

Guide for Interpreter Services in Forensic Settings

Interpreter	Provider
<p><u>Planning for the session:</u></p> <ol style="list-style-type: none"> 1. Upon receipt of request, ask for logistical details for assignment: <ol style="list-style-type: none"> a. Time <ol style="list-style-type: none"> i. Time when the session will take place ii. Approximate length of the session b. Date c. Address d. Name and phone number of contact person and provider e. Type and topic of the session <ol style="list-style-type: none"> i. In-person or remote ii. Session topic <ul style="list-style-type: none"> • For all requests from a Forensic setting: Conduct a self-assessment for bias, triggers, and past trauma. iii. Mode of interpreting being requested iv. Register: Level of formality of speech v. Review relevant technical terminology [setting specific] f. Names of parties needing interpreting g. Verify if there are any safety concerns to be aware of 2. Become familiar with: 	<p><u>Planning for the session:</u></p> <ol style="list-style-type: none"> 1. Upon acknowledgement of a client/patient with LEP, Service Providers need to: <ol style="list-style-type: none"> a. Determine whether linguistic assistance is needed or desired. In doing so, it is recommended to use plain language wording such as: <ul style="list-style-type: none"> • In what language do you prefer to speak (or communicate) with us? • In what language and format would you like to receive written information? b. You may want to use tools such as I Speak Cards to help you identify the language needed c. When working with trauma, individuals might prefer using English, their non-dominant language, or a mix of both to communicate. d. If a client/patient does not want an interpreter because they feel comfortable communicating in English, explain that the interviewer/clinician also needs the interpreter to communicate effectively. <ol style="list-style-type: none"> i. Confirm that you will be using an interpreter to communicate. 2. Become familiar with the entity's protocols to request interpreters. 3. Considerations when seeking an interpreter:

- a. The setting in which the session will take place and protocols and procedures for the session
- b. Standard Universal Precautions (i.e., Personal Protective Equipment (PPE))
3. Plan for self-care
4. Request a Pre-Session with the provider

- a. Language combination needed
- b. Gender/age range preference: If the client/patient prefers interpreter to be of a certain gender/age range
- c. Interpreter credentials, training, experience
 - i. Interpreters should have a minimum of 40 hours of training
4. When requesting services, provide the following information:
 - Time
 - i. Time when the session will take place
 - ii. Approximate length of the session
 - Date
 - Address
 - Name and phone number of contact person and provider
 - Type and topic of the session
 - i. In-person or remote
 - ii. Session topic
 - iii. Mode of interpreting being requested
 - iv. Provide relevant technical terminology to be used [setting specific]
 - Names of parties needing interpreting
 - Inform interpreter of any safety concerns to be aware of
 - Contact name and number for entity and department requesting services
 - Contract number (for telephonic interpreting services)
5. Request Pre-Session with Interpreter
6. Become familiar with interpreters' ethics and role boundaries.

Pre-session:

1. Introduce yourself to the provider, and share or confirm:
 - a. Your working languages
 - b. Your credentials, training and experience
 - c. Client/patient's personal preference on interpreter's gender/age
2. Establish the following information with the Service Provider:
 - a. Gender pronouns of preference of the client/patient with Limited English Proficiency;
 - b. Physical positioning of the interpreter in the room during the session, taking into consideration the trauma experienced by the client/patient and the type of session.
 - c. Communication management guidelines:
 - i. Speak directly to and maintain eye contact with client/patient
 - ii. Use first-person when addressing the client/patient with LEP.
 - iii. Speak slowly and clearly, pausing after every two or three sentences
 - iv. Use plain language - minimize the use of jargon and acronyms.
 - v. Ask one question at a time.
 - vi. Allow the interpreter to finish interpreting before speaking again.
 - d. Relevant terminology specific to the session setting

Pre-session:

1. Introduce yourself to the interpreter and confirm interpreter's information matches request:
 - Language match
 - Client/patient's interpreter gender/age preference
 - Interpreter's credentials, training, experience
 - For telephonic interpreting, ask the interpreter for her/his identification number
2. Ask interpreter for:
 - Any potential conflicts of interest or impartialities
 - i. Level of discomfort with the topic, whether the interpreter knows the client/patient with LEP or members of their family, or belongs to the same community
 - ii. Confirm interpreter will abide by Ethical Guiding Principles, otherwise request a different interpreter
3. Inform the interpreter in advance of the topic and nature of the session including:
 - Gender pronouns of preference of the client/patient with Limited English Proficiency;
 - Physical positioning of the interpreter in the room during the session, taking into consideration the trauma experienced by the patient and the type of session.
 - Who the interpreter will be interpreting for
 - Relevant terminology the interpreter needs to be familiar with, specific to the session setting
 - i. Provide the interpreter with a copy of any relevant handouts or materials to assist in

- i. Request a copy of any relevant handouts or materials to assist you in preparing for the session
- ii. Technical terminology if an assessment will be administered [mental health, lethality assessment, etc.]
- e. Any documents that will need to be sight-translated
- f. Breaks if the session takes longer than an hour (consecutive), or for self-care needs (secondary/vicarious trauma).

- preparing for the session (including any screening or assessment tools that will be used.)
- Any documents that will need to be sight-translated.
4. interpreters need to be provided with at least a 10-minute break every hour if the session will last longer than an hour for consecutive interpreting.
- ** Interpreting is a taxing cognitive task and when interpreters do not receive appropriate breaks, mental exhaustion can lead to slower interpreting and a higher risk of errors during interpreting.**

During the Session:

1. Professional Introduction (bilingually addressing the client/patient first in their language and then the service provider)
 - a. Introduce yourself as the interpreter and confirm the languages you will be interpreting into
 - b. State confidentiality will be maintained
 - c. Establish a pause signal [that does not entail physical contact]
 - d. Ask both parties to speak slowly and clearly, pausing after every two or three sentences
 - e. Speak in first person (use I statements)
 - f. Ask one question at a time
 - g. Request both parties to allow you to finish interpreting before speaking again
2. Physical positioning of the Interpreter:
 - a. Use the agreed upon location set by the provider and the interpreter during the pre-session based on client's request or where you can best support direct communication between the provider and the client/patient with LEP
 - i. **This location may shift during the session, depending on the session type.*
 - b. Where you are not disrupting eye contact between the client/patient with LEP and the provider.
3. Use a modulated tone of voice that reflects the intent of the speaker

During the Session:

1. The interpreter must have time to conduct their professional introduction in both languages (addressing the client/patient first in their language and then the provider). The introduction process provides communication management guidelines for both parties (as established during the pre-session) including:
 - a. The interpreter's introduction and languages the interpreter will be interpreting into
 - b. The interpreter's duty of confidentiality
 - c. Speaking directly to each other
 - d. Speaking in first person (I statements).
 - e. Speaking slowly and clearly, pausing after every two or three sentences
 - f. Using plain language - minimize the use of jargon and acronyms.
 - g. Asking one question at a time.
 - h. Allowing the interpreter to finish interpreting before speaking again.
2. Check with the client/patient for their understanding from time to time if using very technical language.
3. Monitor interpreter's performance, behavior, and reactions
 - a. If it is suspected that the interpreter is editing, adding, subtracting, or summarizing, remind the interpreter to repeat everything that is said.
 - b. If it is suspected that, the interpreter responds on behalf of one of the parties, remind the interpreter that they must only interpret.
4. Don't ask the interpreter to:
 - a. Explain, summarize in their own words, or not

- Do not use a monotone voice
- If you are interpreting a session that takes longer than an hour (consecutive), remind the provider of the need for a break or for self-care needs (secondary/vicarious trauma)
- Follow and abide by ethical principles for interpreters as a guide to your role as interpreter, especially when ethical dilemmas arise.
- Interpreter should not:
 - Explain procedures, forms, or services.
 - Console, set at ease, or reassure clients/patients with LEP to help them cope with difficult statements, testimony, or proceedings.
 - Provide cultural explanations or information.

- interpret something that was said.
- b. Console, set at ease, or reassure client/patient with LEP to help them cope with difficult statements, testimony, or proceedings.
- c. Provide cultural explanations or information to assist in better understanding the client/patient
- 5. For completion of forms or reviewing of documents, ask the interpreter to provide sight translation of written materials.
 - a. The interpreter should only be translating the written material verbally.
 - b. The interpreter should not be filling out the forms for either party or answering any questions about the forms.
- 6. Cues that the interpreting is not going well are:
 - a. Interpretation is too short or too long.
 - b. Interpreter keeps asking for information to be repeated or clarified.
 - c. Interpreter is having side conversations with clients/patients.
 - d. Client/patient corrects or seems to disagree with the interpreter.
 - e. Client/patient starts speaking in broken English

If you are having trouble communicating through the interpreter attempt to clarify what issues may be present. If after doing so, you are still having trouble communicating through the interpreter, stop the session and request a different interpreter if possible.

After the Session:

1. Debrief
 - a. Debrief with the provider at the end, including discussion of any concerns or questions that may have come up during the session
2. Self-Care
 - a. Immediate Self-Care
 - i. Specific actions to take right after the session
 - b. Long-Term Wellness
 - i. Practice activities that reinforce overall general stamina and endurance to continue doing this work. Ensure daily, weekly, and monthly habits that help support emotional, physical, relational, and spiritual health in times of stress (SAMHSA).

After the Session:

1. Debrief
 - a. Debrief with the interpreter at the end, including discussion of any concerns or questions that may have come up during the session
 - b. If the process with a specific client/patient with LEP will require several sessions, consider prioritizing working with the same interpreter(s).
 - c. Always remind the interpreter of their ethical principles and of the importance of maintaining professional boundaries.
2. Self-Care
 - a. Support and encourage self-care and vicarious trauma prevention for interpreters.