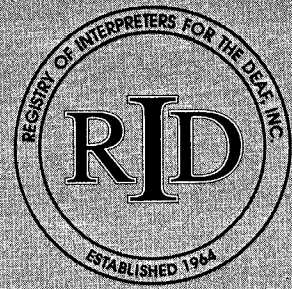


# VIEWS



A Monthly Publication of the Registry of Interpreters for the Deaf

Vol. 15, Issue 4, April 1998

## Interpreting in Therapy: Getting Out of the Way

By Kathleen Duffy, MFCC, CSC and Dan Veltri, CSC, California

**M**ental health interpreting happens in a wide range of settings. Psychiatric emergencies, residential treatment, individual family and group therapy are all settings that present their own unique challenges when interpreters are utilized.

In treatment settings, where a professional is attempting to understand a client's experience, details of the client-therapist communication become critical in assessment, diagnosis and treatment. Even when the therapist and client share fluency in a common language, the success of therapy depends on many variables, including but not limited to the therapist's clinical skills and the willingness of the client to engage in the therapeutic process. Including an interpreter in the process introduces a new variable which must be addressed. When a hearing person and a Deaf person meet in therapy, the interpreter plays a vital yet transparent role. In order to minimize the intrusion and to achieve the goals of therapy, it is imperative that interpreters working in this setting possess years of experience, familiarity with mental health settings, and excellent interpreting skills.

This brief article will focus on how interpreters should handle misunderstandings that arise when interpreting in individual therapy with a hearing therapist and a Deaf client. The same principle applies when working with Deaf therapists and hearing clients. However, Deaf therapists are sig-



nificantly more aware of the interpreting process. They are more likely to understand and anticipate misunderstandings that may arise.

One of the goals of therapy is to provide a corrective emotional experience for the client. Often, the client's emotional and psychological issues will re-enact themselves in therapy. The therapist will try to deal with these issues in a way that is helpful to the client. Usually, this corrective experience involves the

relationship between the client and the therapist. Even though the presence of an interpreter alters the dynamic of interpersonal relationship, it is still a profoundly intimate dyadic relationship.

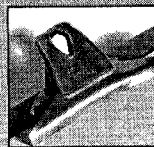
Misunderstandings occur in all intimate relationships, even when people share the same language, culture, gender, and world-view. In therapy, misunderstandings between the therapist and client offer an opportunity for in-depth exploration. In therapy, an interpreter may witness cross-cultural conflicts or predict potential cross-cultural conflicts and feel pulled to intervene. However, no one can determine how the cross-cultural issues will play out. The therapist must be responsible for dealing with these issues.

One reason an interpreter may feel pulled to clarify a misunderstanding is the possibility that the interpretation was incorrect, and the interpreter may feel responsible for the conflict. Even if this is true, progress in therapy may still

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result. Interpreters must be willing to have interpreting errors become part of the process. Interpreters in this setting must also face the unsettling truth that despite the best interpretation, people will still misunderstand each other.

People come to therapy to address a wide range of issues. Often when dealing with presenting issues such as problems in interpersonal relationships, work, grief, or loss, underlying family of origin issues will arise. Ninety per cent of Deaf people have hearing parents. The hearing status of the therapist may evoke powerful transference and presents an opportunity for these issues to be explored. Interpreters must not circumvent the transference by "protecting" the client and therapist from each other, and must be willing to witness the consequences of misunderstanding in relationship. Anger, frustration, clarification, intimacy, withdrawal, acceptance, and eventual understanding of deeper meaning all potentially lead to greater awareness resulting in more satisfactory relationships.

The interpreter's respect for this relationship is manifested by trust in the process and a deep understanding of the intimate nature of the work. Without this trust, the process can be compromised. It is critical for the interpreter to remember that the pri-

*Interpreters in this setting must also face the unsettling truth that despite the best interpretation, people will still misunderstand each other.*

mary relationship is between the therapist and the client. It is imperative that an interpreter working in mental health settings be non-judgmental, comfortable with ambiguity, and tolerant of a wide range of emotion, especially anger and sadness.

Harvey (1997) addresses at length the evolving relationship between interpreter and therapist. The use of the term "evolving" is apt, as it reflects the dynamic nature of this relationship. The relationship is molded by the experiences that are shared by the therapist and the interpreter as they work with the client. A collaborative working relationship based on trust develops between the

two professionals. This working relationship allows for mutual understanding and the ability to discuss salient issues that arise during therapy sessions.

The therapist cannot begin to take responsibility for addressing conflict if the therapist remains unaware that conflict or misunderstandings exist. The therapist must take responsibility for learning about the interpreting process and the role of interpreters in the lives of Deaf people. When misunderstandings arise, cross-cultural mediation by the interpreter may camouflage the conflict, which is not only important for the therapist to be aware of but offers the very means to work through the issues. When the therapist and interpreter have achieved a level of trust, the interpreter feels free to allow the consequences of misunderstandings to emerge and become the material the therapist will use to understand the client's experience. The interpreter gets out of the way so that the therapist and client can truly see each other.

#### References

Harvey, M. (1997). The evolving relationship between interpreter and family therapist. In McIntire, M. and Wilcox, S. (Eds.), *Journal of Interpretation*. Silver Spring, MD: Registry of Interpreters for the Deaf, Inc. ■

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transference

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# A Case For Consultation in the Mental Health Setting

By Bill Adams, MA, CSC, British Columbia, Canada

**A** situation has come up on one of your interpreting assignments. You're not sure if you handled it the right way. And you're not too thrilled at the prospect of facing this situation again next week. If you are working in private practice alone, you may wonder where you can get the needed support, feedback, and advice to do your job well. One thing is certain, if you don't seek help, you risk sacrificing the quality of the interpreting with possible damaging results. But, what about consultation as a tool for providing quality service? For some interpreters, the idea of sitting down with another professional to consult about a case is nice in theory, but scarce in practice. Trust issues and concerns about confidentiality sometimes arise. Let's consider some models of how other professional fields use consultation and how these models may be applied to our work.

## Consultation in psychotherapy

The professional codes of ethics for social workers and psychologists require that they seek consultation when faced with an issue that goes beyond their area of training and expertise. A therapist who rarely or never seeks consultation would be viewed as unethical. To meet their need for professional consultation, therapists may have a variety of arrangements. Some belong to a group of peers who meet regularly to discuss cases. Other therapists have an ongoing arrangement with a fellow professional with whom they consult. And others make use of cross-disciplinary consultation as needed. Therapists who work for an agency may have consultation from a supervising therapist or other coworker(s). Consultation may be a one way

process (the therapist seeks support, feedback, and advice from another professional without being expected to return it) or more reciprocal. In some cases, therapists will pay other professionals for consultation, but usually, amongst peers, the consultation is provided free of charge. The view is that everyone needs consultation, so requests are welcomed and expected. Since therapists are also bound by the code of ethics to protect client confidentiality, what guidelines do they use in discussing cases? A lot depends on the kind of consultation they are seeking.

## Supervising consultant model

For therapists who work in an agency, they may have a supervisor who is an experienced therapist. Especially with newer therapists, arrangements may be made to meet with their supervisor on a weekly or biweekly basis to discuss specific cases. Usually, even such information as the client's name and details of his/her issues will be shared. The supervisor may regularly review the therapist's progress notes. Since they are working in the same agency, the cloak of confidentiality extends to the supervisor and there is no need to request permission from the client to release this information to the supervisor. So, basically, the therapist discusses the case openly with the supervisor to provide ethical quality service.

## Mentorship consultation model

Newer therapists may seek consultation from a more experienced therapist. The arrangements to meet for consultation may range from a more formal structure of regular appointments to a more informal agreement to consult on an "as needed" basis.

While the one seeking consultation will share pertinent information about the client's situation, s/he will not reveal the client's name or any other information that would identify the client. The information that is shared is also kept confidential by the consultant. Even veteran therapists may seek a mentorship type of consultation relationship when beginning work in a new specialty (e.g. An experienced therapist who wants to start using advanced psychodrama techniques). This sharing of experience and skill helps the therapist who is lacking in one area to ethically serve his/her client.

## Peer consultation model

Often therapists will arrange to meet in a group or individually with other therapists who are doing similar work to consult. The therapists may have regular set times (e.g. monthly, biweekly) or may arrange consultation as needed. While each therapist is seen as having professional strengths and weaknesses, the premise is that they are equal peers in a reciprocal arrangement to consult with each other. Sometimes, only one therapist's need for consultation is met in the session, but over time, there is a sense of mutual support, feedback, and advice. As with the mentorship consultation model, the one seeking consultation will share pertinent information about the client's situation, but s/he will not reveal the client's name or any other information that would identify the client. The information that is shared is also kept confidential by the peer consultant(s).

## Cross-disciplinary consultation model

Therapists may have need occa-

sionally to consult with professionals in other fields. A therapist whose client is going through a divorce with complicated child custody implications may consult with a lawyer. When working with a client from an unfamiliar culture, the therapist might seek out information from someone who is familiar with relevant cross-cultural issues. The recognition that professionals working in different fields need to network is an accepted practice and results in more ethical service to their clients.

### Application for mental health interpreters

As professionals, mental health interpreters can consult in similar ways to psychologists and psychiatric social workers. When an otherwise qualified interpreter faces an unfamiliar situation beyond his/her experience level, s/he should consult using one of the models mentioned above. It is well known that the interpreting profession has struggled with the issue of consultation. However, not to consult compromises ethical provision of service.

Newer mental health interpreters working within an agency under a supervising interpreter are expected to discuss client information on a regular basis, even sharing identifying information. When they have gained experience in this specialty, they may only need peer supervision and consequently, identifying information would be unnecessary. In the mentorship type of consultation arrangement, lesser experienced interpreters would develop either formal or informal relationships with seasoned mental health interpreters who would provide support, feedback, and advice. Pertinent information would be shared without identifying the client. Skilled mental health interpreters would arrange for peer consultation either on an individual basis or in groups. We would also consult with therapists and other professionals who have knowledge relevant to our work.

So, is there a case for consultation for mental health interpreters? Absolutely. Our work is challenging. No interpreter can be experienced with all situations. To provide the highest quality ethical service, we must consult! ■

## They Just Don't Understand !

By Tara D. Handy, Associate Member, QA III, Virginia

**W**hen I saw the topic for this issue of the *VIEWS*, I hesitated to contribute. After arriving home from another day of work, I felt compelled to share one of my experiences as a full-time staff interpreter at a mental health facility with a deaf unit. After working there for several months, I realized that these hardworking and caring people do not understand the role of the interpreter as it relates to the RID Code of Ethics.

The Deaf staff and patients are well aware of my role but the on-ward and off-ward hearing staff still have not yet comprehended the idea after explaining my role several times to various staff in various settings. I'm starting to feel like a broken record. Unfortunately, for many years, the hospital has used several different contract interpreters or on-ward staff who can sign for their communication needs.

As the first full-time staff interpreter, I am faced with questions related to confidentiality. Instead of seeing me in the role of interpreter first, they see me as another staff member. The latter category makes me an equal member of the "team" with whom to discuss confidential matters as they do. Having discussed this issue with several interpreter-related organizations, confidentiality is just that.

Using on-ward signing staff who would accompany the deaf patient off the ward to his/her appointment and then return to give immediate feedback was quite convenient. This was necessary because follow-through procedures (paperwork) did not always happen the same day. As I



pointed out to the on-ward staff, it was not part of my job to come back and divulge the happenings of an appointment, unless it's a life or death situation, i.e. suicide, one planning to go AWOL from the hospital, etc.

The lack of same-day documentation could jeopardize the health and treatment of a patient. Here is an example that I used with various staff on how they would receive their necessary feedback:

"Mike," the patient, has an off-campus doctor's appointment. Upon arrival, the interpreter is there. During the check-up, the doctor orders an inoculation. The shot is administered, the next appointment is made and "Mike" and the interpreter bid each other farewell. Mike returns to the ward. For whatever reason he does not inform the staff of the appointment goings-on. Later that evening, he develops an adverse reaction to the shot. The nursing staff can't figure out why he is ill. The chart is checked and there is no documentation from the appointment. The paperwork arrives the next day.

This scenario was a brain teaser for some while others understood what I've been telling them all along—the person requesting the service of the interpreters is responsible for the documentation, not the interpreter.

This is just one example of the on-going, everyday "learning experiences" for the staff and new challenges that await me. I welcome your responses and suggestions on this subject and others related to mental health interpreting. With our continued efforts one day they will understand! ■