

GOOD PRACTICE GUIDE

Working with
an interpreter

Revised February 2018

Working with an interpreter

Toolkit – for practitioners and interpreters

Improving communication for people who use mental health and learning disability services in Scotland

Acknowledgements



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Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Introduction

What this document is about

We have produced **Working with an interpreter** as a general toolkit for people who need to use, or who provide, interpreting or translation services in a mental health setting, such as a meeting with a psychiatric nurse in hospital or in someone's home. Guidelines cannot cover every eventuality. It is important for interpreter and interviewer to work as a team to ensure the opportunity for successful communication. Adaptations may be needed in order to cater for different challenges arising in, for instance, Mental Health Tribunals or therapy sessions, but this toolkit will be relevant across the diversity of settings within mental health.

We have called it a toolkit because it gives practical advice and guidance for:

- mental health practitioners who provide mental health and learning disability services; and interviewers;
- interpreters who are asked to work in a mental health setting.

How to use this toolkit

If you are a mental health practitioner or interviewer, please read **Section 1**.

It comprises:

- detailed guidance and information for every stage of working with an interpreter;
- a checklist designed to help you achieve the most out of working with an interpreter, and to guide you if things go wrong.

If you are an interpreter, please read **Section 2**.

It highlights:

- ethical issues that you need to consider;
- practical advice and guidance for interpreting during an

interview. Each section can be used separately.

You are welcome to photocopy checklists and to localise the toolkit, for example by adding examples of local policies and procedures for interpreting and translating.

Why we produced this toolkit

The toolkit follows our work on mental health issues affecting people from black and minority ethnic backgrounds. This work was reported in our *Respect for Diversity* report in 2005. (Copies are available from our website: www.mwcscot.org.uk.)

This report highlighted that there were significant communication difficulties between practitioners and people who use mental health services.

We originally planned it as a toolkit for our own practitioners, to help us communicate with people from black and minority ethnic backgrounds who use mental health services, and with deaf patients who use sign language.

We also recognised that the toolkit filled a gap in knowledge. Other organisations based in Scotland have produced guidelines on interpreting and translating, but these do not address the specific issues that people with mental health problems face.

Furthermore, it is unusual to find guidelines with sections designed specifically for the service user.

As the toolkit developed, we thought it could be usefully shared with other people who provide mental health services, to:

- promote mental health practices that are legal and ethical;
- provide practical advice for interpreters when working in mental health settings;
- increase awareness of mental health issues among interpreters and promote effective working relationships between interpreters and mental health professionals; and
- increase awareness among practitioners of some of the broader cultural issues of translating and interpreting in mental health settings.

For the people who use mental health services we hope this leads to:

- better access to appropriate care and treatment;
- a greater role for them in the care and treatment they receive;
- better diagnosis and more effective care and treatment; and
- greater protection of individual mental health and human rights.

When should an interpreter be used?

An approved interpreter must be used where effective communication is critical to patient care outcomes such as during:

- admission/initial assessment
- history taking
- care planning and explaining medication or treatment
- high risk, or life threatening situations
- mental health tribunals.

Service users have a legal right to be informed about:

- when their consent is needed
- their rights
- If they have been detained, why they have been detained.

The Mental Health (Care and Treatment) (Scotland) Act 2003 (as amended by the 2015 Act) provides the legal background.

- The Act makes it clear that mental health practitioners must make sure that people who use mental health services can take part, as fully as possible, in how they are assessed, the care being planned for them and any review of their care;
- It states that service users should have the information they need to have their say in any decisions being made about them. The information should be in a form that they are most likely to understand. If a patient needs help to communicate, through interpreting support for spoken or signed languages or another form of communication support, for example, this needs to be considered;
- The Act highlights the need to provide maximum benefit to the patient, and to respect diversity. The latter is about practitioners taking account of the service users' abilities, backgrounds and characteristics, such as their cultural and linguistic backgrounds. Specifically, practitioners should bear in mind that the concepts of mental health and recovery as well as the understanding of the role of a mental health care provider are culture-specific. Recovery is often a subjective notion (for

- example, some people may take refuge in the healing power of spirituality);
- The Act also states that carers must be fully involved and kept fully informed when service users' needs are assessed. This may mean services arranging interpreter and translation services for their work with carers.

It would be good practice for care plans to take into account how to improve communication for service users.

There are both legal and moral obligations to provide interpreting services to service users whose first language is not English in a mental health setting. Service users may be able to speak English fluently, but when in stress or distress they may prefer, or lose the ability, to speak in their first language. Neuropsychiatric disorders that may lead to auditory hallucinations or conceptual disorganisation may impair language production. The onset of dementia may also diminish someone's ability to speak English as a second language. Giving someone the opportunity to speak in their first language may help their recovery.

Section 1

A guide to working with an interpreter

This section of the toolkit has 3 parts.

Part 1

- is designed to help you get the best from an interview, with guidance on what to do:
 - a) when you prepare to book an interpreter
 - b) when you brief the interpreter
 - c) at the start of the interview
 - d) during the interview
 - e) after the interview

Part 2

- contains a checklist of the guidance in Part 1

Part 3

- lists the types of training and qualifications available to interpreters in Scotland, organisations that can give you advice about interpreting, and links to standards and a sample of interpreting codes of conduct.

Part 1: Getting the best from your interview

a) When you prepare to book an interpreter

Are you familiar with the roles of interpreters, translators and communication support workers?

Translators and interpreters: translating and interpreting are both about transferring meaning between languages. Translators usually work with the written word and interpreters usually work with the spoken word. They might also work between written or spoken languages and sign language.

The important point is that not all translators have the skills needed to work as interpreters, and not all interpreters have the skills needed for translation work.

Communication support workers: these are people with specialist skills, such as lip-speaking for deaf, hard of hearing or deafened people, and hands-on signing for deafblind people. Interpreters and translators may not have these skills, so you may need a communication support worker as well.

NHS bilingual health advocates, and trained professionals who facilitate linguistic communication: these are people who can facilitate linguistic communication, but unlike interpreters they may also help patients to make informed choices about their health with full involvement in their care plan and treatment, and “educate” practitioners about cultural background information.

Which service or services do you need?

If the interviewee knows or speaks more than one language

People may have been bilingual, but due to their age or condition may now find it hard to express themselves in English, if this is not their first acquired language. So you should consider using an interpreter to help with the interview.

You might also need to consider getting specialist equipment such as induction loops to facilitate communication with people who are deafened or hard of hearing.

If the interviewee uses sign language

Sign language is not a version of a spoken language. For example, British Sign Language (BSL) has a different grammar and syntax from those found in English.

For someone who relies on BSL to communicate, English is like a second language. So writing down information and giving it to them to read may be an ineffective way to communicate because their English language reading skills may be very limited.

If the interviewee has poor sign and written language skills (minimal language skills)

You need to find someone the interviewee can communicate with and find a way of communicating with them. A possible solution would be to work through a BSL/English interpreter who would interpret your words into BSL to a Deaf interpreter; this Deaf interpreter would then relay the meaning to the interviewee in a form of signing he or she can

understand. Some qualified Deaf interpreters can work directly from English (by lip-reading or from written English). Using an interviewee's acquaintance to help communicate with the interviewee should be avoided, if possible, because of potential ethical issues.

If a family member, carer, friend or member of staff insists on interpreting

You should try to persuade them that it is in the interviewee's best interest to use a professional interpreter. This is for the following reasons.

- It may be hard for them to remain impartial because they are a relative or a fellow professional. An interpreter will have no such conflict.
- They may not have the same level of expertise in both languages, nor have all the skills that professional interpreters are trained in.
- Their presence may have an impact on the interviewee's right to privacy and confidentiality; this may also deter the interviewee from expressing him or herself fully and freely.
- They may also (through lack of familiarity with specialist mental health work) normalise a patient's "abnormal" speech patterns or content and this could result in misdiagnosis.

If the interviewee still insists their friend or relation should be present, you may take the view that they are an acceptable source of support. However, we recommend that you book a professional interpreter to ensure that you are able to fulfil your professional role.

Where can you find an interpreter?

Part 3 of this section of the toolkit has details of organisations that provide advice and information about interpreters.

How can you establish if an interpreter has the right qualifications?

When you book the interpreter, ask the following types of questions.

- Is the interpreter a member of a register or a professional organisation?
- Is the interpreter bound by a code of practice or code of ethics?
- Does the interpreter have formal training and qualifications?
- Does the interpreter have experience of working in the public sector, including mental health services?
- Has the interpreter been screened by a reputable agency?
- Has the interpreter been checked through Disclosure Scotland (this is especially important if children and young adolescents are involved) or the Disclosure Barring Service if living in England?

If you cannot find an interpreter who satisfies all, or many, of the criteria listed in the questions above, you may – depending on the situation – be able to find someone who has experience and a common-sense approach, and with whom you can work. But it is best to use an experienced and appropriately qualified interpreter whenever possible.

Remote interpreting (by telephone or video-conference), when the interpreter is not physically present, is not recommended for providing communication support in mental health settings. It is advisable to limit the use of remote interpreting to the following types of situation:

- making initial contact (perhaps to establish the language spoken);
- for brief (under 30 minutes), routine exchanges;

- in an emergency when the need to communicate immediately is urgent (until a face-to-face interpreter can arrive).

In some circumstances when no interpreters with the languages required live in the country.

How can you establish if an interpreter has the skills and experience you need for the interview?

Give the Translation, Interpreting and Communication Support (TICS) agency enough information for them to help you choose an interpreter.

For example, an interviewee may have specific communication needs, but there may be no interpreters who can fully match these. An interpreter with strong language skills, but no experience of mental health work, may be the best interpreter. In other situations (for instance, where specific terms and phrases common to mental health care, assessment and treatment will be used) it may be more important for the interpreter to be familiar with mental health work.

Sometimes you may have to consider using one interpreter to relay information to another. For example, if a deaf person uses a sign system other than BSL to communicate:

- Interpreter 1 interprets the deaf person's signs into BSL;
- Interpreter 2 interprets BSL into English to you.

But remember that the interviewee may feel intimidated by having extra people present.

How do you identify the language, dialect or type of communication support most appropriate to the interviewee?

The mental health service provider may already know this, or the family or carer may know. If not, ask the TICS provider or agency. They may be able to check the appropriate language and dialect.

Be aware of the many pitfalls.

- Many organisations use a printed list that has a brief instruction written in as many as 100 languages. But this is not always a satisfactory way of identifying a language. Also, the interviewee may be unable to read.
- Do not assume the person's nationality or country of origin means they speak the language of that country. Remember too that a native of mainland France may not fully understand the French spoken by someone from an African country, particularly the cultural references.
- Do not assume that someone who speaks a language can also read and write it.
- Some spoken languages may have more than one written version or script.
- There may be no written version of a spoken language, just as there is no written equivalent of BSL.
- People with hearing difficulties (deafened, hard of hearing), or deaf people who received a mainly oral education, may be able to express themselves in English (or another language), but may need the language to be made visible through, for example:
 - lip-speaking (which may or not be accompanied by some signing); or
 - speech-to-text (typing what is said so it appears on a computer screen).
- Some older people may prefer to communicate through finger-spelling English. Not all interpreters can cope with their speed of finger spelling.

- Some deaf people may use specialised communication systems such as Sign Supported English (SSE), Makaton (particularly if they have learning difficulties) or Paget-Gorman (particularly if from Aberdeen).
- Some deafblind people may use BSL, but need it to be produced in a restricted visual frame. Others may use manual alphabet (a tactile version of finger spelling) or hands-on-signing to receive and give information in BSL.

What can you do to avoid clashes caused by cultural, religious, political, gender or age differences?

Take advice from the TICS provider or agency. You need to consider factors such as ethnic background, membership of a political group, religion, caste, age and gender.

Misjudging these could harm the success of the interview. For example:

- some people prefer to talk through an interpreter of the same sex, but sometimes men prefer to talk through a female interpreter;
- some people may refuse to talk through someone who is much younger, or who they think belongs to a lower caste than they do;
- an interpreter might miss or misunderstand cultural references (particularly if, for example, the patient and interpreter have the same language but different countries of origin (French from France or West Africa));
- the interpreter may be torn between their own beliefs or politics and the interviewee's - consequently the interpreter may be concentrating more on trying to remain impartial than on processing information;
- the interviewee may not co-operate fully or respond openly, if they feel uncomfortable, embarrassed or intimidated by expressing themselves through the interpreter;
- the interviewee may feel very antagonistic towards an interpreter and just refuse to communicate.

But remember that your choice of interpreter may be limited because there is often a shortage of professional public service interpreters.

Is there any chance that the interpreter and interviewee might know each other?

It is important to have the option to change interpreters before the date of the interview.

- Check for conflicts of interest such as family links and social or business relationships.
- Check for any personal involvement the interpreter and interviewee might have had, particularly when dealing with small ethno-communities Did they know each other in the past?

Carrying out these checks might be hard if you cannot disclose the interviewee's name in advance to the agency or service provider. One strategy might be to wait until an interpreter has been assigned to the job before releasing the name or relevant information.

And, if you have the chance to speak to the interpreter at this stage, ask if they have any connection with the interviewee.

Are any issues likely to arise in the interview that could be a problem for an interpreter?

Let the TICS provider or agency know beforehand of any sensitive issues – such as terminating a pregnancy, rape and child abuse – that might come up in the interview.

It is worth bearing in mind, on the other hand, that whilst an interpreter may cope and behave very professionally, she is not just a linguistic tool, she has to process the content of the exchange at least twice and will not be totally unaffected (and might be impacted upon by the patient's distress for example).

This could help the TICS service avoid sending someone who would not be able to work impartially, for example because they have experienced similar situations, and who might feel they have to withdraw from the job.

Is there any other reason the interpreter may not be suitable for this interview?

For example, find out if the interpreter could have any connection with the matter to be discussed in the interview.

You should also establish a protocol or back up plan with the agency in case communication with the interpreter does not work well, so that any concerns may be addressed speedily and minimise the impact on the client.

Has the person being interviewed had previous interviews through an interpreter?

If so – and everyone was happy with the interpreter – booking the same interpreter again may be best practice as it will help to provide continuity as the interpreter will already be familiar with some of the background. It will also facilitate building interpersonal trust needed in order to achieve the therapeutic goals.

But you also need to consider that the interviewee might prefer an interpreter who is not from his or her local community. Or there may be issues the interviewee would rather talk about in front of a different interpreter, such as the interpreting service he or she had before.

Have you allowed enough time for the interpreter to prepare?

Give the interpreter background information and enough time to prepare.

If you need the interpreter to translate written material during the interview, you should also allow preparation time for this. But if it is not appropriate to give the interpreter the written information in advance, allow them some time just before the interview starts.

Have you allowed enough time to brief the interpreter?

You must leave time for this: briefing the interpreter can make the difference between a successful and unsuccessful interview.

You may quickly get through a briefing with trained and experienced interpreters. But less experienced interpreters, such as those who know rarer languages, may not be familiar with the appropriate procedures and may not be able to anticipate potential problems.

Have you allowed enough time for the interview?

You need to allow twice as long for an interview that involves an interpreter. You also need to set aside extra time to brief and debrief the interpreter.

Have you let the agency know how much time you will need?

Agree how long the booking is likely to be for and if it is likely to be extended.

Have you told the agency, or interpreter, the practical arrangements?

They will need to know:

- when and where to meet you;
- how to get there;
- where to park, if they are coming by car;
- who to report to when they arrive;
- details of someone they can contact, if there is a problem; and
- any security arrangements in place.

If the interview is in the interviewee's home, have you made it clear you must meet the interpreter somewhere else to brief them?

This will avoid the interpreter being left alone with the interviewee, which is not advisable because the interviewee may:

- start establishing a relationship with the interpreter, rather than you;
- disclose information to the interpreter, which they later fail to tell you about.

Do you need more than one interpreter?

For therapy groups of eight or more you may need at least two interpreters to enable all dialogues to be captured.

b) When you brief the interpreter

Establish the interpreter's skills for this type of interview

- What is the interpreter's general level of experience?
- Is the interpreter bound by a code of ethics or code of conduct?
- Does the interpreter have experience of working in mental health situations and settings; and are they familiar with basic terms and concepts in the mental health field?

Establish the rules that the interpreter must follow

This is particularly important if the interpreter is unskilled and unregistered. Remind the interpreter that, in line with codes of ethics for interpreting, they must:

- respect confidentiality;
- be impartial;
- interpret everything that is said by all parties;
- interpret accurately and completely, without omitting or adding anything and without affecting the interviewee's tone and style;
- pay attention to the interviewee's manner of speaking, for example, gestures, speed of delivery, signing space (BSL), unusual pauses or changes in volume or incoherence.

And remind the interpreter that they must tell you if they cannot do any of these.

Warn the interpreter, if the interview is likely to include language or content that are biologically or sexually specific, offensive or disturbing

This may help to ensure the interpreter remains impartial. It also allows you to emphasise that the interpreter's translation needs to retain the tone and mood of what is said. And it will give the interpreter an opportunity to tell you if they will have any difficulties doing this.

Ask about any relationships or cultural issues that the interpreter must disclose

- Have the interpreter and interviewee ever met?
- Do they have family links or social or business relationships?
- Does the interpreter know of any language issues that might affect the interview?
- Do they know of any cultural issues that might affect the interview (for example, ways in which the interviewee might deviate from cultural norms)?
- But check with the interviewee when seeking culture related information as understanding of the cultural dimension is often co-constructed
- Are there any subject areas they do not feel competent to translate?

If any issues emerge, it does not necessarily mean you have to shorten the interview or call it off. You will have to make an informed decision. It is considered good practice to use, if at all possible, an interpreter not known to the client from other professional settings. If you decide to continue, you may need to adapt the interview according to what the interpreter has told you.

Brief the interpreter about the interview

- Explain your role and that of anyone else who will be present.
- Explain the purpose and goals of the interview..
- Brief the interpreter on any technical or specialist language you expect to use
- If it is anything other than a straightforward interview (for example, a test or visit), talk the interpreter through the procedure to try to identify anything that might cause a problem.

Establish whether you need the interpreter to provide a consecutive or simultaneous interpretation

Trained spoken language interpreters may work **consecutively** (interpreting after a few sentences or minutes of talk when the speaker pauses) or **simultaneously** (the interpreting overlapping the speaker's talking with just a few seconds of time lag), or switch between both consecutive and simultaneous during an interview. Be clear whether:

- the interpreter may move into simultaneous mode (for example; if someone experiencing a manic episode is talking non-stop);
- it might be disturbing for the interviewee to hear the two voices at once; or
- there may be advantages to simultaneous interpreting, such as quicker access to what is being said.

Some interpreters may be against using the simultaneous mode in a therapy setting. However, it is a matter of adapting to the situation e.g. in the case of trauma-focused CBT, you may need to let the patient talk without interrupting their flow of thought in order to facilitate access to a vivid account of the traumatic event – and the simultaneous mode may be more suitable.

BSL-English interpreters are likely to work simultaneously. This will mean almost constant eye contact between interpreter and interviewee, as the interviewee must watch for meaning, and rarely between the interviewee and you.

Agree with the interpreter what to do if language or cultural problems arise during the interview. For example, decide what they should do in the following cases.

- They do not understand words or concepts used by you or the interviewee.
- There is no equivalent of an expression which one person uses in the other's language.
- You say or ask something that would be insensitive or unacceptable in the interviewee's culture.
- The interpreter feels the interviewee does not fully understand the situation.
- The interpreter feels that cultural issues are impeding communication.

Let the interpreter know you do not mind them interrupting during the interview if it enables them to do their job. For example, if:

- they cannot hear well, or see clearly if sign language is being used;
- they need a speaker to repeat something they missed;
- a speaker is speaking too quickly or quietly or speaking for too long without pausing to allow interpretation.

It might be appropriate to discuss different strategies to be used in the interview for interrupting you and interrupting the interviewee. But you must discuss whether an interruption by the interpreter could cause a problem at any point.

Discuss whether it is acceptable for the interpreter to take notes during the interview

Trained interpreters working consecutively will often take notes as a short-term memory-aid. This may not be well accepted by all interviewees, especially someone suffering from paranoia. Discuss whether:

- they should take notes;
- the notes should be destroyed in front of all participants, to show that confidentiality is being observed;
- destroying notes could have a negative impact.

Discuss practical issues. Be clear about the following:

- What to do if the interview room is too noisy or has too many things going on; this includes anything that might hinder sign language translation.
- Seating arrangements and lighting, especially if sign language is involved.
- Whether a personal alarm may need to be used, and how to use it.
- How the initial stages of the interview and introductions will be handled
- How the interpreter should be introduced (for example, by first name only; referred to simply as "the interpreter").
- How long the interview is expected to last and when the interpreter will need a break – and how he or she should indicate this.
- Emphasise that it is a normal part of the process for the client to engage with the interpreter first, for example in terms of eye contact. However, you can ask the interpreter to gradually reduce eye contact as the therapeutic relationship with you develops and you take over.
- The interpreter should always follow your lead (as a therapist) even if the patient

becomes really distressed/angry, and to refrain from 'managing' the situation herself/himself.

Brief the interpreter about the interviewee

- Does the interpreter have the relevant background to the interview and the interviewee?
- Is there anything unusual about the interviewee's speech or language, perhaps as a result of their illness or medication that you need to warn the interpreter about?
- Is there any possibility that the interviewee may become distressed, aggressive or unwilling to cooperate? If so, make sure the interpreter knows what to do.

Ask the interpreter about the interviewee, for example:

- how to pronounce the interviewee's name;
- if any cultural factors could have an impact on the interview, such as eye contact, or the attitude of certain ethnic groups towards mental illness.

But remember that interpreters are not cultural experts, so you should consider the information they give you as their personal views depending on their experience. For example, they may speak Urdu but have lived in the UK for many years or been brought up in the UK. Or the interpreter may be from France, but the interviewee is from Belgium or an African country.

Establish how the interpreter will check the interviewee's language, dialect or signs

If the interpreter needs to speak to the interviewee before the interview, explain that it is preferable for you to be present.

Interpreters may need to establish the style of language the interviewee uses, or familiarise themselves with certain aspects of communication. For example, deaf people may use initials to refer to proper nouns such as family names or use unfamiliar sign names for particular people and it can be useful to find out this information before the interview formally begins to avoid frequent interruptions during the interview.

Establish what to do if the interpreter runs into problems during the interview, for example if:

- the interpreter finds he or she cannot fully understand the interviewee's language or cultural issues;
- You may wish to agree on a pause signal in advance as some sessions/consultations are fast-moving and therefore difficult to interrupt
- the interviewee treats the interpreter as other than an interpreter, for example as an ally, a therapist or an enemy;

During the briefing, the practitioner should also remind the interpreter to interpret just as they receive the message, even if the original speech is confused or contains odd words and phrases that may be a symptom of a mental health difficulty. Accurate diagnosis is based on the identification of symptoms by mental health practitioners, and an interpreter's faulty rendition may delay diagnosis or even lead to misdiagnosis.

Remind the interpreter how to use "I" and "you" in the interview

The standard practice is that if you or the interviewee say "I think that..." the interpreter should

translate this as “I think that...” not as “He thinks that...” or “She thinks that...” or “The doctor thinks that...” However, discuss if the particular circumstances of a case require any flexibility. For example, if an interviewee will find this convention confusing (due to psychosis) or if there are a number of people attending the meeting (for example, an advocate and carer, as well as the interviewee).

Give the interpreter an opportunity to read and ask questions about written material

This includes written information the interpreter will have to translate during the interview.

Documents may be pertinent to the interview, but it may not have been appropriate to send them to the interpreter in advance. If so, allow the interpreter some time with the documents before the meeting starts.

Remind the interpreter how to use gaze strategically

Remind the interpreter to use gaze strategically so that the patient is encouraged to look at the practitioner. The practitioner may facilitate this by holding the gaze and making an effort to address the patient directly even when the interpreter is speaking. This shows clearly who is in control of the session.

Holding the gaze is the best way to convey that the line of communication is open between the practitioner and the interviewee, by showing interest and empathy using nodding, and active listening. It also builds up rapport by breaking the idea of “otherness”.

This may appear challenging at first but it normalises after a while.

c) At the start of the interview

Make sure everyone feels comfortable

- Introduce everyone and explain the role of each person present.
- Stress that the interpreter is impartial and will treat everything said as confidential.
- Arrange seating so that it suits you and the interviewee, while making sure the interpreter can hear and be heard, or see and be seen.
- Ensure all mobiles are out of sight and on silent.

For example:

Hello, this is NAME/THE INTERPRETER who will be interpreting between English and [LANGUAGE]... for you and me. I am a representative of [ORGANISATION]. The interpreter is not an employee of [ORGANISATION]. We have asked her/him to act as the interpreter for our meeting. You do not have to pay for her/his services. She/he will interpret as accurately and completely as she/he can everything that you and I say. She/he is an independent interpreter. She/he will remain impartial, so she/he won't side with you and can't advise you. She/he will also treat everything that everybody says as totally confidential. Please say if you don't understand the role of the interpreter. During the interview, I will speak directly to you and you should speak directly to me. Please ask if you don't understand what someone says. Is this ok with you?"

Speaking through the interpreter, check that the interviewee can understand the interpreter

If they cannot, you will need to know what to do, for example, postpone the meeting until an appropriate interpreter can be found.

If they can, but with difficulty – for example, their dialects do not match – everyone may still be willing to carry on, making the necessary adjustments. If this happens, you must be very patient and encouraging if the interpreter or interviewee need to ask for clarification or for questions and answers to be repeated or formulated differently.

Establish the ground rules

Speak through the interpreter to the interviewee to make sure everyone understands how interpreting works.

Reassure the interviewee that the interpreter is impartial and will simply interpret everything said, without adding or omitting anything.

Explain that “everything” means not just what you and the interviewee say, but everything the interpreter hears. This could be a remark by someone else that is present, or an overheard telephone conversation, or someone putting his or her head round the door to pass on some information.

Explain that “everything” also means any asides the interviewee makes. So the interviewee should not say anything they do not want the interpreter to translate.

Make sure the interviewee understands that the interpreter cannot provide advice or explain things

Explain that if they don't understand something they should ask you, through the interpreter, to explain it.

Explain how the interpreter will use “I” and “you” in the interview

For example, if the interviewee says “I think that...” the interpreter will translate this as “I think that...”, not as “He thinks that...” or “She thinks that...”

Explain that the interpreter might ask the interviewee to speak more slowly, loudly or to pause

Explain that this is to enable the interpreter to translate effectively. Ask the interviewee if this is all right. If you have agreed that the interpreter can take notes, explain this to the interviewee.

Sit directly opposite the interviewee

Your eye contact should always be with the client, not interpreter.

d) During the interview

What if the interviewee refuses to have this interpreter, or any interpreter, present?

If the interviewee does not want an interpreter at all, you may still want to use one to ensure that you are providing the service required.

You could also suggest that you require an interpreter so that you can fully understand what the interviewee has to say.

Try to find out why the interviewee does not want the interpreter: is it due to a cultural, ethnic, gender, age, religious or other mismatch between the interpreter and interviewee?

What if the dynamics of the interview become confused?

If the confusion is because of the way people are working through the interpreter – or the way the interpreter is working – stop the interview and re-state the ground rules.

Dos and don'ts

Do remember that it is your interview: you are responsible for it, not the interpreter

But a trained interpreter may interrupt to let you know if the correct procedures for working with an interpreter are not being followed. For example, if you are using long sentences that need to be shorter for the interpreter to memorise and translate.

Do be respectful

This applies to the relationship you have with the interviewee and the interpreter. Be careful to treat the interpreter as a fellow professional: don't ask them to do anything other than interpret, for example to get something from another room.

Do say "I" and "you"

For example, say: "What's your name?" not "Ask her what her name is."

Do maintain eye contact with the interviewee, if culturally appropriate

Do remember that certain expressions may not translate easily or may have no meaning outside a western or European context

Phrases difficult to translate include:

- idiomatic expressions such as "every cloud has a silver lining", feeling "blue";
- expressions that relate to the sound of a language such as "if wishes were fishes";
- phrases that are part of your culture, such as "dinner time", "Little Jack Horner" or "grey power";
- acronyms and titles of organisations or institutions specific to Scotland;
- some abstract ideas, which may not work in other languages - for example, concepts such as "bullying" or "creative thinking" or "old age" may not exist or may mean something different in the target language.

Do speak slowly, clearly and naturally and use everyday English:

- Avoid jargon, abbreviations, ambiguous and obscure words and phrases;
- Explain specialist terms and procedures that may not exist in the interviewee's

- culture; for example short term detention order;
- Avoid very local expressions, for example “tattie” for “potato”;
- Make clear who or what pronouns (such as “he”, “she”, “it” and “they”) refer to.

Do adjust your language to take account of any learning difficulties or communication needs that the interviewee has

Do listen and speak sensitively across cultures

Certain topics are still considered completely taboo within other cultures, for example “divorce”, “suicide” or discussion of “the existence of god”.

Do listen carefully to the interpreter and interviewee

Do summarise the discussion periodically throughout the interview to ensure that you and the interviewee share the same understanding of what is being said

Do use short sentences and express information in meaningful chunks

This is important in consecutive interpreting, especially if the interpreter is unable to take notes.

Do pause frequently to allow the interpreter to catch up when he or she is interpreting simultaneously

Do be aware of cross-cultural, non-verbal communication

Remember that different cultures have different rules about eye contact. In western culture, avoiding eye contact can imply shiftiness or lack of honesty, whereas in other cultures avoiding eye contact indicates respect. Be aware that in some cultures, gesticulation is associated with emphasis or approval.

Do heed visual information such as body language, facial expression and gestures

But be careful not to misinterpret these. Allow for the time lapse due to the translation process. And remember that visual signals may have a different meaning in the other culture. For example, head-nodding may mean “no” or that the interviewee is only indicating “I’m paying attention and listening”, rather than “I agree”.

Do respond appropriately if the interpreter intervenes, for example, to ask you to repeat something

But make sure the interpreter translates what is happening, to keep the interviewee informed.

Do ask the interviewee, not the interpreter, to explain a cultural reference that you do not understand. Interpreters should NEVER speak on behalf of the interviewee

Do be aware of the pressure on the interpreter; be patient and understanding in what can be very demanding situations

Do allow the interpreter breaks if appropriate

If the pace of the interview is fast and the interview is complex and demanding, the interpreter may need a few minutes break after just 20 minutes, especially in simultaneous interpreting.

If the pace is slower, straightforward, and there are pauses to allow the interviewer to take notes, allow the interpreter around 10-15 minutes break every 45-50 minutes.

Note: interpreters working in sign language need regular breaks under health and safety procedures aimed at preventing repetitive strain injury.

Don't EVER leave the interpreter alone and unaccompanied with the interviewee

Don't make asides: remember the interpreter has to translate everything

Don't interrupt (unless interpreter and client appear to be having an aside conversation)

Allow everyone to finish what he or she is saying. And, in consecutive interpreting, don't put pressure on the interpreter to start interpreting before the interviewee has finished speaking.

Don't, if there are several interviewers, allow everyone to speak at the same time

Don't ask the interpreter for advice about anything other than language issues

At the end of the interview:

Do allow the interpreter time to sight-translate any written material, especially anything the interviewee has to sign

Do formally end the interview

Don't just stop, leaving the interviewee wondering what is going on. This also applies if you have to change interpreters because the one assigned is not suitable.

Do ask the interviewee if he or she has understood everything or has any questions

Do ask the interviewee how he or she would like any feedback sent

If information is to be fed back to the interviewee later, it could be appropriate to check whether they would prefer information in writing, recorded on a CD, or DVD in video (for example, a signed version).

Do make sure the interpreter properly disposes of papers and notes

If the interpreter has been given any papers to help them prepare for the interview, make sure he or she leaves these with the organisation that provided them.

If the interpreter has taken notes during the interview, ask him or her either to destroy them in front of the interviewee or, at very least, hand them over to you in front of the interviewee.

e) After the interview

A short discussion with the interpreter after the interview can be very valuable, especially if there was not a very good language match between the interpreter and interviewee, if the interviewee had specific communication needs or was presenting particular problems.

Allow the interpreter to express their feelings

Because they must remain impartial, interpreters may have been unable, during the interview, to express any feelings, even by facial expression. And fear of breaching confidentiality may prevent them from expressing their feelings after the job.

So, it is important to give them the opportunity to express any reactions to or feelings about the interview: it may be his or her only chance to do so and may help protect their mental health.

Content disclosed during an interview may impact on the interpreter. They may feel shocked, for example, as a result of not being prepared, or have too much empathy with the service user's experience. Interpreters do not have any support mechanisms beyond what the practitioner might offer; and it has been suggested that interpreters might benefit from clinical supervision. In addition, remember that practitioners are trained to deal with difficult content, not interpreters, so it may be helpful to check they are supported to understand self-care.

Debrief the interpreter

Allow the interpreter the opportunity to indicate any point he or she may not have been happy with in his or her own interpreting, but which did not seem worth stopping the interview for. This could be a minor error, an omission, something that just does not translate into the other language, or a point that the interpreter did not fully understand.

The interpreter may have noticed other features typical of the interviewee's culture – such as facial expressions and body language – that are not easy to replicate in English. He or she may also have noticed what seemed an unusual use of language or cultural reference.

But remember that the interpreter's code of ethics does not allow interpreters to express their own opinion or comment on the interviewee beyond their professional capacity. They can only comment on their own interpreting work and to pass on information about language use and paralinguistic features – that is, features characteristic of how an individual speaks such as pauses, intonation, pitch, and tone.

Debriefing is an opportunity to assess whether the therapist's approach is fully understood by the interpreter and to clarify any misunderstandings;

It may be used to assess whether further training would benefit the interpreter.

It is also an opportunity to address any concerns that the therapist may have, for example in connection with a lack of cultural sensitivity – which may have resulted in a deepening of alliance between interpreter and client.

Learn lessons and improve quality

Ask the interpreter to comment on:

- anything that would have helped them work more successfully, such as advance information about the interviewee or particular therapeutic strategies;
- any problems or dilemmas that arose during the interview;
- ways that you could work more effectively through an interpreter.

Some organisations use a standard feedback form to collect basic information from interpreters. This can be very effective and ensures that feedback is collected regularly. However, it is also important to give the interpreter time to discuss with you any problems and dilemmas specific to the meeting.

Practitioners should remind interpreters that they cannot initiate contact if they meet the patient outside of the professional setting. However, they may respond if patients initiate this contact.

Is follow-up work needed?

If a report or other feedback is to be shared with the interviewee in writing or in another format, you may wish to ask the interpreter's advice about getting it translated. Alternatively, this might be referred to their agency or another agency. But if the interpreter is also a trained translator, it could be appropriate for them to do the work because they are already familiar with the context.

Next steps

Arrange the same interpreter for future consultations with the same patient, because trust is developed as a result of continuity. In addition, patients may feel reluctant to open up and disclose private information in front of several strangers.

Part 2

Interviewer's checklists

We have produced this checklist to summarise the guidance in Part 1 of this section. It follows the same steps, from preparing to book an interpreter to debriefing the interpreter after the interview. At the end of this, you will find a list of questions to help you quickly identify some of the reasons why working with an interpreter may not have been successful.

When you are getting ready to book an interpreter

Are you clear about... (pg. 7-9)

- The roles of interpreters, translators and communication support workers?
- Which service or services you need?
- What to do if someone other than an interpreter insists on interpreting?
- Where to find an interpreter?
- The interpreter's qualifications?
- The interpreter's skills and experience?
- The language or communication support you need?
- How to avoid clashes (cultural, religious, political, gender, age and so on)?

Have you identified... (pg. 9)

- Any possibility that the interpreter and interviewee might know each other?
- Any issues likely to arise in the interview that could be a problem for an interpreter?
- Any other reason the interpreter may not be suitable for this interview?
- Whether the interviewee has had previous interviews through an interpreter?

Have you allowed enough time... (pg. 9-10)

- For the interpreter to prepare?
- To brief the interpreter?
- For the interview?

Have you told the agency (or interpreter, or both)... (pg. 10)

- How much time you will need?
- The practical arrangements (including security clearance needed in some settings)?
- That you need to brief the interpreter somewhere other than the interviewee's home?

When you brief the interpreter

Have you... (pg. 10-13)

- Established the interpreter's skills for this type of interview?
- Established the rules the interpreter must follow?
- Warned the interpreter of any explicit language or content that they might find

- offensive or disturbing?
- Asked about any relationships or cultural issues that the interpreter must disclose?
- Briefed the interpreter about the interview (roles, goals and procedures)?
- Established whether you need consecutive or simultaneous interpreting?
- Agreed what the interpreter should do about any language or cultural problems that arise in the interview?
- Explained when it is all right for the interpreter to interrupt you?
- Agreed whether it is all right for the interpreter to take notes during the interview?
- Discussed practical issues (noise, seating arrangements, personal alarm, length of the interview, breaks)?
- Briefed the interpreter about the interviewee's:
 - background?
 - speech or language characteristics (if relevant)?
 - likely behaviour (if relevant)?
- Asked the interpreter about:
 - how to pronounce the interviewee's name?
 - any cultural pitfalls you should know about?
- Agreed how the interpreter will check the interviewee's language, dialect or signs?
- Established what to do if the interpreter has problems with the interviewee's language or attitude during the interview?
- Reminded the interpreter how to use "I" and "you" in the interview?
- Given the interpreter an opportunity to read and ask questions about written material?

When the interview begins

Remember to... (pg. 16-17)

- Make sure everyone feels comfortable:
 - make introductions and explain roles
 - reassure the interviewee about impartiality and confidentiality
 - arrange the seating to suit everyone's tasks
- Check that the interviewee can understand the interpreter
- Establish the ground rules
- Speak, through the interpreter, to the interviewee to make sure everyone understands how interpreting works

Explain to the interviewee... (pg. 13-14)

- That the interpreter will interpret everything that is said, without adding or omitting anything
- That the interpreter cannot provide advice or explain things
- How the interpreter will use "I" and "you"
- That the interpreter might ask the interviewee to speak more slowly, loudly or to pause – and ask if this is OK
- (If the interpreter is going to take notes) why they are doing it, and what will happen to the notes

During the interview

Do you know what to do if... (pg. 14-15)

- The interviewee refuses to have this interpreter, or any interpreter, present?
- The dynamics of the interview become confused?

Do's and don'ts – remember... (pg. 15-17)

- It is your interview: you are responsible for it, not the interpreter
- Be respectful (of the interviewee and the interpreter)
- Say “I” and “you”
- Maintain eye contact with the interviewee, if culturally appropriate
- Some phrases and expressions may not translate easily or at all
- Be mindful that the concept of mental health is culture-bound and western-centric approaches may need to be adjusted
- Speak slowly, clearly and naturally and in everyday English
- (If necessary) adjust your language to take account of learning difficulties or communication needs
- Listen and speak sensitively across cultures
- Listen carefully to the interpreter and interviewee
- Stop every now and again to summarise the discussion
- (In consecutive interpreting) use short sentences and express information in meaningful chunks
- (In simultaneous interpreting) pause frequently to allow the interpreter to catch up when they are interpreting simultaneously
- Be aware of cross-cultural, non-verbal communication, such as eye contact
- Heed visual information (body language, facial expression and gestures)
- Respond appropriately if the interpreter intervenes
- Ask the interviewee, not the interpreter, to explain something you do not understand
- Be aware of the pressure on the interpreter
- Allow the interpreter breaks if appropriate
- **Don't** leave the interpreter alone and unaccompanied with the interviewee
- **Don't** make asides
- **Don't** interrupt
- (If there are several interviewers) **don't** allow everyone to speak at the same time
- **Don't** ask the interpreter for advice about anything other than language issues

At the end of the interview remember to (pg. 17):

- Allow the interpreter time to sight-translate written material
- Formally end the interview
- Ask the interviewee if they've understood everything or have any questions
- Ask the interviewee how they'd like any feedback sent to them
- Make sure the interpreter properly disposes of papers and notes

After the interview (pg. 19-20)

You need to...

- Set aside a short time to talk over the interview with the interpreter
- Allow the interpreter to express their feelings
- Debrief the interpreter
- Learn any lessons
- Make arrangements for any follow-up work

If the interview is not going well

Use these questions as pointers to the cause of poor communication

- Is the interpreter fluent or competent enough in English?
- Is the interpreter familiar with the interviewee's language, dialect or style of language use?
- Is the interviewee's language incoherent due to mental health or does it have other complications?
- Is the interpreter acceptable to the interviewee (cultural, religious, political, gender, age, background and so on)?
- Is there a communication barrier between the interviewee and the interpreter (for example, is the language cold or patronising)?
- Is your relationship with the interpreter appropriate; for example, does the interpreter feel able to interrupt you to indicate problems, ask for clarification or ask you to repeat something?
- Is the interpreter putting forward his or her own views and opinions?
- Does the interpreter understand his or her role and boundaries?
- Does the interpreter understand the purpose of the interview?
- Are you using everyday English?
- Are you communicating in a style adapted to the interviewee's needs?
- Is the interpreter ashamed of or embarrassed by the interviewee or what is being discussed?
- Are you asking too much of the interpreter?
- Are you allowing the interpreter enough time?
- Are several people speaking at the same time?
- Are you talking to the interpreter rather than to the interviewee?
- Have you managed to establish a rapport with the interviewee through the interpreter?
- Does the interpreter need a break or the opportunity to flag up something?

Part 3

Training, qualifications, standards and where to get advice

Training and qualifications (in Scotland)

The following are the types of qualifications or training an interpreter may have.

BSL/English interpreters

- NVQ in Interpreting (BSL/English): Signature
- Certificate / Graduate Diploma in Interpreting Studies & Skills (BSL/English): Heriot-Watt University (until 2012)
- MA in BSL (Interpreting, Translating and Applied Language Studies): Heriot-Watt University

Spoken language: public service interpreting

- Diploma in Public Service Interpreting: Institute of Linguists eg from Edinburgh College
- Certificate in Public Service Interpreting: Heriot-Watt University
- Diploma/MSc in Translating & Conference Interpreting / Translation & Computer-Assisted Translation Tools (with a specialist elective in Public Service Interpreting): Heriot-Watt University

Spoken language: translation/interpreting (general)

- Diploma in Translation: Institute of Linguists
- MA in Applied Languages & Translation: Heriot-Watt University
- MA in Languages, Interpreting & Translation: Heriot-Watt University
- Diploma/MSc in Translation & Computer-Assisted Translation Tools: Heriot-Watt University
- Diploma/MSc in Translating & Conference Interpreting: Heriot-Watt University

National Vocational Qualifications

Training can be designed to map onto the UK *National Occupational Standards in Translating* (at level 5) and the *National Occupational Standards in Interpreting* (levels 4 & 5). A set of interpreting standards for trainee interpreters (level 3) was launched in 2010. There are, to date, no SVQs and no examination centres in Scotland for spoken language interpreting. For interpreters wishing to work in the public sector, the Diploma in Public Service Interpreting is the standard professional interpreting qualification. Preparation for this is currently available through Edinburgh College as well as a registered agency in Scotland.

Standards

National Occupational Standards in Interpreting

<https://www.skillsfca.org/images/pdfs/National%20Occupational%20Standards/Languages%20and%20Intercultural%20Working/2006/Interpreting.pdf>

National Occupational Standards in Translation

<https://www.skillsfca.org/images/pdfs/National%20Occupational%20Standards/Languages>

[%20and%20Intercultural%20Working/2006/Interpreting.pdf](#)

NHS Scotland Competency Framework for Interpreting

<http://www.healthscotland.com/documents/5227.aspx>

Codes of Conduct

National Register of Public Service Interpreting

<http://www.nrpsi.co.uk/pdf/CodeofConduct07.pdf>

Institute of Translation & Interpreting

<http://www.iti.org.uk/attachments/article/154/Code%20of%20Conduct%20-%20individual.pdf>

National Registers of Communication Professionals working with Deaf and Deafblind People

<http://www.nrcpd.org.uk/page.php?content=30>

Organisations in Scotland that can provide advice

Centre for Translation & Interpreting in Scotland (CTISS) is a source of information on all aspects of translation and interpreting

CTISS

Henry Prais Building

Heriot-Watt University

Riccarton, Edinburgh EH14 4AS

Tel: 0131 451 4201

Email: I.A.Perez@hw.ac.uk / C.W.L.Wilson@hw.ac.uk

Website: www.sml.hw.ac.uk/ctiss/

Institute of Translating & Interpreting (ITI) has a directory of translators and interpreters, including those located in Scotland

Fortuna House

South Fifth Street

Milton Keynes MK9 2EU

Tel: 01908 325250

Email: info@iti.org.uk

Website: www.iti.org.uk

Scottish Association of Sign Language Interpreters (SASLI): the professional body that holds a Scottish register of BSL/English interpreters

SASLI

Suite 196, Central Chambers 93 Hope Street

Glasgow G2 6LD

Tel: 0141 248 8159

Email: mail@sasli.co.uk

Website: www.sasli.org.uk

Scottish Council on Deafness (SCoD): co-ordinates all organisations catering for people with hearing disabilities, their families, carers and professionals who work with them

SCoD Offices

Central Chambers Suite 62

93 Hope Street

Glasgow G2 6LD
Tel: 0141 248 2474 / Text: 0141 248 2477
Email: www.scod.org.uk/contact_us.htm
Website: www.scod.org.uk

Deafblind Scotland: provides advice and services for deaf blind people

Deafblind Scotland
21 Alexandra Avenue
Lenzie, Glasgow G66 5BG
Tel/Text: 0141 777 6111
Email: info@deafblindscotland.org.uk
Website: www.deafblindscotland.org.uk

Independent Translation & Interpreting Service Scotland (ITISS): a not-for-profit service of independent practitioners (BSL/English) Email: info@itiss.co.uk Website: <http://www.itiss.co.uk/>

Council interpreting services:

Some local councils have their own interpreting services, including Aberdeen, Dundee, Glasgow, Edinburgh, Falkirk and Fife; or are considering establishing their own service. Contact your local council.

Other interpreting services:

There are a number of commercial agencies offering their services throughout Scotland, which can be located online.

Providers of remote interpreting services:

The number of organisations and agencies providing **telephone interpreting** is expanding. Some agencies are beginning to offer remote interpreting by **video- conferencing** system. Providers can be located online. One of the earliest was::

Language Line <http://www.languageline.co.uk/>

Glossary of Terms

A glossary explaining terms linked with translation, interpreting & communication support can be found in ***Translating, Interpreting & Communication Support: A Review of Interpreting Services in Scotland***: (p 243-249)
<http://www.scotland.gov.uk/Resource/Doc/90506/0021781.pdf>

Section 2

A guide for interpreters

This is a guide to what you need to do if you are asked to interpret for a mental health practitioner and someone who uses mental health or learning disability services. We have produced it in consultation with professional interpreters who have experience of this kind of work. It has the following sections.

- a) Your ethical duties
- b) When your services are booked
- c) The briefing session
- d) At the start of the interview
- e) During the interview
- f) After the interview

a) Your ethical duties as an interpreter are ...

- **Confidentiality**
From the moment your services are booked you must treat everything as confidential.
- **Impartiality**
You should tell the person who contracts you that you will be impartial throughout your work with him or her.
- **Disclosure**
You must disclose, before or during the interview, any limits to your professional competence or any connection you have with anyone or any subject you are asked to interpret for.
- **Professionalism**
You must aim to interpret accurately and completely and to maintain professional interpreting standards.

b) When your services are booked

Gather facts

Find out as much as you can about the meeting, the setting, the number of participants and the type and purpose of the interview. Interpreters should take a proactive approach.

Assess your suitability for this job

If the organisation that has contacted you has not already checked, make sure that the language (or dialect or other style of communication) that they need is within your area of competence.

You should also make known anything that might cause tension with the person for whom you are going to interpret: for example, gender, age, race or religion.

Leave time for briefing and debriefing

When you receive instructions about the date, time and place for the assignment, make sure the appointment includes enough time before and afterwards for you to be briefed and debriefed by the interviewer.

You should avoid being put into a situation where you meet the interviewee **on your own** before meeting the interviewer.

Make sure you have details of someone you can contact, if you need to find out more information, or in case of an emergency.

c) The briefing session

This is normally with the interviewer and should last around 10 minutes.

You need to find out

- Anything about the assignment that you did not already find out when you were booked.
- If the interviewer or – to his or her knowledge – the interviewee has worked with an interpreter before.
- The purpose of the interview (for example, to reach a diagnosis, provide treatment or gather information), how it will be conducted, where it is to be held, and anyone else who is taking part.
- Any technical language or special use of language, or acronyms likely to be used. For example, relating to symptoms (for example, delusions or hallucinations), diagnosis (for example, OCD or obsessive compulsive disorder, schizophrenia) or treatment and medication (for example, CBT or cognitive behaviour therapy, mood stabilisers).
- About the interviewee, especially:
 - any condition or medication that may affect their speech or behaviour;
 - (if using sign language) any variant of BSL or initialisation;
 - if the interviewee has any other communication needs, such as induction loops.

You need to tell the interviewer about

- Any previous interpreting work you have done for this organisation or a public service organisation or in mental health settings.
- Any particular features of the interviewee's language which may impact on the interpreting: for example, accompanying gestures (significance of head nods); typically longer/shorter than in English; verb positioned "at the end".
- The nature of sign language, for example to explain that communicating meaning involves the whole upper body and facial expressions. It is important to note that

some types of medication may affect how the deaf person signs and may alter their meaning.

- Whether you will be doing simultaneous or consecutive interpretation, and the length of segments that you can comfortably interpret. Even if the interviewer has worked with interpreters before, it is useful to remind him or her to adjust the length of segments according to what is being communicated (for example, the density or complexity of information).
- The interviewee's general cultural background (but bearing in mind that you are not a cultural expert and may only be able to share your own experience):
 - what is regarded as polite or rude;
 - relevant concepts which do not have a “matching” translation;
 - if mental illness is viewed as a stigma;
 - how the concept of mental health is understood.

You need to discuss with the interviewer

- What seating or other arrangements – depending on the number of people taking part – are needed for the interviewer to communicate directly with the interviewee.
- If you can use “I” and “you”, following standard interpreting practice, or whether there is a need for flexibility because of the interviewee's condition (e.g. using “the doctor/nurse says” to avoid confusion about the clinician's and the interpreter's roles).
- (If you are a spoken language interpreter) whether it is appropriate for you to take notes during the interview; for example, the interviewer may advise against taking notes if the interviewee is affected by paranoia.
- If it is appropriate for you to interpret simultaneously or consecutively. If you are a sign language interpreter: although simultaneous interpretation is usual in sign language, in mental health settings it may be appropriate to wait for the interviewee to provide more input (if disjointed, for example) before interpreting consecutively. If you are a spoken language interpreter and have the necessary skills: simultaneous interpreting (*chuchotage*) may be appropriate if the interviewee starts talking non-stop (for example, during a manic episode).
- How the interviewer should introduce you to the interviewee, that is, they must:
 - explain your role;
 - stress your confidentiality and impartiality;
 - explain that you will interpret fully and faithfully absolutely everything that is said in the room.
- The language the interviewer should use during the interview: they should avoid using jargon (for example, complex medical terms, abbreviations, names of medications) unless accompanied by explanations) and should always address the interviewee directly in the first/second person (referring to themselves as “I” and the interviewee as “you”).
- How you should intervene to ask for something to be repeated or explained; or to flag up something you think has been misunderstood, e.g. the use of imagery to describe symptoms - ensure that you are clear about what each refers to.

- If a signal needs to be agreed to request a time out to allow you, the interpreter, to explain any particular difficulties you are encountering. This would give you the opportunity for discussion to agree an appropriate strategy with the interviewer.

d) At the start of the interview

The box below suggests an appropriate form of words to begin the interview, if you have to address the interviewee directly (for example to establish language style).

“Hello, my name* is ... and I’ll be interpreting between English and ... for you and Mr/Ms/Dr ... , who is a representative of ...

I’m not an employee of [ORGANISATION’S NAME]. They have asked me to act as interpreter. You do not have to pay for my services.

I will interpret as accurately and completely as I can everything that you or Mr/Ms/Dr ... say.

I’m an independent interpreter. I will remain impartial, so I won’t side with you or Mr/Ms/Dr ...

I will also treat everything that everybody says as totally confidential.

Please say if you don’t understand the role of the interpreter.

During the interview, please ask if you don’t understand what someone is saying. Is this ok with you?”

** You may prefer to avoid using your name (referring to yourself as “the interpreter”), or only to give your first name, or to use a “working name” (like a stage name) which is not your real name.*

To establish everyone’s role clearly, it is better if the interviewer introduces you, as the interpreter.

In the briefings and introductions, everyone should have been reminded that during the interview you must interpret **everything** that is said in the interview, including any asides that anyone makes.

But if someone (e.g. interviewee) still insists on disclosing relevant information only as an aside you will:

- encourage the interviewee to disclose the information to the participant(s); or
- ask the other participant(s) to remind the interviewee not to tell you anything he or she does not wish to have interpreted.

Mobiles must be out of sight and on silent.

e) During the interview

You must

- Reflect the interviewee's exact tone, affect, degree of coherence, hesitations, odd speech patterns or role-shifts, as these are significant elements of information for the interviewer. Describe language if you are not able to keep up.
- Show empathy without losing composure
- Make sure you are never left alone with the interviewee.
- Interrupt the interview to flag up any misunderstanding, to explain something or to enable something to be explained.
- Make sure the interviewer does not – on purpose or by accident – pass on to you any part of their professional role or treat you as a practitioner.
- Interpreters must not soften the emotional impact of clients' accounts; nor address patients beyond their professional capacity as that might have therapeutic consequences.
- Alert the interviewer immediately if the interviewee indicates risk to others or to himself / herself.
- Bear in mind that silences are strategically used in mental health settings so do not interrupt them.

f) After the interview

You should allow at least 10 minutes for a debriefing with the interviewer. This session is crucial but often neglected. It helps to ensure the success of interviews carried out through interpreters.

It will give you an opportunity to

- Further explain interruptions you made during the interview to flag up any strange expressions or anything you thought was being misunderstood.
- Give your opinion, if asked, about any cultural references made by the interviewee. For example, the interviewer may have misinterpreted unusual imagery used by the interviewee, but you are able to explain it in terms of the interviewee's cultural background.
- Share your feelings about anything you may have found harrowing, but which you may not be able to discuss with anyone else because you are bound by confidentiality.
- Discuss whether you will be needed for any future consultation or visit that involves the same participants. Continuity is often crucial in mental health settings where gathering background information is important and trust can be established over time.
- Tell the interviewer about any professional translation service you provide and, if

appropriate, whether this would be suited to any follow-up translation work the interviewer needs.

- Provide feedback to the organisation which has required your services, or any other relevant body, that would improve this kind of interview in future;

In fact, feedback anything that would make your job more effective, such as more time to prepare, more information about the planned therapeutic strategies or procedures, and ways of signalling information during the interview.

This may include the interviewer's working style, such as their talking speed or their failure to address the interviewee directly.

Remember, guidelines cannot cover every eventuality. It is important for the interpreter and the interviewer to work as a team to ensure the opportunity for successful communication.

There is a wide variety of types of meetings possible in mental health settings; therefore, interpreters and interviewers should discuss any particular challenges in a specific case, and negotiate and agree best working practice.





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