriers to communication, interpreting of behaviour, areas of misunderstanding, and the awareness of the psychologist's own cultural biases, and understand the identifying features of culture shock. The use of interpreters by a culturally competent psychologist is indeed an art form.



You usually call interpreters when:

1. a client/guardian/carer requests an interpreter
2. when a client is unable to have an everyday conversation
3. when a client is able to have an everyday conversation but not proficient enough to discuss emotional issues

Some of the items on the checklist include:

*Before the session*

1. Understand that the interpreter is not trained to interpret behaviour but can comment on cultural practices
2. Be aware of your expectations of the interpreter.
3. Ensure the interpreter has been assessed and accredited by National Accreditation Authority for Translators and Interpreters (NAATI). Do not use family members or children under any circumstances.
4. Get to know the background of the interpreter i.e. investigate references of previous work.
5. Does the interpreter speak the right dialect or language? You can explore this with client and include preference of gender
6. Introduce yourself and explaining what your role is
7. Explain the issue of confidentiality and interpreter ethics
8. Ensure that you have briefed the interpreter regarding the purpose of the interview and any terminology that you may use that a lay person may not be familiar with.
9. Talk him/her through how you will conduct the session.
10. Ensure that you have allocated enough time. It is critical to go slow. You must go with the energy of the client and interpreter. There have been times when translations take many hours...so therefore you may need more than one sitting.
11. Does s/he carry a dictionary?
12. Does s/he carry a notebook and pen?
13. The psychologist needs to discuss the salient issues with him/her
14. Prepare yourself as much as you can with new cultures

*During the interview*

1. Ensure that the client, interpreter and you are seated in a triangle unless the person is hearing impaired.
2. Keep your English sentences short and concise
3. Be careful of long rambling sentences where you forget to pause for a translation
4. Avoid phrase by phrase interpretation
5. Keep the flow of speech constant

6. Avoid jargon or things that are difficult to translate. Having learned to speak English myself there are many ways to say something in English that is brief and concise. As a psychologist, you need to extend your vocabulary here.
7. Avoid hypothetical questions
8. The interpreter should confine themselves to facilitate communication not add their own comments. Having said this, the interpreter may spend time on clarifying statements.
9. Ensure that you maintain eye contact with the client and the interpreter when s/he is speaking.
10. Speak to the client directly as opposed to "Tell him/her..."
11. Avoid carrying on any side conversations in English with the interpreter. Everything must be translated.
12. Avoid interpreter speaking in the third person
13. Pay attention to non verbal communication especially body language of both client and the interpreter
14. If you need to break for a reason explain this reason fully.
15. Always check to see if the interpreter needs a break
16. Always write numbers down.

#### *After the Interview*

1. Ask the interpreter if there are any comments s/he would like to make or any clarifications
2. Allow the interpreter to discuss any aspect of the interview that may have distressed them.
3. Try not to engage in lengthy discussion
4. Remember that you are in control at all times.
5. If you have more than one session, it is important to keep the same interpreter.

The field of cross cultural communication is huge and complex. If communication between psychologist and client is inadequate, the psychologist will provide inappropriate treatment responses to the client, especially when it comes to couples and families.

#### *References:*

1. Culture Centred Counselling and Interviewing skills, by Paul Pedersen and Allen Ivey
2. Working with Interpreters: Guidelines for Mental Health Professionals, by Harry Minas, Malina Stankovska and Stephen Ziguras; Victorian Transcultural Psychiatry Unit