CLD CORNER—Working with Interpreters: A 2020 Update

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Over the course of the years, *Communicologist* articles written by the Texas Speech-Language-Hearing Association (TSHA) Cultural and Linguistic Diversity (CLD) Committee have touched on the subject of working with interpreters (see below for a list). These articles have provided a foundation of establishing the need for interpreters, some basic principles as to how to work with them, and also some suggestions for what to do in challenging situations. As clinicians we need to consistently make informed decisions about what best practices are when working with our clients, particularly those who come from linguistically diverse backgrounds. We need to continue to advocate for our clients in any way we can. Our hope in writing this update is to provide the reader with some tools and resources to continue to collaborate with interpreters to best meet our clients' needs, particularly in the social and political contexts in which we are currently living.

Why do we need a formal interpreter?

This question continues to come up in conversations with speech-language pathologists (SLPs), community members, administrators, and colleagues. *Do we need a formal interpreter? Can a family member translate for the client? Can we call in an aide or an assistant who is bilingual and have them come translate this for us?* The short answer for these questions is, technically, no.

Specific laws including Title VI of the Civil Rights Act of 1964 and implementing regulation, Section 1557 of the Patient Protection and Affordable Care Act, and Executive Order 13,166 (2000) require providers who receive federal funding (e.g., Medicare/Medicaid) to "take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons." This means that a provider must offer the option of an interpreter free of cost to the client. In the context of schools, the Individuals with Disabilities Education Act (IDEA) Part B (P.L. 108-446) requires that local educational agencies (LEA) make every effort to provide LEP parents with information in their native language. IDEA and Texas Education Agency A rules also require assessment to be provided in the native language unless it is clearly not feasible to do so.

As professionals, we have ethical and legal responsibilities (e.g., Code of Ethics, federal/state legislation and programs) to provide services that are culturally and linguistically appropriate. In other words, our clients/families across different racial/ethnic groups should expect equitable service provision. Relying on other non-trained individuals due to a lack of access or convenience can result in costly medical errors, negatively impact informed consent, as well as delivery of services that are not as effective. Thus, our first attempt should always be to offer the option of a qualified interpreter to best serve their needs.

What does it mean to have a "qualified" interpreter?

There is not an official national organization that oversees the training and certification of interpreters as the American Speech-Language-Hearing Association (ASHA) does for SLPs. However, there are national entities that provide certifications that qualify interpreters for specific contexts of service, such as federal courts (judiciary), medical settings, and school or community settings. Some of these national or statewide entities are the National Council for Interpreting in Health Care (NCIHC) and the Texas Board for Evaluation of Interpreters (BEI). In this sense, relying on interpreter credentialing alone can make identifying a qualified interpreter challenging because each credentialing entity observes a unique set of training and proficiency requirements. Adding another layer of complexity to this dilemma is the breadth of the scope of practice for SLPs. The question then is "How can SLPs identify whether an interpreter is qualified for the specific context and services that will be provided?"

Some general considerations to keep in mind are the interpreter's experience in the desired context of service and their experience with SLP encounters. Important questions to ask include:

- How much experience do they have in the school or medical setting?
- What kinds of SLP-related procedures have they interpreted for (e.g., assessment, therapy, individual education plan [IEP] meeting, swallow studies)?
- Do they have knowledge and experience in working with a variety of cultures from a given language background?

In many ways, identifying a "qualified" interpreter is much like identifying a "qualified" SLP. Experience, additional preparation, and cultural competency can be considered the determining factors for their qualification.

Do I need to consider dialectal or cultural variation in the collaboration process with interpreters?
In addition to interpreters' qualifications and relevant training, it is important to recognize the role of language variation in the interpreting process. Just as there are different varieties of English (each with its own phonological, morphosyntactic, and semantic rules), variation exists in other languages too. These differences from one regional dialect to another can pose a challenge to language and cultural brokering, particularly when an SLP is evaluating speech/language skills.

Jasso & Potratz (2020) review specific clinical case studies in working with interpreters and address this specific issue of language variation. In their example, one interpreter spoke Standard Vietnamese, based on the variety spoken in Hanoi. However, they reported this variety did not match the language variety spoken by the client, which was Southern Vietnamese (the variety spoken in many Vietnamese communities in the U.S.). In this case study, the Vietnamese-English interpreter observed the parent to have "unusual" speech. Yet, through careful documentation and probing, this was determined to be the result of a difference in the parents' speech (i.e., a socially stigmatized /l/ ~ /n/ sound merger) and not, as was first believed, a parental history of speech sound disorder (Jasso & Potratz, 2020). This example illustrates how it cannot be assumed that the client and the interpreter belong to the same linguistic community. We can assume that interpreters are specialized bilinguals with high proficiency in at least one standardized variety of the language they are interpreting, but dialect and cultural differences are important to discuss and address as SLPs collaborate with them.

How do you find interpreters?
Some SLPs report having difficulty finding interpreters in their day-to-day work environments (also anecdotally evidenced by the many posts we see on social media asking for support in this area). Ideally, the quest to find a qualified interpreter should start with administrators. For an SLP likely to encounter diverse clients in a variety of settings, a school or hospital administrator would be the first place to ask whether there is an interpreter service available to you. You want to ask about what the policies and procedures are for scheduling them not only for the appointment they will be interpreting for but also for any briefing or debriefing that may need to occur. Some facilities have pre-established contracts in place that SLPs may not be aware of. Other facilities, particularly private practices, may need to find their own interpreters. Some resources are listed below:

- [S. Department of Justice's resource page for Language Access Planning](#)
- Credentialing Organizations
  - [Certification Commission for Healthcare Interpreters – Interpreter Registry](#)
  - [National Board for Medical Interpreters Registry](#)
- Professional Organizations
  - [American Translators Association](#)
  - [Texas Association of Judiciary Interpreters & Translators](#)
  - [Austin Area Translators and Interpreters Association (AATIA)](#)

- o [Houston Interpreters and Translators Association (HITA)](#)
- o [Texas Association of Healthcare Interpreters and Translators (TAHIT)](#)

It is important not to wait until an interpreter is needed to start planning for providing language access to clients. All facilities should have a proactive plan to procure interpreting services.

What is the best way to work with interpreters?
Once the SLP has identified an interpreter qualified for the specific setting (e.g., school-based) and purpose (e.g., assessment) in question, it is important to consider how collaboration will look and feel before, during, and after the client encounter. Effective interprofessional collaboration requires mutual trust and respect for the other individual as well as adequate preparation and training (e.g., familiarizing the interpreter with SLP-specific jargon like "articulation" and "intelligibility"). A prepared SLP-interpreter dyad will lead to a clear understanding of each person's roles and a more natural interaction that better allows for appropriate gathering and analysis of data from the client in order to guide recommendations.

Maximizing collaboration can be done through a BID (briefing, interaction, debriefing) process (Langdon & Saenz, 2016). The client interaction is only a third of the collaboration!

- *Briefing* can include pre-planning for assessment activities and is a good opportunity for both professionals to discuss expectations (e.g., preserving the communicative autonomy of the messages) and provide resources to the interpreter (e.g., a glossary of terms that will be used, a de-identified report). This is also a time for both parties to ask clarifying questions regarding any cultural considerations observed during the client encounter, which will help avoid misunderstandings.
- During the *interaction,* the SLP should make an effort to minimize the amount of technical jargon, and the interpreter should avoid sidebars with the family.
- The *debriefing* can include examining the speech/language data together to ensure accurate analysis. As cultural brokers with additional linguistic insight familiar with speakers, interpreters can weigh in on the appropriateness of a student's response.

Depending on the interpreter's expertise and training by the SLP (e.g., during the briefing), they might assist in:

- Administrative activities: scheduling or confirming appointments
- Parent interview: collecting case history, including language history questionnaires
- Language samples: eliciting, transcribing (orthographically), and noting "unusual" patterns
- Listener rating: providing an intelligibility/acceptability rating
- Cultural brokering: clarifying or providing insight into parent responses, nonverbal communication
- Consulting/shadowing role: on stand-by to interpret or cultural broker as needed

Resources for working with interpreters:

- [ASHA Practice Portal: Collaborating with Interpreters](#)
- [Now Hear This: 12 "Before" Actions to Take Before Collaborating with an Interpreter](#)
- Handouts
    - o [Informational Sheet for Interpreters](#)
    - o [Cultural and Language Considerations for Working with Interpreters](#)
    - o [Using Interpreters for speech-language evaluations](#)
- Books:
    - o [Working with Interpreters and Translators: A guide for SLPs and AUDs (Langdon & Saenz, 2016)](#)

- o [Multicultural Health Translation, Interpreting & Communication (Ji, Taibi, & Creeze, 2019)](#)

What does the recent shift to telehealth mean for collaboration with interpreters?
Following COVID-19-related responses to service provision, a large number of SLPs have transitioned to telepractice, many for the first time. This has increased awareness of the need for having a language access plan and appropriate interpreting services as clinicians interact more with individuals in the client's home environment. A positive outcome might be that engaging with interpreters virtually may reduce transportation and time-related barriers to accessing interpreters, particularly in more sparsely populated regions. In fact, the National Council on Interpreting in Healthcare recommends the use of videoconferencing to ensure interpreters' health and safety, particularly when PPE is not available for them.

Not much research has directly compared remote and traditional formats for interpreting. Though virtual interpreting requires a minimum level of technology/setup, it may lead to quicker fatigue for the interpreter (Braun, 2015). Potential barriers associated with virtual interactions include having fewer reliable nonverbal cues available (e.g., eye contact, body language) as well as limited access to any materials the clinician may be using in person. However, it also promises advantages in accessibility that might not have been uniformly available before, such as the option to screen-share a report or real-time captioning functionality, which can help reduce fatigue and support increased participation. In planning for the virtual encounter, taking into account these nuances can facilitate effective collaboration between the SLP, the interpreter, and the client.

COVID-19-specific resources for working with interpreters:

- [Video Conference Interpreting](#)
- NCIHC Infographic [Providing Interpreting Services during COVID-19](#)

Concluding Thoughts
We hope we have presented responses that encourage and challenge clinicians to continue learning about how to best work with interpreters across different settings as well as to begin establishing language access plans in clinical practice. Once effective collaborations have been established with interpreters, creative solutions that work according to the interpreter's expertise, ethical, and legal mandates, as well as institutional support, will likely follow.

References

Braun, S. (2015). Remote Interpreting. In H. Mikkelson & R. Jourdenais (Eds.). *Routledge Handbook of Interpreting*. London/New York: Routledge.

Jasso, J., & Potratz, J. (2020). Assessing speech sound disorders in school-age children from diverse language backgrounds: A tutorial with three case studies. Perspectives of the ASHA Special Interest Groups, 5(3), 714–725. [https://doi.org/10.1044/2020_PERSP-19-00151](#)

Langdon, H. W., & Saenz, T. I. (2016). Working with interpreters to support students who are English language learners. *Perspectives of the ASHA Special Interest Groups, 1*(16), 15–27. [https://doi.org/10.1044/persp1.SIG16.15](#)

Prior *Communicologist* Articles on Interpreters

- Bilingual Assessment Considerations in the Schools: When an Interpreter Is Not Available. (2015) [https://www.txsha.org/d/do/2165](#)
- Using Interpreters During Assessment, Part 1 (2012) [https://www.txsha.org/p/do/sd/sid=788&fid=780&req=direct](#)

- Using Interpreters During Assessment, Part 2: Framework for Conducting an Assessment with an Interpreter (2012) https://www.txsha.org/p/do/sd/sid=789&fid=781&req=direct
- If I Know Some Spanish, Can I Provide Services in Spanish, or Do I Need an Interpreter? (2006) https://www.txsha.org/p/do/sd/sid=358&fid=358&req=direct
- Using Interpreters (2005) https://www.txsha.org/p/do/sd/sid=353&fid=353&req=direct
- Interpreters for Low-Incidence Languages (2005) https://www.txsha.org/p/do/sd/sid=352&fid=352&req=direct

*The Cultural and Linguistic Diversity (CLD) Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity. Members for the 2019-2020 year include **Andrea Hughes**, MS, CCC-SLP (co-chair); **Irmgard R. Payne**, MS, CCC-SLP (co-chair); **Mary Bauman-Forkner**, MS, CCC-SLP; **Isabel Garcia-Fullana**, MA, CCC-SLP; **Daniel Ibarra**, MS, CCC-SLP; **Amy Leal Truong**, BS (graduate student member); **Mirza J. Lugo-Neris**, PhD, CCC-SLP; **Maria Resendiz**, PhD, CCC-SLP; **Diana Vega Torres**, BS (graduate student member); and **Adanna Burrell,** MS, CCC-SLP. Please submit your questions to TSHACLD@gmail.com and look for responses from the CLD Committee in the* Communicologist.