

# Guidelines for Selecting and Working with Interpreters and Translators for Effective Communication

Communicating effectively with culturally and linguistically diverse families requires having access to interpreters and translators. Interpreters transfer the meaning of the spoken words from one language into another and translators transfer the meaning of the written words in one language into a different language. . Having resources available to offer the services of these specialists is invaluable to effective early childhood mental health consultation and assure access to services. The personal nature of talking about young children, family relationships, and social, emotional, and behavioral concerns requires great sensitivity, accuracy, and confidentiality. These guidelines can help with choosing interpreters and translators and making the most of their services.

## **Interpreters**

### **Select Interpreters That Are:**

- Proficient in the language (including dialect) of the family or staff and the interventionist so that both parties are assured accurate and understandable interpretation.
- Trained and experienced in cross-cultural communication and the dynamics of serving as an interpreter. This includes the professional and ethical matters of neutrality, accuracy, and confidentiality.
- Trained in the appropriate professional field – child development, family counseling, mental health, early care and education - relevant to early childhood mental health consultation and intervention. Familiarity with the field will enable the interpreter to interpret information accurately, including more technical behavioral, mental health, or intervention terms, without changing the intent or substance of the message.
- Able to understand and appreciate the respective cultures of both parties and to convey the more subtle nuances of each with tact and sensitivity. Some interpreters are comfortable in the role of cultural liaison or broker. In this role, the interpreter can provide guidance to the consultant and early care and education staff related to the “do’s” and “don’ts” of verbal and nonverbal factors in interpersonal, inter-cultural communication.

## **Avoid Potential Pitfalls**

- Avoid using bilingual friends or adult family members who have not training as interpreters, may be unfamiliar with the content or technical meaning of the information to be relayed, and although trusted by the person for whom the interpretation is being made, may not be bound to keep sensitive information confidential.
- Avoid using bilingual children within the family or the early care and education program who may not have full language capacity or be mature enough to understand and relay the message. In some cultures it is inappropriate for a child to be part of conversation relating to adult matters or themes – especially those related to mental health or topics that are considered very sensitive and may be perceived as shameful or “taboo”. It is preferable to have adults interpret verbal exchanges or translate written materials for family members who can also convey respect and support for the parent or caregiver as the empowered decision maker.
- Be sensitive to the cultural issues of social class, educational level, age, or sex of the interpreter. Differences between the interpreter and the individual for whom the interpretation is offered may be a concern and limit the success of the interpretation.

## **Work with Interpreters Effectively By:**

### ***Preparing for the Interview***

- Meet with the interpreter and relay the specific nature and purpose of the family interaction, the corresponding content areas to be addressed and their relative significance, as well as who will be participating in the interview. Avoid giving too much personal background information to the interpreter. Sharing only information relevant to the visit will reduce the possibility of bias or, misinterpretation of the concept or message being conveyed by the interventionist.
- Be sure that the interpreter is familiar with any technical terms, written documents, or other special content or materials that will be part of the mental health consultation interaction and process.
- Be sure that the interpreter is familiar with or willing to research culture specific verbal and non-verbal communication practices in order to make the initial contact with the family and the interview respectful and successful.
- Ask the interpreter to provide guidance about culturally appropriate body language and gestures as a strategy for decreasing the chances of misunderstanding or use of gestures

that may be potentially offensive. Your own preparation, which may include learning proper protocols and forms of address (including a few greetings and social phrases) in the family's primary language, appropriate verbal and non-verbal behavior, and other cultural factors that may influence effective interaction.

- Request and set the expectations that the interpreter use the family's own words as much as possible rather than paraphrasing or "polishing" it into mental health or professional jargon. This approach will also help to make sure the family understands the communication. It will also help to gauge the family's reaction or emotional state during the interaction.

### ***Engaging in the Interview***

- Try to make sure that there is time for the interpreter to meet with the family prior to the formal meeting to make introductions, learn something about one another that may assist with the interpretation and interaction, and establish rapport.
- During the interview, address your remarks and questions directly to the family (not the interpreter); look at and listen to family members as they speak and observe their facial expressions, voice intonations, body language, and other nonverbal communication.
- Use a positive tone of voice and facial expressions that sincerely convey respect and your interest in the family; and address them in a calm, unhurried manner. Avoid body language or gestures that may be offensive or misunderstood.
- Speak clearly, somewhat more slowly, and pause to ensure enough time for the interpreter to convey information from the you the consultant and the family and vice versa. Limit your remarks and questions to a few sentences between interpretations and avoid using mental health jargon, giving too much information, or long complex instructions.
- Periodically check on the family's understanding and the accuracy of the interpretations by asking the family to repeat instructions or whatever has been communicated in their own words, with the interpreter facilitating.

### ***Debriefing after the Interview***

- Meet with the interpreter to clarify any questions related to the responses from the family and the interaction during the interview. These may include questions about the verbal or nonverbal exchange, cultural issues and protocols, or planning for next steps.

- Discuss the interpretation process and deal with any concerns related to working with the interpreter and ways to improve on the interaction between the interpreter and the provider for future interviews.

## **Translators**

### **Select Translators That Are:**

- Proficient in the language(s) (including dialect(s)) of the families and the interventionist(s) so that both parties are assured accurate and understandable translation of written materials.
- Trained in the appropriate professional field – child development, family counseling, mental health, early care and education - relevant to early childhood mental health consultation and intervention. Familiarity with the field will enable the translator to translate information accurately, including more technical behavioral, mental health, or intervention terms, without changing the intent or substance of the message.
- Experienced in translating materials into a user friendly format, including for those with low literacy skills. For example:
  - Content should be at a 6th grade reading level or below for reader ease.
  - Content should not be laden with acronyms or mental health jargon.

### **Work with Translators Effectively By:**

#### ***Determining the Focus and the Audience of Translated Materials***

- Consider the purpose of any written materials and the audience for whom they are intended.
- Decide the most important information to convey related to mental health consultation – such as a letter of introduction, consent form, behavior screening and assessment forms, etc.
- Understand the audience – their race, ethnicity, cultural identification, language preferences, time in the community, level of acculturation, literacy level and familiarity with early childhood mental health and consultation.
- Confer with parents, staff, and/or community partners for guidance on culturally preferred patterns of communication - verbal versus written, family roles and authority, etc.

#### ***Determining the Mode of Delivery***

- Consider the influence of culture and literacy when using the written word to communicate, including how information should be delivered.
- Choose a format that suits the information to convey and that is culturally and linguistically accessible and appropriate – poster, flyer, letter or more formal document; pictures to support the text, pictures of children/families that represent the diverse community, etc.
- Consider the context and best mode of delivery for reaching your audience, conveying the message, and assuring understanding. For example: Will written materials be sent to families, presented to families by staff or consultant, presented with support from an interpreter?

### ***Having A Review Process in Place***

- Make sure that the translated materials have been translated in “dynamic equivalence” that is – the same meaning, not just the same words
- Work with parents, staff, and/or community partners and review the translation and make sure it is understandable, relevant, credible, and culturally acceptable to the intended audience.

Adapted from:

Hepburn, K. (2004). Building Culturally & Linguistically Competent Services to Support Young Children, Their Families, and School Readiness. Baltimore, MD: The Annie E. Casey Foundation. Available online at [www.aecf.org](http://www.aecf.org)

Trango, J.C. (2012). Statewide Disabilities and Mental Health Coordinator. Chicanos Por La Causa Early Childhood Development Programs. Personal communication.