

# WORKING WITH INTERPRETERS

## An Experience In Soviet Resettlement

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*The United States has welcomed thousands of Soviet refugees over the past few years. The lack of bilingual professionally trained social workers has necessitated the use of lay interpreters or bilingual paraprofessionals. Issues of professional role, impartiality, confidentiality, and countertransference arise in this context and must be addressed by social service agencies. A model team approach that places interpreters on a team with social workers in the provision of social services is presented.*

In the past 5 years, over 132,000 refugees from the former Soviet Union have entered the United States. Immigration literature has stated, and our experience has confirmed, that this difficult decision to leave one's homeland and start over in a new country presents the refugee family with profound problems, not all of which have been anticipated. Many practitioners with the Soviet population have cited the loss of occupational status, family role reversal, unrealistic expectations, a lack of preparedness to tackle the American job market, and the difficulties of employment and housing in the United States, as major obstacles that must be addressed in helping Soviet refugees adjust to their new home. Additionally, in a population of this size, resettlement workers also see a significant number of immigrants with more severe psychological problems. Resettlement social workers are currently dealing with severely depressed and anxious clients who would present a major challenge to the most highly trained professionals (Egli, 1987).

### MODELS OF USING INTERPRETERS

There is thus a growing need for bilingual professional social workers in resettlement, yet few are available. As a result of a minimally developed social service system in the former Soviet Union, that country has produced no comparable job to that of an American social worker, and in spite of several innovative programs, few refugees

are entering the social work field in the United States through graduate training programs (Baker, 1981). Access to professional services, therefore, rests with the availability of competent interpreters and professionals competent in using interpreters. Agencies engaged in resettlement, as well as public social service agencies, have attempted to meet the need for competent interpreters by using one of three methods: hiring a staff of interpreters, utilizing lay interpreters (friends, relatives, or workers from other parts of the agency), or hiring bilingual paraprofessionals, part of whose job is to interpret for clients.

Most agencies, sparingly allocating their funds to cover multiple needs, do not have the resources to hire staff solely to interpret, staff whose time can be devoted to this task and who can be trained and supervised in all the many facets of interpreting, although this presents the best model. Staff members who are hired to interpret, whose professional gaze is focused upon the demands of this task, are likely to provide the most accurate interpreting.

A variety of public social service agencies, as well as some agencies who see resettlement as part of their work, rely upon lay interpreters. Hospitals in particular tend to utilize relatives to interpret for patients or, in what is considered an improvement over this method, utilize any bilingual hospital worker who is available. The dangers of this reliance on lay interpreters for both client and professional worker have

often been overlooked. Lay interpreters have been noted to condense, omit, and steer the client's answers, fill in, and interject their own questions. Family members in particular have a stake in the interview and tend to enlarge or minimize pathology. In a famous case from a New York City hospital, an Indochinese patient's depression was missed by the hospital staff when his relative attempted to protect him by not interpreting what was considered shameful in his culture. The patient attempted suicide, and the hospital staff members were shocked. The relative's attempt to be helpful and his involvement with the patient worked to the detriment of this patient's welfare. In the Soviet population where diagnoses such as cancer are routinely kept from the patient by family members, one cannot expect accurate interpreting from relatives. The desire of the relative to protect the patient will interfere with the transmission of medical facts and ultimately with the Soviet patient's ability to come to terms with his or her illness. Even outside of medical settings, many aspects of a client's life will not be revealed in front of a family member or friend. The potential for the professional worker to miss severe anxiety or depression is great.

Reliance upon volunteers, or bilingual people working at other jobs, is preferable to the use of relatives, but also has serious drawbacks. Incomplete language competence, lack of interpretation skills, and negative attitudes have been noted in lay interpreters. Mental health workers have noticed the tendency of lay interpreters to try and "normalize" the patient. Inherent in this method are serious problems: the inability of the lay interpreter to understand what the interviewer is attempting to elicit from the client and the lay interpreter's unfamiliarity with the need for respecting client confidentiality, a basis for interviews in social service settings.

Hiring bilingual workers as paraprofessionals, whose job is to interpret as well as

to help the refugee with a variety of concrete tasks, remains the most viable option for most agencies. Although these workers cannot commit all of their professional energies to the learning of interpretation skills, their presence on the staff, with interpretation as part of their role, permits a degree of training and supervision that would not be possible otherwise. Bilingual social service workers can effectively be utilized as interpreters if sufficient attention is paid to the training that they need to perform interpretation tasks.

#### INTERPRETATION IN A SOCIAL SERVICE SETTING

Interpretation makes complex demands on the mind and body of the interpreter, who must pay attention to words, syntax, pronunciation, body language, and contextual linkage. The interpreter, in a split second, must choose the best and clearest translation, considering not only the words but also the cultural implication of words and phrases. "In transactions between persons with differing linguistic and cultural backgrounds, the interpreter has the weighty responsibility of ensuring that all sides understand what is being discussed, and what special meanings are attached to key words, actions, and gestures by the persons involved in the transaction" (Egli, 1987). Interpreters must interpret each statement even if it appears "non-responsive, unrelated, strange, confusing, untrue, intimate, shameful, or incorrect" (*Guideline for Legal Interpreters*, State of New Jersey, 1989). Statements need to be interpreted in the style and mood in which they were conveyed, because social workers will often learn much from a client's tone of voice, gestures, or facial expressions.

As an axiom, the less the interpreter intrudes upon the relationship, the better. Yet, in social service settings, cultural meanings and practices require some elaboration. An interpreter needs to explain to both client and worker and to assist the social worker to determine whether the

client's behaviors and responses are congruent with respect to the culture. For example, in the Medical Department of the New York Association for New Americans (NYANA) it was important for the interpreter to point out that medications tend to be taken only until symptoms disappear, so that this practice could be addressed by the worker. Similarly, actions by a worker, such as pointing or beckoning, which are casual in an American setting, may be considered as rude or threatening to a Soviet client, and it is important for the social worker to be aware of their meaning.

Interpreting in a social service setting, as opposed to other places where interpretation may occur, places additional responsibilities upon the bilingual worker. The professional role of the social worker and the principles of social work must be understood and incorporated into the task at hand. Basic to this task are fidelity, the translation of everything in the way that it was intended; a commitment to confidentiality and client self-determination; and impartiality, a lack of involvement of the interpreter in the interview as he or she is not the person responsible for the outcome.

Social workers also have additional responsibilities when working through interpreters. This experience is new to most social workers, and training has often been unavailable. Even in the best of bilingual working relationships, workers are never totally sure that they are being understood or are understanding the client, and many interpersonal issues can be anticipated.

The question of professional role boundaries is most likely to arise when the client expresses confidences solely to the interpreter. This conflicts with the need of the social worker to assess properly and work through all problems with the client directly. Clients, however, have a tendency to attempt to split, complicating the involvement of the social worker and the interpreter. In psychoanalytic theory, splitting is seen as a defense in which object images with opposing affective colorations

are kept apart in order to alleviate intense ambivalence conflicts (Stolorow & Lachmann, 1980, p. 95). A less extreme tendency is where "persons are viewed in terms of all good or all bad characteristics without seeing both aspects as being present in the same person" (St. Clair, 1986, p. 128). A negative response from a social worker to a client request can cause the client to view that social worker as the "bad" worker and to seek solace from the "good" worker, the interpreter. In such cases, the interpreter needs to be vigilant about remaining uninvolved in the client's agenda. The tendency of an interpreter to give advice, criticism, or guidance occurs particularly when insufficient attention has been paid to the relationship between the social worker and interpreter.

Countertransference is an important issue for interpreters who are most often themselves refugees and may be close enough to the events being described to render impartial interpretation exceedingly difficult. Distancing from their former lives can be a defensive measure taken by interpreters in such situations. Without training there can be a reluctance on the part of bilingual staff to discuss traumatic events. Professional workers need to recognize and be prepared to deal with the impact of traumatic issues on the interpreter.

Countertransference can also be an important issue for workers, who may identify clients with early or late figures and events in their lives and may therefore bring into the relationship a distorted way of relating that is part of their own personalities (Hollis & Woods, 1981). It can also be an issue for the social worker in view of the inability to use his or her most valued tool — language. Mistrust of the interpretation is common in such instances.

Agencies utilizing Russian interpreters have found that their bilingual staff members often face an attempt by a social worker to elicit personal information from a client that they consider to be improper.

Discomfort with the situation often causes interpreters to omit or distort the question to make it more culturally acceptable (Marcos, 1979). By including the interpreter in the goals of the interview, much initial discomfort may be avoided and accurate interpretation assured.

Protection of the worker by the interpreter is also a common occurrence, particularly when the interpreter holds the worker in high regard. Consider this case example.

A resettlement worker in New York was attempting to refer Anna S. to the Vocational Department for Direct Placement Services. Anna was angry at the worker for not having referred her to a training program that she desired and was expressing this in language that the interpreter considered to be disrespectful to the worker. The interpreter modified Anna's responses to the worker, and Anna left without the worker having had the opportunity to work through her anger with her. It was only after Anna did not show up for her vocational appointment that the worker was able to get to the cause of her opposition and to deal with it.

Thorough discussion of cases between professional workers and interpreters may do much to alleviate this problem, although it is likely to occur occasionally even under the best conditions.

Social workers who are untrained in working with interpreters face pitfalls as well. A social worker who feels threatened by the inability to communicate directly with a client may ask the interpreter to perform that role instead. "Let me tell you how to apply for a Social Security card," becomes, "Tell them how to apply for a Social Security card." This role confusion is particularly evident in resettlement agencies when the professional worker may be cognizant that the interpreter possesses the required information. By dislodging his or her responsibility in this manner, however, the social worker has prevented an

engagement with the client and has instead set up a relationship between the client and the interpreter.

The social worker's use of initials, jargon, or obscure words also makes it difficult for the interpreter to carry out the social worker's intent. "I'm going to refer you to JASA" (Jewish Association of Services for the Aged), may require a pause by the interpreter to ask the social worker to explain this agency's services to the client.

Regulating the pace of speech is another aspect of the interview that must be considered by the social worker. The worker who talks for 5 minutes without interruption and has not given the interpreter the time to interpret will have to be content with what the interpreter can remember.

The complex demands placed upon bilingual workers who must perform the duties of interpretation require that the right people are hired for the job and that they are then provided with appropriate training. Competency in both of the required languages is an obvious primary requirement. Although competency in the second language (English) is usually screened for, sometimes not enough attention is paid to knowledge of the native language. A bilingual worker who emigrated while young may have been cut off from significant linguistic terms and concepts in the native language. The ability to understand different dialects from the native country is also important for the servicing of clients from different regions. In addition to language skills, bilingual workers must have good interactional and relationship skills, be capable of objectivity and compassion, be comfortable in discussing emotional topics, be able to understand the professional agenda, and be healthy role models for incoming clients.

Yet, hiring the right people for interpretation tasks is only half the job. Without mutual trust and respect between professional workers and interpreters, social workers will experience continuing uncertainty about the quality of the communica-

tion.

Frequently, refugees must accept employment as interpreters when that position represents a decline in status from their previous occupation. Friction can then be created if the social worker devalues the interpreter's services (Egli, 1987). De-meaning or devaluing the role of the interpreter may lead to dissatisfaction, loss of commitment, and inevitable inaccuracies. Social service agencies therefore have an important role to play in providing the training necessary to ensure that mutual trust and respect will exist.

### **TEAM APPROACH**

Central to this notion is a team approach that places interpreters on a team with social workers in the provision of social services. It is important for workers to help interpreters understand the principles and procedures of the social work agency. This task can be accomplished in a briefing before interviews in which the goals of the interview are laid out, focused areas of assessment are highlighted, and sensitive issues that may be explored are discussed. During the briefing, the interpreter needs to be assured that no offence will be taken by anything the client says and that slang and obscenities are permissible.

In structured postinterview sessions between the worker and interpreter, cultural issues and communication problems should be discussed. The interpreter's impression of a client's use of the language may be important information for the worker, as is the sharing of views concerning the client's handling of the interview. The post-interview session is a good time to clear up any concerns or questions that the interpreter or worker may have, as in this next case example.

Svetlana S., an interpreter, was bothered in an interview when the client was asked about reactions to her husband's death a year ago. The worker explained how the client's current depression and sense of loss seemed

to be fueled by the previous loss and the importance to the client of being able to talk about it. Svetlana was thus able to proceed in the next interview without feeling uncomfortable.

With a team approach, interpreters become familiar with a clinician's style and can adjust to it. Supervision is approached jointly so that issues are discussed together, and each discipline has the opportunity to educate the other. Confidentiality, ethical guidelines, and professional roles are issues that the supervisor may want to raise periodically. Where resources permit, seminars for interpreters and joint social worker/interpreter workshops are invaluable in promoting mutual understanding. In a series of such workshops held at NYANA, social workers and interpreters acted out scripts that were developed by both staffs and were based upon real interview situations. Small workshop groups discussed the dramatized situations and then brought their findings to a large group discussion. These experiences served to enhance the understanding of each discipline about the difficulties of the other's role.

In a year-long seminar given under the auspices of NYANA to interpreters in a resettlement setting, a focus upon sensitizing interpreters to the scope of the social work role produced meaningful results. An outside consultant was hired who met bimonthly with two groups comprising the total interpretation staff (Borko, 1992). Regular meetings were also held between the consultant and the Director of Social Services to discuss issues and concerns raised in these groups. The seminar used techniques of didactic presentations, written materials, role playing, and group discussions to focus upon issues experienced by the interpreters and the social work agenda. Participants learned about family and marital functioning, the aging process, child development, signs of overt mental illness and normative adjustment reactions, the effects of substance abuse upon families, and signs of depression and anxiety.

Several themes emerged from the seminar that were later incorporated into the team supervisory process. Interpreters expressed difficulty in understanding the value of the helping process as defined by social work practice in this country. It was difficult for them to accept that the expression of feelings was a step on a road toward coping with problems. In relating a social worker's query to a client concerning the client's feelings about her mother's death, the interpreter responded, "How do you think she feels?" As the group came more and more to understand the purpose and relevance of the social work questions, they felt they could be more effective interpreters (Borko, 1992).

Another deep-seated feeling that emerged was a frustration and uncertainty about their role vis-a-vis the social workers. Interpreters experienced the request for verbatim translation and repetition as a lack of trust by the social workers in their expertise and judgment. They were similarly uncomfortable with the social workers' requests for some sharing of cultural information about the client population. Both of these issues became focal points for the team supervisor in supervision over the next year.

The attention paid to the team process, the solicitation of input from the interpreters, and their experience of being responded to with respect and support served to create social worker/interpreter teams that functioned as units where accurate interpretation could be assumed.

### CONCLUSION

In recent years, thousands of new Soviet immigrants have come to the United States. The lack of a sufficient number of bilingual professional social workers has necessitated the use of bilingual paraprofessionals as

interpreters. Issues of professional role, impartiality, confidentiality and countertransference arise in this context. To ensure accurate interpretation, social workers and interpreters need to have common goals, a mutual understanding of the methods of service delivery, and a team approach. Increasing respect and trust between social workers and the bilingual workers who will interpret for them is the paramount goal of agencies utilizing this method of service delivery.

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