Welcome to the webinar on:

Language issues when working with refugees and immigrants in the health/mental health field

About the Webinar

This webinar will focus on how various systems (i.e., school, mental health, health systems) meet the challenge of addressing language needs of immigrant and refugee families through interpretation services.

Learning Objectives

- To get a general understanding of the immigrant community’s needs
- To explore general values and viewpoints that impact immigrant’s approach to health care
- To understand the art and science of interpreting in health settings
- To acquire skills that will enable a provider to make proper judgments about the use of interpretation
Language Issues When Working with Refugees and Immigrants in the Health/Mental Health Field

Presentation Prepared by Yeshashwork Kibour, Ph.D.
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Learning Objectives

- To get a general understanding of the immigrant community’s needs
- To explore general values and viewpoints that impact an immigrant’s approach to health/mental health care
- To understand the art and science of interpreting in health/mental health settings
- To acquire knowledge necessary for a provider to make judgments about the use of interpretation
The Need

- Have suffered traumatic experiences that impact their physical wellbeing, mood, thinking, and sense of safety – are silenced
- Are overwhelmed with numerous competing needs such as housing, education, employment, etc.
- May not have had consistent medical treatment or follow-up.
The Need cont . . .

- Trust between provider and interpreter
- Defined roles of provider and client/patient
- Cultural context of information
- Accuracy of Information
- Continuity
The Need cont... 

- 46% of Cambodian (Marshall et al, 2006) and 12.5% of Ethiopian (Fenta et al, 2007) immigrants and refugees with mental health issues received mental health services.

- Non-citizen populations access mental health services .1 times a year and medical services 1.5 times a year (Kaiser Study).
Challenges

- Lack of health insurance or not knowing how to use it
- Fear of compromising legal status
- Lack of linguistic match with provider
- Alternatives such as the language line have many challenges
- Lack of trained bi-cultural professionals and targeted funding
- Reactions to trauma
Common Reactions to Trauma

Physical Reactions
- Nervous energy, jitters, muscle tension
- Upset stomach
- Rapid heart rate
- Dizziness
- Lack of energy, fatigue
- Teeth grinding

Behavioral Reactions
- Becoming withdrawn or isolated from others
- Easily startled
- Avoiding places or situations
- Becoming confrontational and aggressive

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Common Reactions Cont. . .

**Behavioral Reactions Cont. . .**
- Change in eating habits
- Loss or gain in weight
- Restlessness
- Increase or decrease in sexual activity

**Emotional Reactions**
- Fear, inability to feel safe
- Sadness, grief, depression
- Guilt
- Anger, irritability
- Numbness, lack of feelings
- Inability to enjoy anything
Emotional Reactions
Cont. . .

- Loss of trust
- Loss of self-esteem
- Feeling helpless
- Emotional distance from others
- Intense or extreme feelings
- Feeling chronically empty
- Blunted, then extreme, feelings

Mental Reactions

- Changes in the way you think about yourself, the world, and other people
- Heightened awareness of your surroundings (hypervigilance)
- Lessened awareness, disconnection from yourself (dissociation)
- Difficulty concentrating
Mental Reactions
Cont..

- Poor attention or memory problems
- Difficulty making decisions
- Intrusive images
- Nightmares.
Values and View Points

- Time and Space *
- Fate and Personal Responsibility*
- Face and Face-Saving*
- Nonverbal Communication*
- Have been silenced
- Stigma
- Confidentiality
- Attitudes and beliefs about interpreter

*LeBaron (2003)
### CAUSES OF ILLNESS*
- Imbalance in body
- Germs
- Spirit possession
- Loss of soul
- Violation of Taboo
- Intrusion of harmful element
- Divine Decision
- Evil Eye

*CMHS 2008

### HOW TO RESPOND*
- Restore the balance
- Kill them
- Exorcize it
- Ritual to retrieve it
- Penance
- Remove it
- Acceptance
- Rituals / offerings to turn influence away

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The Art and Science of Interpretation
Interpretation

The interpreter's function is conveying every semantic element (tone and register) and every intention and feeling of the message that the source-language speaker is directing to the target-language listeners. Rendered simultaneously, consecutively, whispered, or via telephone.
Simultaneous Interpretation

The interpreter renders the message in the target-language as quickly as he or she can formulate it from the source language, while the source-language speaker continuously speaks.
Consecutive Interpretation

The interpreter speaks after the client has finished speaking. The speech is divided into segments, and the interpreter sits or stands beside the client, listening and taking notes as the speaker progresses through the message. When the speaker pauses or finishes speaking, the interpreter then renders the entire message in the target language.
When Should you use an Interpreter?

- When unable to communicate above and beyond simple greetings
- Able to communicate above simple greetings but not medical clinical issues or emotional content
- Critical Need: Initial assessment; specialist or multidisciplinary assessment; risk assessment; legal issues involved; discharge planning.
Issues to consider when working with an interpreter

- Block booking
- Assessment and accreditation of interpreters (levels of accreditation)
When it works: Before

"Dinner is on the table. Just not prepared."
When it works: Before cont . . .

- Identify appropriate language
- Explore preference for interpreter gender, dialect, country, ethnicity, etc.
- Schedule enough time before and after session to touch base with interpreter
- Assess availability and qualifications

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When it works: Before cont . . .

- Prepare the interpreter on the client and the agenda for appointment
- Have a brief discussion about terminology that you may be using that session
- Discuss what will happen
When it works: During

“I love you just the way you are when you’re not being just the way you are.”
When it works: During

- Introductions, codes of ethics and roles explained
- Confidentiality
- ▲ seating
- Keep sentences short and pause
- Clinician maintains direction of session
- Keep eye contact with client at all times
- Communicate directly with client “I” and “you”
- Avoid jargon or colloquial language
- Body language
Challenges Cont . . .

Unwillingness to discuss traumatic issues

Lack of health insurance or not knowing how to use it

Fear of compromising legal status

Language and other cultural barriers

Lack of trained bi-cultural professionals and targeted funding
When it works: After

- Time to clarify
- Time to answer questions
- Reframe and advise on ways to correct inappropriate behavior on the part of the interpreter
- Processing time
Resources

- www.health.state.mn.us/.../immigrant/interpreter.html
- http://www.mmia.org/
- http://www.ncihc.org
Contact information

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