Providing Psycho-social Care Across Linguistic and Cultural Barriers by Effective Partnering with Medical Interpreters

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Objectives

❖ Learn perspectives that support successful partnering with a medical interpreter, (via deeper insights into the interpreter’s role).

❖ Understand and be able to explain role of US palliative care social worker through a cultural lens

❖ Be able to explain common psychosocial palliative care terms in simple English
Disclaimer #1

❖ Interpretation = Spoken to spoken
❖ Translation = Written to written

❖ Sight translation = written to spoken
Disclaimer #2

❖ **Professional interpreter** = a trained, credentialed professional with a code of ethics and standards of practice
❖ **Ad hoc interpreter** = a person who speaks at least some English and some of the patient’s language, but without interpreter training, without proven skills in interpretation
We assume you know the fundamentals:

- **Address each other directly.**
  This improves the therapeutic relationship by allowing the interpreter, to convey your meaning and affect.

- **Use complete short sentences and pause in-between for interpretation.**
  Frequent pauses for interpretation help build therapeutic relationships, and help preserve accuracy.

- **The interpreter should say “I” when the speaker says “I”.**
  This gives the sense of direct communication.

- **Everything said will be interpreted.**
  If you do not want something interpreted, please do not say it out loud.
Expectations of the Social Worker

❖ We are expected to know our “clients’ cultures”.
❖ We are expected to know how to “arrange for a qualified interpreter or translator” at our institution.

NASW Code Of Ethics
1. Social Workers' Ethical Responsibilities to Clients:
   1.03 Informed Consent (b)
   1.05 Cultural Awareness and Social Diversity
Concerns

❖ Do you ever dread the consult requiring an interpreter?

❖ Do you ever feel intimidated by the challenges of engaging in nuanced psychosocial work across language and cultural barriers?
Social Worker’s Concerns When Working with Interpreters

❖ Trust: accuracy with nuanced language feels uncertain
   *What is that interpreter saying and does it sound the same in the patient’s language?*

❖ Uncertainty about connecting and expressing empathy through another person and across cultures
   *Can I trust them to convey what I mean?*

❖ Feeling inadequate: unknown areas of cultural difference call into question your existing skills, your intuition
   *Am I understanding this patient accurately?*

❖ Risk of making a mistake/misreading a patient
   *I don’t want to “lose” this patient/family.*

❖ Time constraints- challenges booking an interpreter and for amount of time needed.
   *I don’t want to feel rushed.*
Palliative care social workers are concerned with the nuances of communication including

- body language,
- tone of voice,
- facial expression and
- word choice

as are interpreters.
Accurate interpretation which enables good therapeutic relationships is based on:

❖ Meaning based on words (propositions)
❖ Meaning based on context
❖ Meaning based on affect
❖ Why the person is saying it (Purpose)
❖ Level of Language sophistication (register)
❖ Unspoken cues, often culturally specific
Message Analysis–Isham

“Tom has a brown four door”
“Tom has a brown four door”

1) there is a car
2) the car is brown
3) the car has four doors
4) the car is owned by somebody named Tom
"Tom has a brown four door"

1) there is a car
2) the car is brown
3) the car has four doors
4) the car is owned by somebody named Tom

Is the word "car" in the original sentence?
Accurate interpretation which enables good therapeutic relationships is based on:

❖ Meaning based on words
❖ Meaning based on context (How are you?)
❖ Meaning based on affect
❖ Purpose, Why the person is saying it?
❖ Level of Language sophistication (register)
❖ Unspoken cues, often culturally specific may help decide, “can I trust this person?”
To “partner with*” an interpreter

* NOT “use” an interpreter
Exercises
Dancing together = negotiating
Roles of a medical interpreter may include:

- **Advocacy**
- **Mediation**
- **Providing cultural information**
- **Providing additional information**
- **Navigation**
- **Clarification**
- **Message Conversion**
Tip#1: Pre-encounter Briefing

❖ Inform (interpreter does not read charts)
❖ summary of patient’s situation
❖ any specifics about patient which may affect their behavior or speech
❖ remind interpreter you are interested in the nuances of word choice, body language, tone of voice and any other verbal or non-verbal expressions of patient
❖ your concerns – spell them out in simple English and not clinical terms
❖ your goals (simple)
Tip#1: Pre-encounter Briefing

❖ ask:
❖ does interpreter know patient or family
❖ can interpreter share pertinent cultural information
❖ how will interpreter clarify/engage in cultural brokering if needed
Examples of Cultural Mediation
Tip #2: Debrief with the interpreter

❖ Invite the interpreter to share any pertinent cultural information
❖ Do either of you have any questions?
❖ Do either of you have any concerns?
❖ Was this encounter emotionally difficult for the interpreter?
Tip #3 Documentation

❖ The interpreter name, if in person.
❖ The interpreter’s ID number, if by phone/video.
❖ If an interpreter was offered but refused by the patient, document.
❖ Document the language used to communicate if you speak the patient’s language.
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