

MA Department of Public Health



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Guidelines for Foreign Language Interpretation Services in BSAS settings

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EXECUTIVE SUMMARY

GUIDELINES FOR INTERPRETATION SERVICES IN BSAS SETTINGS

In 2000, the White House issued Executive Order 13166 entitled “*Improving Access to Persons with Limited English Proficiency.*” The order required federal agencies to ensure that their funded programs, inclusive of medical, home, and social services, serve individuals with Limited English Proficiency (LEP). All Bureau of Substance Abuse Services (BSAS)-funded programs, due to their enabling legislation requirements, are subject to this order.

BSAS providers have been working with the Office of Health Equity in providing language interpretation services to their clients. However, in evaluating this service, the Office of Health Equity has found that both interpreters and clinicians confront challenges with working in BSAS settings. To address these challenges, BSAS and the Commissioner’s Office convened a working group, with the charge to develop a uniform set of guidelines/recommendations for interpreting in substance abuse practice settings. The committee was composed of program managers, BSAS and Office of Health Equity staff, and representation from the Commissioner’s Office.

The guidelines provide:

- An overview of and background information on interpretation
- General policy considerations for BSAS programs using interpreters
- Basic information about obtaining interpreter services authorization through BSAS
- Information on how to work with an interpreter effectively
- Guidance on confidentiality in BSAS settings
- Examples of real-life situations written by the members of the working group

It is recommended that the guidelines be used when providing orientation to staff unfamiliar with the overall goal of the service and the clinical setting in which it is provided. The document presents partial information about the interpreter’s profession, and it reflects a general overview of interpreter services. This document is designed for use within the context of a public health setting, as is the case with BSAS-funded providers.

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BACKGROUND

Interpreter Services

The Census Bureau released data from the 2013 American Community Survey (ACS), including spoken languages for those five years of age and older. The data showed the number of people who speak a language other than English at home reached an all-time high of 61.8 million, up 2.2 million since 2010. It has grown by nearly 15 million (32 percent) since 2000 and by almost 30 million since 1990 (94 percent). One in five U.S. residents now speaks a foreign language at home.

The largest increases from 2010 to 2013 were for speakers of Spanish (up 1.4 million, 4 percent growth), Chinese (up 220,000, 8 percent growth), Arabic (up 188,000, 22 percent growth), and Urdu, the national language of Pakistan (up 50,000, 13 percent growth). Of those who speak a foreign language at home, 25.1 million (41 percent) told the Census Bureau that they speak English less than very well.

States with the largest share of foreign-language speakers in 2013 include: California, 45 percent; New Mexico, 36 percent; Texas 35 percent; New Jersey, 30 percent; Nevada, 30 percent; New York, 30 percent; Florida, 27 percent; Arizona, 27 percent; Hawaii, 25 percent; Illinois, 23 percent; Massachusetts, 22 percent; Connecticut, 22 percent; and Rhode Island, 21 percent.

States with the largest percentage increases in foreign-language speakers from 2010 to 2013 were: North Dakota, up 13 percent; Oklahoma, up 11 percent; Nevada, up 10 percent; New Hampshire, up 8 percent; Idaho, up 8 percent; Georgia, up 7 percent; Washington, up 7 percent; Oregon, up 6 percent; Massachusetts, up 6 percent; Kentucky, up 6 percent; Maryland, up 5 percent; and North Carolina, up 5 percent.

An important strategy providers utilize to meet the needs of their LEP clients is to hire bilingual staff. Staff members who share cultural backgrounds, as well as native language with clients may enhance cross-cultural communication. Self-identifying as bilingual is not sufficient for ensuring good communication. Bilingual staff's skills in both English and other languages need to be assessed for proficiency. Furthermore, bilingual staff's skills that are regularly called upon for interpretation need to be well-grounded in the practice and ethics of interpreting.

The Bureau of Substance Abuse Services and the Bureau of Health Equity have worked together to ensure that clients have timely access to all substance abuse services. As a state agency, the Massachusetts Department of Public Health (MDPH) is required to contract with interpreters listed on the approved statewide vendor list. Some of the contractors have statewide capacity and some are regionally based; but all must adhere to state procurement standards. Although some interpreters are independent contractors, most work through interpreting agencies. In

addition to the contractual requirements, the Office of Health Equity requires that interpreters assigned to BSAS providers be trained and proficient in the art of interpretation.

The Role of the Interpreter

Interpreters are called upon in a variety of situations and settings. Over time it has become apparent that providers have developed assumptions about the role the interpreter plays. Understanding the interpreter's role is important for obtaining the desired outcome during an encounter and to serve the client effectively. The California Healthcare Interpreters Association identifies the following four interpreter roles: message converter, message clarifier, cultural clarifier, and patient advocate.¹ The interpreter must integrate all four roles when performing her/his job.

Message converter...interpreters listen...observe body language, and convert the meaning of all messages from one language to another without unnecessary additions, deletions or changes in meaning...

Message clarifier...interpreters are alert for possible words or concepts that might lead to a misunderstanding...when there is evidence that any of the parties, including the interpreter, may be confused by a word or phrase, interpreters may need to interrupt the communication process...alert the parties that the interpreter is seeing signs of confusion...request or assist the speaker...to restate or describe the unfamiliar word...

Cultural clarifier...interpreters go beyond word clarification to include a range of actions that typically relate to an interpreter's ultimate purpose of facilitating communication between parties not sharing a common culture...

Communication advocate...an individual patient's health and well-being is at the heart of the patient advocate role...patient advocacy can be as simple as suggesting that the patient needs an interpreter scheduled for follow-up appointments or giving the patient information needed to lodge a complaint...

It is important to keep in mind that the appropriate role for the interpreter is the least invasive role that assures effective communication between the provider and the client.²

1 <http://www.mass.gov/eohhs/docs/dph/health-equity/chapter-6-ensure-language-access.pdf>

2 Cross Cultural Health Care Program, Diversity Rx, accessed on 10/04/05 at <http://www.diversityrx.org/>

BSAS BEST PRACTICES

Staff members within BSAS-funded programs have varying levels of experience in using this service. The following guidelines are provided to help provider agencies that contract with BSAS to identify policies, procedures, and activities to ensure access to LEP. They provide recommendations for the development of policies and procedures, and instructions on how to effectively coordinate services with interpreters.

Do's:

- Develop policies and procedures, regardless of funding stream, that ensure LEP clients access to substance abuse services
- Create procedures for tracking interpreter services
- Include LEP clients in your quality assurance efforts
- Help identify how the presence of an interpreter affects communication, understanding that interpreter-assisted sessions often mean more productive sessions
- Have interpreters sign a confidentiality agreement, that identifies HIPAA and 42 C.F.R. Part 2 requirements
- During an intake interview, discuss the core treatment elements with the client and talk about ways to communicate when an interpreter is not available
- In a residential program:
 - Clarify the use of interpreters for core program elements (assessments, treatment planning, clinical sessions, care coordination, etc.)
 - Encourage the clinician to have a brief pre-session with the interpreter to inform the interpreter about the session's goals and objectives, and discuss specifics of substance abuse treatment and confidentiality
- When employing bilingual counselors, ensure their competency interpreting in both English and the foreign language
- Avoid using bilingual staff who have not received formal training as interpreters

Don'ts:

- Do not ask the client to bring his or her own interpreter
- Do not ask another client to interpret
- Do not use children as interpreters
- Avoid using family members of clients as interpreters

EXPECTATION OF INTERPRETERS IN BSAS SETTINGS

Confidentiality:

Federal substance abuse treatment regulations (42 C.F.R. Part 2) require that providers of substance abuse services maintain confidentiality of consumers and families. The interpreter must treat all information learned during the interpretation as confidential. The interpreter is required to:

- Advise counselors and clients that the confidentiality of client/provider interaction will be respected
- Not disclose to the referring agency without the client's express approval any information that the interpreter has gained from previous interactions with the client
- Never discuss or repeat any information disclosed during the interpretation session

Professional Boundaries:

The interpreter will abide by the following ethical considerations and may not:

- Spend time alone with clients
- Solicit business from providers
- Secure information from clients without providers present
- Provide personal information to clients
- Make service arrangements outside of the agreement described by BSAS Interpreter Service Authorization
- Offer advice to clients from personal experience

BSAS Requires Interpreters to:

- Submit appropriate and **complete** documentation; timesheets must be signed by the provider
- Arrive on time
- Respect client's privacy; keep client information confidential
- Not give personal opinion regarding treatment
- Not advise the client

APPENDIX

Table 1

Number and Share Speaking Language Other than English at Home 1980-2013					
	1980	1990	2000	2010	2013
Speaking a Language Other than English at Home	23,060,040	31,844,979	46,951,595	56,542,596	61,748,740
Share Speaking Foreign Language	11.00%	13.80%	17.90%	20.60%	20.80%
Immigrant	9,729,337	15,430,434	25,497,023	33,621,360	34,527,909
Native-Born	13,330,703	16,414,545	21,454,572	25,921,236	27,220,831
Speaks English Less than "Very Well" *	10,181,036	13,982,502	21,320,407	25,223,045	25,124,132

Source: Data for 2000, 2010, and 2013 are from [American Fact Finder](#) for the American Community Survey and the 2000 Census.

Figures for 1990 are from [1990 Census tables](#).

Figures for 1980 are from the [1980 Census](#).

*Based on respondents' self-assessment

Table 2

Interpretation service allocation units		
Service Descriptions		
Type of Service	Recommended limits for interpretation sessions/day	Total number of days allowed
Inpatient services Including: Acute detox, transitional support services, clinical stabilization services, residential homes, Section 35 program, 2nd offender inpatient	2	15
Counseling sessions Including: Intake assessment or individual counseling sessions for outpatient, 1st offender driver alcohol education, methadone treatment, juvenile CJ diversion, 2nd offender aftercare, family therapy, in home therapy, gambling treatment	1	15
Group therapy including: 1st offender driver alcohol education, methadone treatment, 2nd offender aftercare, gambling treatment, acupuncture	1	16
Day treatment	2	15
Methadone treatment program	1	15
Case management for outpatient services, criminal justice diversion, day treatment, recovery support, 2nd offender aftercare, family intervention, Section 35 aftercare, jail diversion	4	15
Recovery coaching	2	15
Case consultation	1	15
Telephone recovery	1	15

EXAMPLES OF REAL-LIFE EXPECTATIONS

Below, interpreters/clinicians will find a series of situations, with proposed solutions, that reference some of the challenges occasionally faced by clinicians and interpreters. Also, you will find a list of resources, including beneficial documents.

Examples

BSAS clinicians repeatedly identified two challenges in providing services to clients from diverse cultural and linguistic backgrounds. The identified challenges are cross-cultural miscommunication in substance abuse treatment, and understanding the multiple and varied cultural customs and attitudes regarding alcohol.

PRE-SESSION

Situation: A Korean-speaking client was admitted to an outpatient DAE program. To provide linguistic access, a Korean-speaking interpreter was assigned to interpret for the full 16-week program. However, the interpreter had no prior experience with BSAS programs. The DAE counselor had no previous experience with Korean-speaking clients.

Strategies:

- Being unfamiliar with program materials and key concepts, the interpreter requested program literature to familiarize herself with the specific language and issues of substance abuse
- Prior to the initial intake, the counselor spoke with the interpreter to become familiar with how alcohol consumption is viewed in Korean culture
- The interpreter educated the counselor on the different drinking customs, types of alcoholic beverages, and alcoholic content of commonly used drinks in Korea
- During the pre-session, the counselor and the interpreter agreed to a post-session time, to confer about the client's understanding of treatment

ASSUMPTIONS AND ATTITUDES

Situation:Based on the assumption that speaking the same language is both necessary and sufficient in providing effective cross cultural services, two clients (one identified culturally as Cape Verdean,the other as Brazilian) were grouped together in an outpatient DAE program. In both Cape Verde and Brazil, Portuguese is spoken, though with different dialects. The interpreter who contracted for the duration of this group was from Portugal. The three could communicate in Portuguese, but their experiences and backgrounds were very different. These differences were not apparent to the counselor until multiple sessions had taken place.

Strategies:

- Once aware the interpreter could not provide an ideal cultural context, the DAE counselor encouraged a discussion, which included the expectations of the course and consequences of impaired driving in each clients' culture
- The counselor addressed the consequences of impaired driving in Massachusetts and compared these to each client's expectations
- The counselor informed BSAS of his experience with Cape Verdean and Brazilian clients
- Information about the clients country of origin was incorporated into the initial BSAS assessment to help match interpreter and client

PROFESSIONAL BOUNDARIES

Situation:During an initial interview, a client makes offensive and embarrassing comments.

Strategies:

- This is a common interpreter concern and professional, experienced interpreters have three ways of approaching such a situation:
 - translate these remarks word for word,
 - use the third person to create distance,
 - indicate that the client is making an offensive comment
- At this particular session, the interpreter decided to indicate that the client was making an offensive comment
- Knowing that documented responses are important in clinical settings, the counselor asked the interpreter to continue interpreting word-for-word, and he assured the interpreter that this was appropriate for treatment
- The counselor determined prior to the next session, conversation with the interpreter would take place to ensure the interpreter understands the importance of the client's voice
- The interpreter realized the importance of clarifying such situations and determined his future practice will include pre-session time to clarify the concerns of translating sessions that may include vulgar language

COMMUNITY AND CULTURAL TIES

Situation: After an intake session had been completed, the client spoke to his probation officer (through an unofficial interpreter). The client told the probation officer he had been very uncomfortable during the session, because he knew the interpreter. Furthermore, he indicated that there was "bad blood" between them. He expressed frustration at not being able to communicate this discomfort to the clinician. Since the interpreter never informed the clinician of his prior connection with the client, the counselor chose to resolve this situation through BSAS. The counselor called the BSAS Coordinator of Interpreter Services and issued a formal complaint.

Strategies:

- BSAS followed up with the interpretation agency and requested an investigation
- Given the individual has violated the interpretation guidelines, he/she will not be assigned to any future BSAS requests
- The client is advised to accept a BSAS identified interpreter, but can designate his or her own interpreter if desired
- BSAS will not be responsible for self-appointed interpreters

Note: When a client is reluctant or hesitant to cooperate, the counselor should inquire whether the interpreter knows the client or has interpreted in other situations. The ethics of interpretation are clear. When an interpreter knows the client from a community perspective, the interpreter is to explain the circumstances to the clinician and decline interpreting. Although declining at the time of service delivery is inconvenient, it is in the client's best interest and may facilitate engagement in treatment.

GLOSSARY OF TERMS

Interpretation: Interpreting is the process of fully understanding, analyzing, and processing a spoken message and then faithfully rendering it into another spoken language. Interpreters must be able to accurately convey the meaning from one language to another in a culturally appropriate manner, mindful of the setting in which they are rendering their services.

Provider: Agency that provides direct care services for the client

No-Show: A no-show occurs whenever an interpreter presents for scheduled appointment and the client is not available.

Translation: Translators work with the written word, converting text from a source language into a target language. This is far more than replacing one word with another. The translator must also convey the style, tone, and intent of the text, while taking into account differences of culture and dialect. The finished document should read as if it had originally been written in the target language for the target audience.

Vendor: Outside agency that provides language interpreter services for the provider.

FURTHER READINGS

Office of Civil Rights, Laws and regulations requiring language assistance

<http://www.hhs.gov/ocr/lep/appb.html>

Access for people who are limited English proficient

<http://www.lep.gov/>

Massachusetts Medical Interpreters Association (MMIA) Code of Ethics

<http://www.mmia.org/standards/CodeofEthics.asp>

California Standards for Healthcare Interpreters (CHIA)

http://www.calendow.org/reference/publications/pdf/cultural/ca_standards_healthcare_interpreters.pdf

National Code of Ethics for Interpreters in Health Care (NCIHC)

http://ncihc.org/NCIHC_PDF/NationalCodeofEthicsforInterpretersinHealthCare.pdf