



Interpreting in the Mental Health Setting

by Carla Polonsky, CMI

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I began working as a medical interpreter almost 12 years ago. I remember thinking, as I was walking to a psychiatry unit for an encounter, of all the challenges ahead of me. My concern wasn't particularly centered on what the message was, the content of what the patient was saying; rather, it was more about HOW the patient was saying it. In a medical setting the providers not only use the symptoms and medical history but they also rely on tests such as blood pressure, temperature, blood analysis and imaging, in order to come up with an accurate diagnosis.

The diagnosis in the mental health setting, however, comes from providers relying on what is said and how it is said by the patient. The challenges for the interpreter are:

- Maintaining the register
- Maintaining the syntax
- Interpreting utterances that make no sense, that may lack a beginning and an end

One of the most important skills in my interpreting tool box is the ability to retain the message; imagining it as if I am watching a movie with a beginning, middle and an end. It is something that makes sense and that I can then accurately convey. In the mental health setting, the dynamic is somewhat different.

The Victorian Transcultural Psychiatry Unit published a very helpful work entitled *Guidelines for Working Effectively with Interpreters in Mental Health Settings* in July 2006. It is available on the IMIA website at <http://www.imiaweb.org/uploads/>

pages/812_2.pdf. The mission of the Victorian Transcultural Psychiatry Unit (VTPU) is to "strengthen the capacity of Victoria's (Australia) mental health system to provide effective, equitable and culturally appropriate services to Victoria's culturally and linguistically diverse population." (p. 49)

This work, which is primarily geared toward mental health providers, offers guidelines and best practices in order to care for limited English proficient and Deaf and Hard of Hearing patients. Mental health providers are given a sort of orientation on the profession of medical interpreting. They are informed about the work of the interpreter who communicates the meaning of what the patient has said, in its entirety. Though it is intended for the provider, it is a helpful tool for the interpreter as well.

Obviously, in any medical encounter everything that the patient says is important because it may contribute to the diagnosis. More often than not simply interpreting word for word is not appropriate or meaningful. However, this aspect changes significantly in the mental health setting.

In some situations, such as when the client's speech is confused or incoherent, word-for-word translation may more accurately convey such confusion or incoherence. Interpreters will need to be forewarned that sometimes the information to be conveyed may make no sense as a result of thought disorder or dysphasia. For the mental health staff member to discern this, it is necessary for the interpreter to translate exactly what is said, rather than constructing meaning where no coherent meaning exists (p. 7).

An illustration of this type of situation happened to me one day in an acute

Special points of interest:

- *Lots of new nurses! With the approach of EPIC going live on the inpatient side in April 2016, a nurse residency program has been launched throughout the hospital to provide coverage for the units when staff nurses are sent to train on the EPIC clinical build.*

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Interpreter Profile: Jonathan Fitzgerald

by Andy Beggs

Language: Spanish

Country of Origin: United States of America

Jonathan joined the Medical Interpreter Services team in May. His interest in Spanish began long before becoming a Medical Interpreter. When he was six years old, his father, an avid water skier, bought an apartment on the second floor of a water ski club in Mexico. Jonathan spent two months out of each year there while growing up. Part way through his college career, where he majored in business and minored in Spanish, Jonathan took a break in which he worked for his father's trucking company on the Big Dig project.

After that project ended, he took a position with Kelly's Roast Beef and Seafood. That was where his Spanish really began to take off, as fully 60% of the staff was of Limited English Proficiency (LEP). One of the staff members introduced Jonathan to *El Vocero*, a Spanish

-language newspaper. Not only did Jonathan improve his Spanish by reading *El Vocero*, but in its pages he found an advertisement for Boston University's Interpreting Program.

After taking the course and passing an oral and written exam to becoming a Certified Medical Interpreter (CMI), Jonathan began to work as a freelancer, and eventually found work at Children's Hospital. Jonathan credits Karen Murphy, Program Coordinator for Boston University's continuing education program, as the one who gave him leads to break into the field.

Having done freelance for years, he was later thrilled to find a full time position at the Massachusetts General Hospital. Jonathan sees interpreting as a painstaking process of taking the message, hearing the meaning and getting that across, rather than doing a word-for-word transliteration. "The challenge never ends. You are challenged every single day, and not every job can give



you that."

As a non-native speaker of Spanish, Jonathan takes seriously his need to keep up and build on his language skill. He reads "El País" from Spain daily, but also alternates with periodicals from other countries, and listens to Spanish-language news and music in the car. Jonathan says, "To keep up your ability in a language while not living in another country, you have to be obsessed to some degree." We should all be as dedicated as Jonathan is in keeping on top of our profession.

Chantha Long Receives *Excellence in Action* Award

Heartfelt congratulations go out to our own Khmer medical interpreter, Chantha Long, QMI who received the Excellence in Action Award on April 27, 2015. The

award was presented to her personally by Dr. Peter Slavin, president of the MGH.

While the MGH is known around

the world for providing excellent patient care, it is the hard work and dedication of its employees and staff that support this mission. Many employees--at all levels throughout the institution--go above and beyond their everyday duties to ensure that every patient and visitor receives that highest standard of care and compassion. The Excellence in Action award is designed to recognize those employees for their commitment to the MGH.

Chantha was nominated for this award by Dr. Yuriy Bronshteyn in the department of Anesthesia, Critical Care and Pain Medicine and Ellen Robinson RN PhD, Nurse Ethicist for her outstanding service to a patient on one of our ICU units, the patient's family and the rest of the health care team. Dr. Bronshteyn wrote, "I don't think I've ever seen a higher level of dedication or professionalism from any hospital employee in my 3 years at MGH. She has a set a standard of excellence that all of us should continually strive for."



Kirwan and Polonsky Present at *Paving the Way to Health Care Access* Conference

On June 19, 2015, Christopher Kirwan, PhD and Carla Polonsky, CMI (Spanish), presented a workshop entitled *Shaping Best Practices: Grounding everyday encounters in the Code of Ethics*, at the UMass Medical School, MassAHEC Network's *Paving the Way to Health Care Access: A Day of Learning for Interpreters*, in Marlborough, MA. Carla and Chris had the opportunity to present to a room filled with over 100 interpreters, including a few of our own! The presentation began with Chris discussing the nature of the "profession" of medical interpreting and the foundation on which it is built. He noted that a profession is not to be equated with just doing a job, it is not just about what we do. Rather, a profession is something more profound, it is focused on a greater good; it is animated by and built on a code of ethics that gives a spirit and life to what is done. So the profession of medical interpreting is not only about what is done, but also about WHY it is done.

When we ask the question, "Why do we do what we do?", we delve deeper into



the very reason for the existence of this profession. The answers to this question lead to the core values that ground the practices of medical interpreters. When a horizon for understanding what we do becomes clearer it then takes the form of a vision and mission that guide all those who share this noble and essential profession in health

care. Such a discussion among the community of medical interpreters contributes to the growth of the profession itself and the professionals individually who make it up.

From there, Carla presented on two of the four cases she had prepared for all those gathered to examine, discuss and on which to provide feedback. Each of the cases illustrated a certain particular aspects contained in the NCIHC Code of Ethics for Interpreters in Health Care. Every table had the opportunity to discuss the case based on two fundamental items: First, what would you as a professional medical interpreter do in this situation? Second, why would you do what you do?

After listening to some very rich and constructive feedback Carla offered her perspective to all those gathered on what the best practices for medical interpreters might be in these types of situations. The presentation has been published online at <http://massmedicalinterpreting.org/sites/massmedicalinterpreting.org/files/Shaping%20Best%20Practices.pdf>

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psychiatry setting when I was called to see a patient with one of the psychiatrists. There was no huddle before the encounter took place. We entered the room and the provider began by asking the patient how she was feeling. The patient responded while looking down at the floor and said, "fine." The provider told her that she knew she was here because her mother was concerned about the knives that she kept under her pillow. When I interpreted this statement the patient continued to look down and did not respond.

Immediately the provider began speaking again with a complete change in tone of voice, subject matter and facial expressions. In that moment I knew that the pro-

vider was purposefully taking this change of approach and that I needed to reflect it in my interpretation as accurately as possible in order to elicit the answers that the provider needed.

The conversation with the patient continued to follow this same pattern until the patient eventually began to open up to the provider and place some trust in her. The patient began to feel more comfortable even though the provider was coming back, periodically, to the sensitive reasons as to why the patient was in the hospital.

When the topic of the knives was raised sporadically in the midst of this pattern of engagement with the patient, the patient's tone of voice would also change drastically and she would speak in whispered tones as if to hide something. I

continued to reflect what was being said and the manner in which it was being said.

In the end this form of interpreting allowed the provider the chance to communicate effectively with the patient and gave her the tools needed to make an evaluation and diagnosis. I was particularly struck by the importance of HOW things were said by the patient AND the provider and the difference that it made reflecting that accurately in my interpretation it made. There is an old expression in English, "It's not so much what you say, but how you say it." I think that in our field we could adopt the spirit of that phrase and say, "It's not only WHAT you interpret, but it's also HOW you interpret it."

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The MIS Newsletter was created in response to the need for a new and improved mode of inter-departmental communication. The information shared in this publication is intended for the use of MGH MIS staff and freelance interpreters.

We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Chris Kirwan at the email address given to the left.

Whether you have an important event that impacts our profession, an article that might be of interest, or general information that the department might find useful, please help to make this instrument an effective method of communication.

Thank you!

In Memoriam: Lisbeth Rodríguez

Lisbeth Rodríguez, CMI, a Spanish medical interpreter at MGH since 2009 died tragically in a car accident on June 20, 2015. The MGH community, the patients and families she so faithfully served and her family here in Medical Interpreter Services miss her profoundly. Lisbeth was a stalwart advocate for her Spanish speaking patients and their families as she sought to play a role in helping deliver to them the safest and highest quality of care for which the MGH is known.

Lisbeth was not just a highly qualified interpreter; she had a vision for improving the community and for educating Latinos and other individuals. To that end she became an active member of the MGH Committee on Latino Affairs and was a dynamic example of advocacy in action.

On an even broader scale, she spoke of living in a community

where peace, sharing and caring for each other were the common value; and in her strong but quiet manner did her best to live out those values. Her passion for alternative medicine and caring for the body and mind are lessons that will forever be with the spirits of all who knew her.

While we still recover from the shock of her death, there remains an emptiness in our hearts; however, the shining light of Lisbeth's life will be the legacy that she leaves behind. She touched the lives of so many people who now go forth inspired by her example to fashion a community based on justice, peace, respect for diversity, a strong spirit and depth of character.

