Alverno Interpreter Institute

Mental Health Interpreting Workshop

Saturday, April 20, 2013

9am-12:30pm

Sister Joel Read Conference Center

Alverno
C O L L E G E

Today's Agenda

8:30-9:00am	Check-in
9:00-10:00am	Opening Remarks and Addresses
	Dan Dickover (Alverno College)
	Welcome
	Jeanette Arellano (NAMI)
	Mental Health Resources in Milwaukee
	Chris Rubach (Aurora Healthcare)
	Interpreter Safety in All Situations
	Jennifer Flamboe (Alverno College)
	Managing the Flow of Communication in Mental Health
10:00-10:15am	Break
10:15-10:30am	Warm-up Exercises
10:30-11:15am	Scripted Role Plays
11:30-12:15am	Unscripted Role Plays with Community Psychology Students
12:15-12:30pm	Closing Remarks

Welcome Interpreters!

Among us, there are 65 registered participants representing the following languages:

- Spanish – 45
- Hmong – 4
- Somali (Bantu) – 4
- Russian (Ukrainian) – 2
- Vietnamese – 2
- Albanian - 2
- One each of (6):

Hindi/Bengali	Farsi
American Sign Language	Karen
Bosnian/Serbian/Croatian	Polish

Why did we create this training?

- Alverno College Healthcare Interpreting Minor.
- Interpreter certification is finally here.
- We wanted to offer a higher-level training to all levels of interpreters.
- We wanted to meet other interpreters from the area.
- We thought it would be a good learning experience.

Documenting Your CEUs

- <u>Certified Medical Interpreter (CMI) CEUs</u>
  IMIA members can upload CEU documentation to archive information for the recertification process:
  <u>http://www.imiaweb.org/members/upload-certs.asp</u>

- <u>Certified Healthcare Interpreter (CHI) CEUs</u>
  CHIs must upload supporting documents to receive CEU prior to submitting recertification application every two years:
  <u>http://www.healthcareinterpretercertification.org/cchi-interpreters/continuing-ed.html</u>

Jeanette Arellano

Latino Outreach and Education Coordinator

Interpreter Safety in All Situations

Techniques for interpreting for the agitated patient

Presented by:
Christopher Rubach
Interpreter Services Supervisor
Aurora Healthcare

Ten domains of de-escalation.[1]

1. Respect personal space
2. Do not be provocative
3. Establish verbal contact
4. Be concise
5. Identify wants and feelings
6. Listen closely to what the patient is saying
7. Agree or agree to disagree
8. Lay down the law and set clear limits
9. Offer choices and optimism
10. Debrief the patient and staff

Domain I: Respect Personal Space

- Maintain two arm's length of distance
- If the patient tells you to get out of the way, do so immediately!
- Respect the patient's personal belongings and apprehension about being unclothed

Domain II: Do not be provocative

- 90% of all emotional information conveyed by body language and tone of voice[2]
  - No concealed hands, folded arms
  - Don't face the patient directly, stand at an angle
  - Maintain calm demeanor, tone of voice, and facial expressions

Domain III: Establish Verbal Contact

- Tell the patient your title and name
- Explain your role as interpreter
- Ask the patient how they prefer to be addressed

Domain IV: Be Concise

- Use short sentences and simple vocabulary, to avoid confusing the patient
- Address the issue of register with the provider, if necessary

Domain VI: Listen Closely to What the Patient is Saying

- Use Miller's Law: "To understand what another person is saying, you must assume that it is true and try to imagine what it could be true of."[2]
  - This increases comprehension, decreases judgmentalism, and conveys compassion
- Mimic the tone and urgency of what the patient says.

References

1. Fishkind A. Calming agitation with words, not drugs: 10 commandments for safety. *Current Psych.* 2002; 1(4).

2. Elgin SH. *Language in Emergency Medicine: A Verbal Self-Defence Handbook.* Bloomington, IN: XLibris Corporation; 1999.

3. Richmond J et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine.* Feb 2012; XIII(1)

Managing the Flow of Communication in Mental Health

Expectations and techniques for interpreting in this specialized area

Prepared and presented by:

Jennifer M. Flamboe, M.A., CHI

Chair of World Languages

Director, Healthcare Interpretation

Alverno College

Objectives

- Review the role and function of an interpreter in medical and mental health settings

- Identify the objectives of mental health providers

- Analyze the purpose of working with an interpreter

- Strategize the management of communication flow in mental health settings

Review

- What is the function of a medical interpreter?
  - To facilitate communication between medical providers and patients
  - To help establish a relationship between the individuals for which he or she interprets

- Define the role of a medical interpreter:
  - Conduit for message transfer
  - Clarifier of ideas
  - Cultural broker for misunderstandings
  - Advocate for patient well-being

Source: Cross-Cultural Health Care Program (CCHCP). *Bridging the Gap Medical Interpreter Training Materials.*

Duty A: Interpretation

A-10 Manage the flow of communication in order to preserve accuracy and completeness, and to build rapport between provider and patient

Indicators of Mastery	Rating	Indicators of Lack of Mastery
A. Manages conversational turn taking so that only one person talks at a time (interpreter can interpret only one voice at a time)	○5 ○4 ○3 ○2 ○1	A. Does nothing to manage conversational turn taking when people talk at the same time, and so ceases to be able to interpret
B. Asks the speaker to pause, when necessary, in order to maintain accuracy and completeness	○5 ○4 ○3 ○2 ○1	B. Does not take the initiative to interpret in a timely manner in order to maintain accuracy and completeness
C. When necessary, asks the speaker to pause in order to allow the other party to speak	○5 ○4 ○3 ○2 ○1	C. Does not ensure that each party gets a chance to talk
D. Asks the speaker to pause in a manner that is least disruptive and most culturally appropriate	○5 ○4 ○3 ○2 ○1	D. Interrupts the speaker in a manner that is disruptive and culturally inappropriate
E. Manages the timing of interpretations so that neither party feels or is left out of the communication loop	○5 ○4 ○3 ○2 ○1	E. Allows exchanges where one of the parties (either the provider or patient) does not know what is being said for an extended period of time

Why work with interpreters?

- Insufficient communication will limit the mental health provider's ability to:
  - Develop a therapeutic relationship
  - Understand the client's experience and point of view
  - Comprehend the cultural context of his or her behavior
  - Do an evaluation
  - Make a diagnosis
  - Make decisions about treatment together with his or her client
  - Conduct follow-up on the illness
  - Evaluate the effectiveness or side effects of treatment

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

Why work with interpreters?

- To avoid making mistakes based on misunderstandings, such as:
    - Under- or overestimating the severity of the psychological illness
    - Failing to accurately identify the type of psychological illness
    - Misdiagnosing a condition that the client does or does not have

Source: Miletic, Tania, et al; <u>Guidelines for Working Effectively With Interpreters in Mental Health Settings</u>. Victorian Transcultural Psychiatry Unit, June 2006.

Why work with interpreters?

- Poor communication can create obstacles for the client and his or her understanding of:
  - The role of the mental health professional
  - The purpose of the service
  - The nature of his or her illness
  - The reason for treatment or medication
  - The side effects of the medication

The interpreter plays a <u>crucial role</u> for the team of mental health professionals

Source: Miletic, Tania, et al; <u>Guidelines for Working Effectively With Interpreters in Mental Health Settings</u>. Victorian Transcultural Psychiatry Unit, June 2006.

Interpretation Accuracy

- Meaning-for-meaning vs. word-for-word
  - Assess confusion or coherency
  - Avoid constructing meaning where none exists
- Verbal imagery
  - Necessary when no equivalent exists in the target language
- Mode of interpreting
  - Consecutive
  - Simultaneous
  - Sight (oral) translation
- Transparency
  - Establish communication guidelines from the beginning

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

Interpretation Accuracy

- Medical terminology or technical jargon
  - Interpreter training includes terms without special emphasis on mental health or related topics
  - Names and abbreviations of programs can be confusing for the interpreter and the client
  - To facilitate client understanding, use plain language and check for understanding

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

Confidentiality

- The Code of Ethics discusses confidentiality in all interpreting settings, including mental health.
  - It is important to emphasize that all information will be kept confidential and private
  - Inform the mental health provider and the client in your introduction (pre-session)

Abiding by the Code of Ethics is
extremely important!

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

Items To Consider

- Stigma about mental illness exist within several communities and populations
  - May cause the client to feel uncomfortable working with an interpreter
  - May result in the client's wish to decline an interpreter
- Interpreter attitude
  - Apprehensive
  - Affected by the same stigma
  - Inexperienced in mental health settings
- Refugee and torture survivor clients
  - Recognize the impact of having endured these experiences
    - Can lead to several emotions, possibly even affecting the interpreter or his/her message

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

Collaborative Approach

- Continuity
  - Use of the same interpreter to help establish a good rapport
  - Enables client to trust his or her mental health provider more
- Interpreters as colleagues
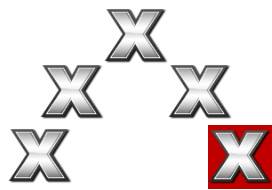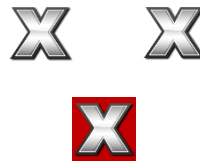 - "Work with" an interpreter vs. "use" an interpreter

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

Before the Session

- Have a discussion with the mental health provider about:
  - Relevant background information about the case
  - Terminology
  - The way in which the meeting will be conducted
  - Mode of interpreting that will be used
  - Safety guidelines
    - Code word to stop the meeting

Source: Miletic, Tania, et al; <u>Guidelines for Working Effectively With Interpreters in Mental Health Settings</u>. Victorian Transcultural Psychiatry Unit, June 2006.
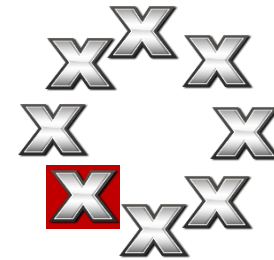
Positioning

- The positioning of the interpreter should facilitate communication between the provider and the client
- Preferably, the interpreter is next to the mental health provider
- NEVER be with the client alone at any time

> 2 people

3 people

Group Session

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

After the session

- Debriefing between the mental health provider and interpreter to:
  - Talk about communication strategies
  - Review any safety issues
  - Provide positive feedback or areas for improvement
  - Allow the interpreter to ask questions about confusing topics, misunderstandings or even about stressful or traumatic situations.

Source: Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

Resources

- Buwalda, Hans. Basic Competencies for Mental Health Interpreters.

- International Medical Interpreters Association (IMIA) Web site http://www.imiaweb.org/basic/mentalhealth.asp

- Miletic, Tania, et al; Guidelines for Working Effectively With Interpreters in Mental Health Settings. Victorian Transcultural Psychiatry Unit, June 2006.

- National Council on Interpreting in Health Care (NCIHC) Web site http://www.ncihc.org/mental-health-resources

Notes for the Day

- Bathrooms in the Rotunda to your left.

- Review your unscripted role play scenario (Yellow Sheet.)

- Familiarize yourself now with the role you will have during the exercise later this morning.

- Feel free to improvise, repeat role plays, and tell stories about your experiences.

- Use your time with the Community Psychology students to teach them about your profession and learn from them about theirs.

- Relax and have fun!

Tips for Getting/Giving Effective Feedback

- **Evaluate Yourself** – think about your own view first

- **Make It Matter** – don't comment on everything, pick key points

- **Get Specific** – ask what worked and what to work on

- **Be courteous** – it goes a long way

Tips for Giving Effective Feedback

- **Be Specific** – vague feedback gives you nothing to work on

- **Ditch the Dump Truck** – you can change 1 thing at a time

- **Focus on Facts** – make it about the action, not about the person

- **Don't forget the positive** – remember we are looking for what someone did right and what they can improve on

Source: Andrew Bergin at http://owningthestagecoach.blogspot.com

What is Effective Feedback?

EFFECTIVE	INEFFECTIVE
Specific	General
Focused on behavior	Focused on person
Considered needs of the receiver	Served your own needs
Solicited	Imposed
Shared information	Gave advice
Timely	Inappropriately timed
Concerned "what" or "how"	Concerned "why"
Clearly communicated	Led to misunderstanding
Encourages follow-up	Discourages follow-up

Source: Holden Leadership Center – University of Oregon. *Feedback.*

Role Play Activities

During your interpreting scenario, remember to follow the basic protocols of an interpreter:

- Introduce yourself and explain your role (pre-session)
- Use the first person
- Maintain the same register
- Interpret everything that is said
- Use accurate terminology
- Manage flow of communication

Professional Development

STANDARDS OF PRACTICE

PROFESSIONAL DEVELOPMENT

OBJECTIVE:

To attain the highest possible level of competence and service.

Related ethical principle:

Interpreters strive to further their knowledge and skills, through independent study, continuing education, and actual interpreting practice.

27. **The interpreter continues to develop language and cultural knowledge and interpreting skills.**

   For example, an interpreter stays up to date on changes in medical terminology or regional slang.

28. **The interpreter seeks feedback to improve his or her performance.**

   For example, an interpreter consults with colleagues about a challenging assignment.

29. **The interpreter supports the professional development of fellow interpreters.**

   For example, an experienced interpreter mentors novice interpreters.

30. **The interpreter participates in organizations and activities that contribute to the development of the profession.**

   For example, an interpreter attends professional workshops and conferences.

Final Notes on Feedback

- How to give feedback
  - First, how was my performance as an interpreter?
  - Second, what were others' observations?

- If you're ready to switch roles say, "Let's rotate."

- The Spanish interpreters were divided into groups with various experience levels.

Before we break….

- A couple of reminders.
  - Bathrooms outside to the left
  - Coat racks outside
  - Groups 14-19 in Alumnae Hall
  - Try new things and don't be afraid to take a chance!

Speed Terminology

- Listen to the word or words
- Write down your interpretation of the word(s)
- You will only get 10 seconds for each word
- The first ten are general terms and the second are mental health-related.
- When we are completely finished the words will be listed on the screen.
- Discuss your word choices with your group.

Speed Terminology

1. Neighborhood
2. Front porch
3. Garage
4. Great aunt
5. Son-in-law
6. Bruise
7. Brick
8. Baking soda
9. Coca Cola®
10. Detective
11. Grief
12. Regret
13. Restraining order
14. Suicide note
15. Counselor
16. Funeral service
17. Elder abuse
18. Therapist
19. Recovery
20. Support group

Scripted Role Plays

- See the blue sheet in your folder for more activities to do in your group.

Unscripted Role Plays

- See the blue sheet in your folder for more activities to do in your group.

Coming back together…

- A few questions to answer about your experience today at the Workshop:

This workshop provided me with information regarding the mental health services available to community members in the Milwaukee area.

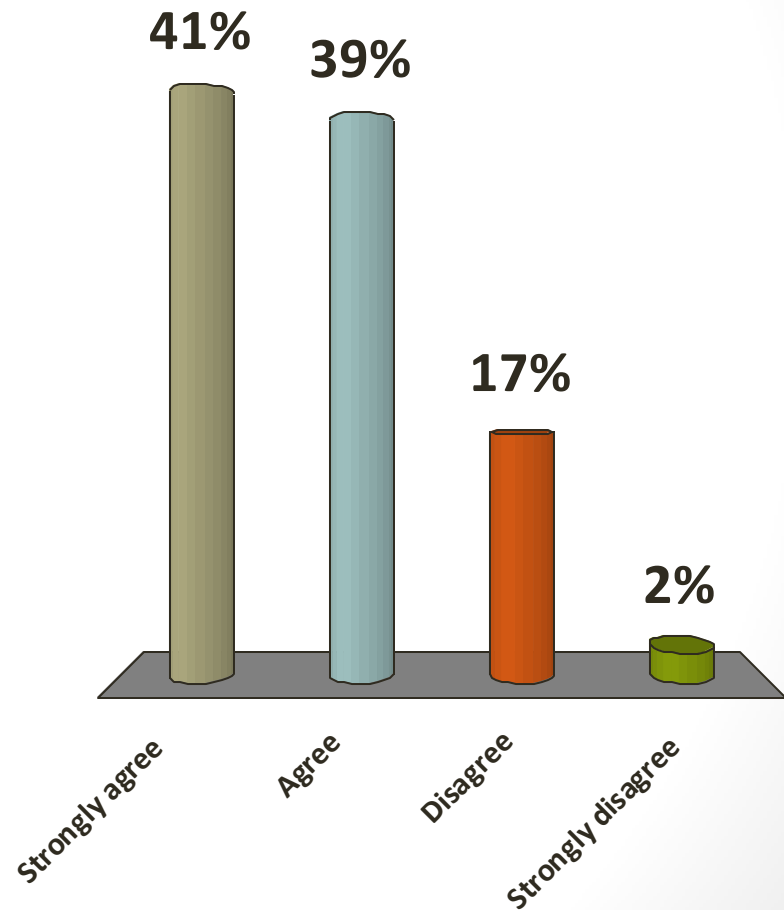A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

37% — Strongly agree
44% — Agree
17% — Disagree
2% — Strongly disagree
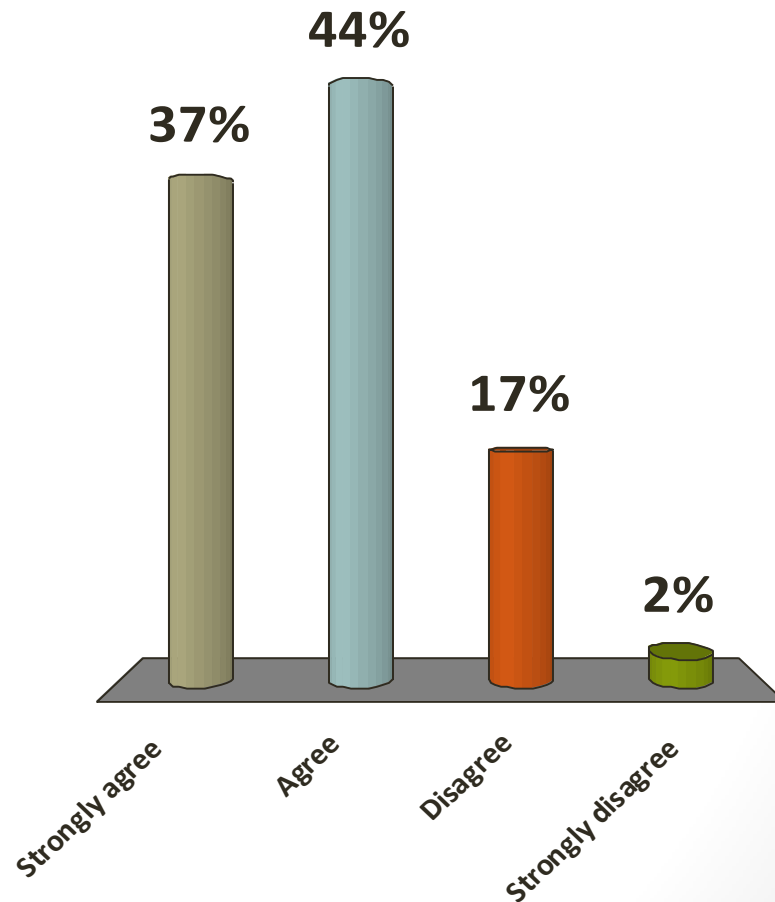
At this workshop, I practiced interpreting in the mental health setting through scripted and unscripted role plays.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree
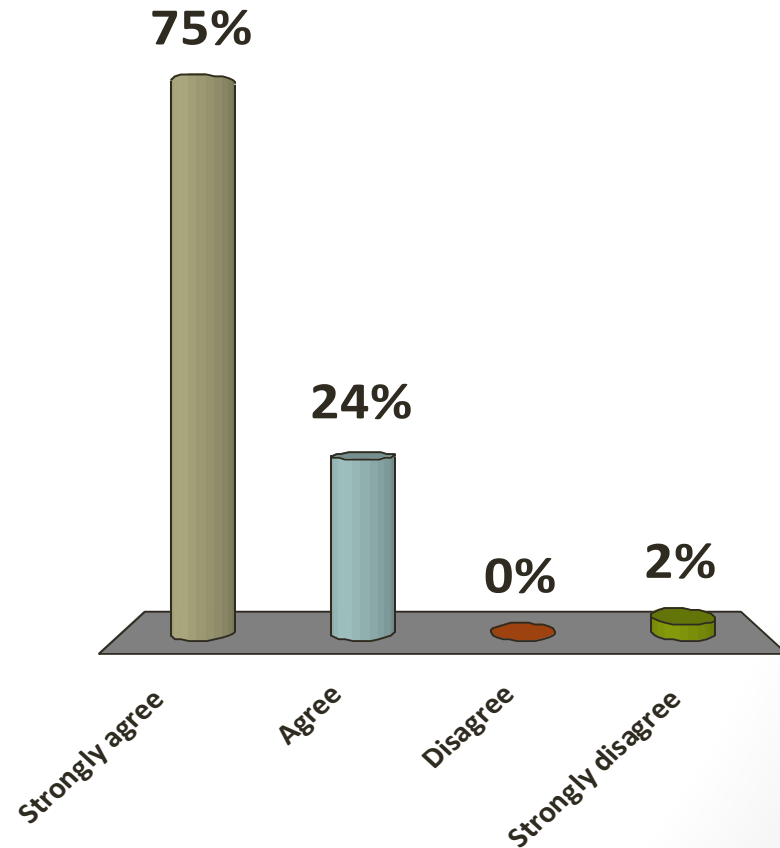
I was able to network with other interpreters from the area.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

41% **39%**

17%

2%

Strongly agree   Agree   Disagree   Strongly disagree

I worked with students in the Alverno Master of Science in Community Psychology to expose them to the skills necessary to work effectively with an interpreter.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree
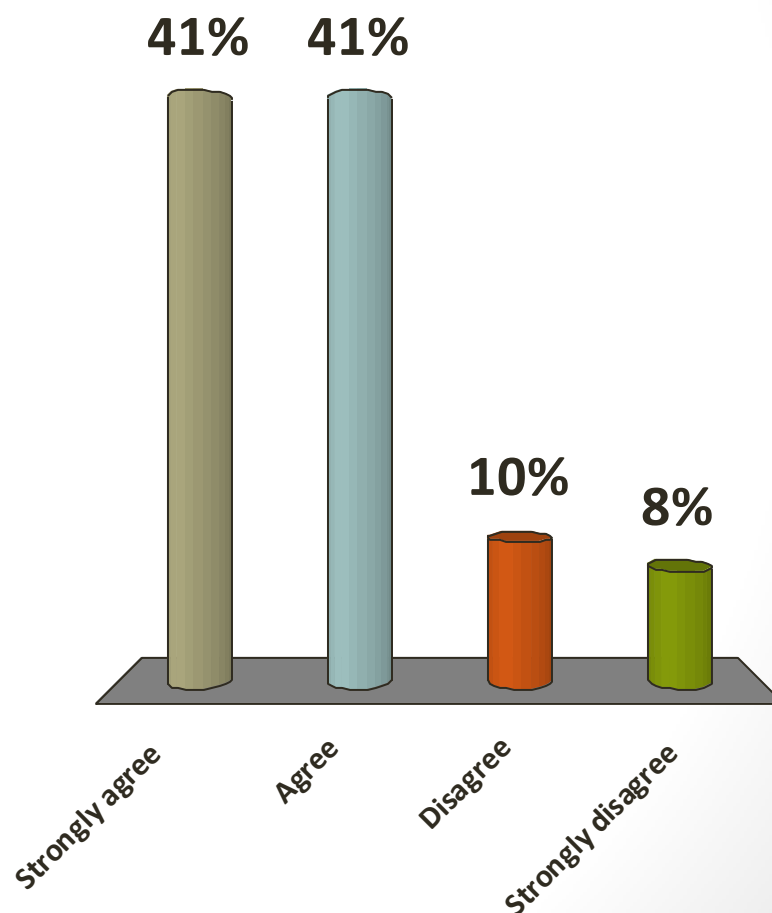
How likely are you to return to this event in the future?

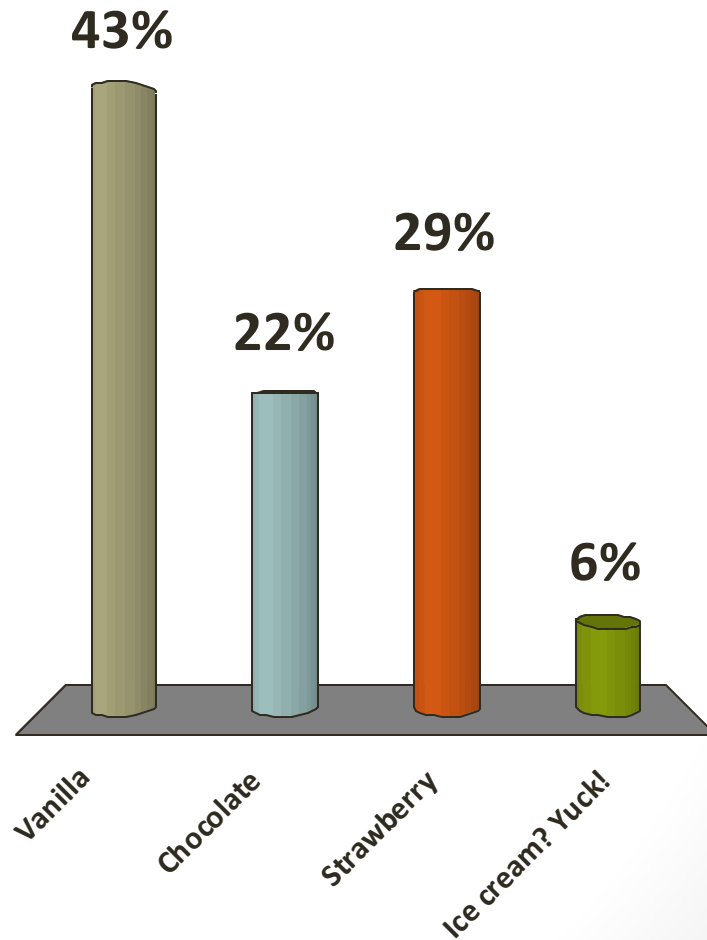A. Definitely
B. Probably
C. Unsure
D. Probably not
E. Definitely not
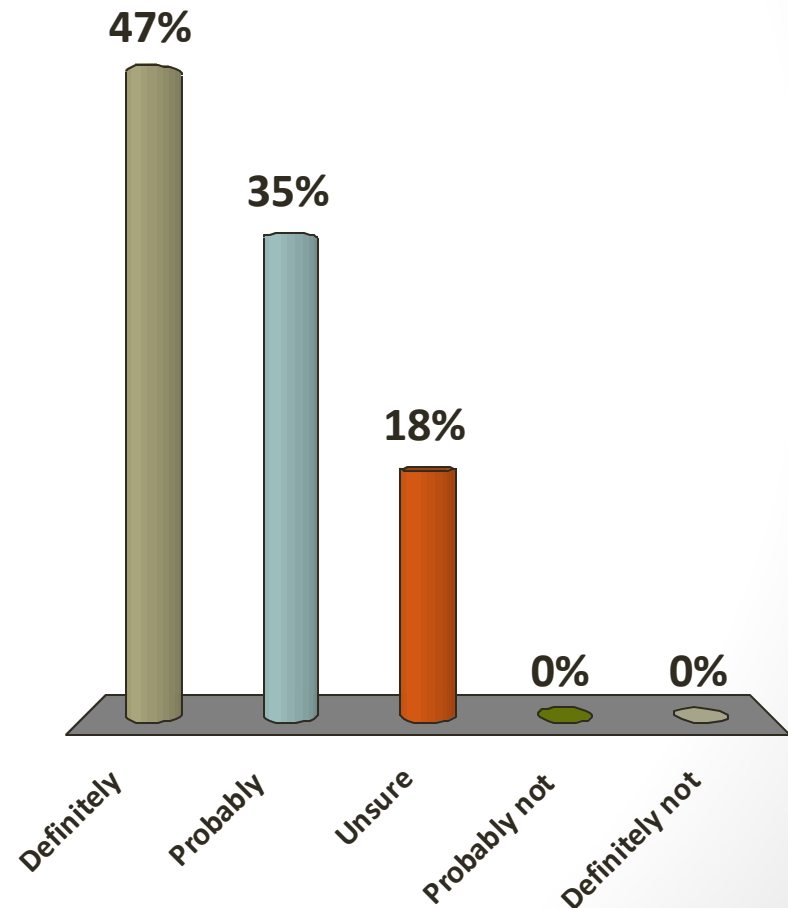
The best flavor of ice cream is:

A. Vanilla
B. Chocolate
C. Strawberry
D. Ice cream? Yuck!

Special Thanks!

- Translators:
  - Irina Arndt – Russian
  - Hoan Chau Nguyen – Vietnamese
  - Mai Yia Thao – Hmong
  - SPI 320 Students – Spanish
- Alverno Support Staff
  - Julie Borgealt, Chris Renstrom, Laurie Tran
- Registration Assistants
  - Susana Pérez, Carla Nichols

Questions? Comments?

Thanks for Coming!

Please fill out the **green** comment cards in your folder before you leave. We value your input.

See you next time!

Dan, Jen and Chris