Interpreting in Mental Health Settings

Community-based training for interpreters working in healthcare and medical settings

Student Handbook 2019

THE INTERPRETER'S LAB™
Be a Better Interpreter

The Interpreter's Lab
Discover, Learn, Share, Meet

The Interpreter's Lab is an interpreter education program that trains interpreters to work in community, healthcare and legal settings.

This Handbook is provided as a study guide for the Interpreting in Healthcare Settings Short-term Training Series provided by The Interpreter's Lab ™ and Shifting Pictures. It is not intended as a stand-alone training manual. This Handbook may only be used as a supporting document to the 30-hour Interpreting in Healthcare Settings delivered by The Interpreter's Lab™.

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The Role of a Community Interpreter

What is the role of the Community Interpreter? A language interpreter is a conduit for 2 or more people who do not speak the same language. The primary role of the interpreter involves the oral rendering of meaning from one language into another without changing content, meaning, register or tone.

An interpreter:

- Is a language assistant
- Is fluent in two or more languages
- Understands their limitations
- Does not advocate for either party in an interpreting session
- Does not let personal opinions enter into their work
- Maintains a current knowledge of vocabulary and terminology
- Is not a "friend" to the client
- Does not offer counseling nor advice

GOOD TO KNOW - Interpreting Techniques and Modes

Interpreting is conducted according to established techniques and modes. Different settings call for different techniques. It is important to use the appropriate technique for the setting.

There are two main interpreting modes. These are simultaneous and consecutive. There are also other modes, such as summarizing, descriptive, etc., but these are not typical and

Interpreting Techniques and Modes

Simultaneous Mode	The interpreter begins to interpret the message while the speaker is still talking. The interpreter keeps a few words behind the speaker.
Consecutive Mode	The interpreter waits for the speaker to pause and then accurately interpreters what the speaker has said. Usually allows for a few sentences of information to be spoken before pausing.

Settings and Styles for Interpreting

Interpreting happens in a variety of different settings. While community interpreting is perhaps the oldest form, it is the most recent to join the professionalization rank. When people think about interpreting they often envision booths, headsets, microphones, and a large auditorium or perhaps a United Nations conference room. But interpreting happens everywhere. From the smallest community based office to the largest conference rooms. Below is a listing of different settings and styles for interpreting.

Conference Interpreting	Conference setting involves specialized equipment and interpreters skilled in simultaneous mode
Court Interpreting	Court/legal setting - may involve specialized equipment. In more and more situations, court interpreting is conducted in simultaneous mode.
Diplomatic Interpreting	Interpreters for this setting are usually citizens of the country for which they interpreting and must know a range of subjects and work specifically for the diplomat to which they are assigned.
Business Interpreting	Business meeting/conference setting - may involve special equipment Interpreters for this setting may have specialized knowledge and may also act as a cultural chaperone.

Community Interpreting	Community level - involves social services, education, health care, police or any service that is community based

What is an interpreter?

The main purpose of interpreting is to facilitate understanding in communication between people who speak different languages.

Communication and Interpreting

Interpreting is communication. Without a good understanding of communication, an interpreter cannot appreciate the full scope of the work that they do, and the challenges that they have in interpreting from one language to another – across cultures, values, and communication styles.

THE ROLES OF THE COMMUNITY INTERPRETER

<table>
<tr>
<td rowspan="2"><u>Primary Role: Language/Communication Facilitator</u>

The primary role of the interpreter involves the oral rendering from one language into another without changing content, meaning, register or tone

This role should govern all of the interpreter's actions unless they have a valid reason to step outside of this primary interpreting role</td>
<td>Auxiliary and Temporary Roles: Situational Clarifier
Sometimes an interpreter needs to make sure that the intended message is received and understood. This means that the interpreter steps outside of the fundamental role and become somewhat invasive.
• Adjusting the complexity
• Defining the word
• Explaining symbolic meaning
• Checking for comprehension
• situational clarification</td>
</tr>
<tr>
<td>Cultural Clarifier
• The Interpreter offers a cultural point of reference or framework so that the message may be understood
• This is done using appropriate intervention techniques only</td>
</tr>
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What is Mental Health?

World Health Organization key facts on mental illness.

- There are many different mental disorders, with different presentations. They are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others.
- Mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism.
- There are effective strategies for preventing mental disorders such as depression.
- There are effective treatments for mental disorders and ways to alleviate the suffering caused by them.

> "Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."
>
> World Health Organization

- Access to health care and social services capable of providing treatment and social support is key.

Interpreting in Mental Health Model

The Interpreting in Mental Health model moves the interpreter from being simply used as a means of communication to an entity that is a morel integrated part of the mental health care team.

The Team Approach to interpreting in mental health settings is premised on three important elements:

1. The Interdisciplinary team
2. The Pendulum Model
3. The Decision Tree Tool

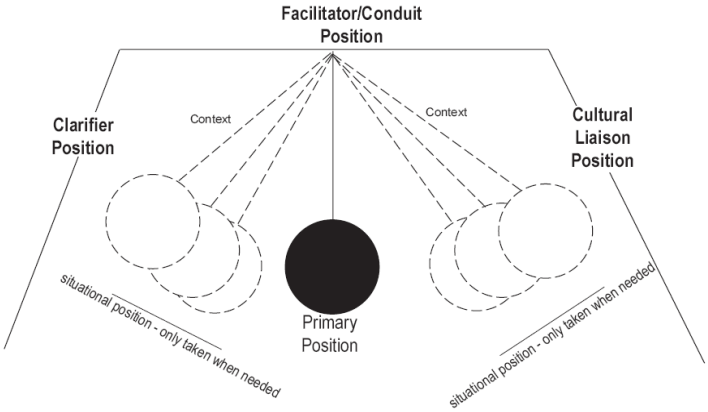
These three elements work in combination to act as a basis for the team approach by giving margin and movement to the role of the interpreter.

1. Interpreter as Member of Team

Being a member of an interdisciplinary health care team means that there are moments of pre and post consultations and discussions held without the client present. It also means that the interpreter has a more intimate knowledge of the clients' case profile, the objectives of the sessions and the overall goal for the care plan. One other key characteristic of this model is that every effort is made to keep the same interpreter assigned to the client – thereby engendering trust, comfort, awareness of communication styles and other influences that impact on the health and wellbeing of the client.

2. The Pendulum Model

The Pendulum assumes that the interpreter's role is much more fluid and vacillates frequently between positioning, mode, intervention and pre and post involvement. Like a Pendulum, the interpreter is not fixed in any one position but rather assumes a variety of positions and approaches to achieve the common goals of the session.



3. Decision Tree Tool

Although the Pendulum Model allows fluid movement from one role to another, there are parameters within which the interpreter role is bound. Interpreters must be clear as to why they have to chosen to intervene and the nature of the intervention. The Decision Tree is a tool for interpreters and highlights the importance of critical thinking skills.

Consider this:

1. How is this model of interpreting in mental health settings different that other interpreting contexts, such as interpreting in health care, community and legal settings?
2. As an interpreter, how do you feel about this approach?
3. What do you foresee as some challenges you might face?

The Mental Health Care Context

As the context of mental health interpreting differs from other forms of medical interpreting, there are a number of responsibilities mental health interpreters must adhere to.

Ascertaining Culture	Interpreters must be certain their cultural context matches that of the patient/client. For example a Spanish interpreter from Chile may be able to interpret in the role of conduit and clarifier for a patient/client from El Salvador, but will not be able to move into the role of cultural facilitator, as their cultural context is different. In other words, proficiency in a language does not necessarily equal proficiency in cultural knowledge. The responsibility of the interpreter lies in ascertaining her own cultural beliefs and understanding where they may differ from others, as culture is something that may change from rural to urban setting, from village to village from family to family and even from individual to individual.
Understanding your Limitations	Interpreters are always asked to be forth coming with language limitations. Within the context of mental health interpreting, it is also important to be forthcoming with cultural limitations. With this interpreters must be aware of what they don't know and acknowledge that there may be more at play here than their cultural knowledge allows them to realize.
Allow Time to Respond	During a session, an interpreter should take the time to reflect and be thoughtful about the information they are passing on. Allow yourself time for reflective moments after everyone has spoken. Crucial cultural information may be required for the session to go well and for all parties to be fully understood. When you are about to share this type of cultural insight, reflect on whether it is important to provide at this point in time. Ask yourself two questions: *1. Will providing* 'X cultural information' ***assist*** *the professional in their treatment of this patient/client? or,* *2. Will providing* 'X cultural information' ***divert*** *the process?* Ensure that you are not providing information because you think it is interesting for the mental health worker to know, but because it is crucial to the outcome of the session.

Disfluency and Communication	Disfluency is one of the key challenges for interpreters in mental health settings. Disfluency, which refers to speech impairments caused either by medication or mental health condition, means that the speaker is using nonsensical or inarticulate language or speech patterns. It does not only happened in mental health settings, but it is seen more broadly because of the conditions and context of mental health.
Safety and Wellbeing	Safety is of chief concerns for interpreters, and not without reason. Clients in mental health settings can be volatile, verbally abusive, erratic, spontaneous and lacking customary social norms. Interpreters are trained to safeguard against such conditions and to also practise self-care after appointments.

Difficult Situations for Interpreters

Below are some situations that present challenges for interpreters. These are not the only challenging scenarios, but a sampling of what an interpreter might encounter. Consider what other situations may be and think about strategies to overcome them.

- Non-Verbal Communication
- Disfluency
- Family Members' Input
- Denial of Illness on part of patient and family – social taboos
- Attending Physician's Case Discussion With Other Health Care Personnel
- Patients Refusing Interpreter Services
- Speakers Speak Without Pausing
- Nurse, Or Other Attending Health Care Personnel, Begin Chatting With The Interpreter

Disfluency and Thought Disorders in Mental Health

People with speech and language disorders have ineffective or impaired communication. These impairments range from simple sound substitutions to the inability to understand or use language. Some causes include strokes, aphasia, hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse.

Disfluency is a form of impairment and in speech and language disorders it usually refers to the repetition of a sound, word, or phrase. Stuttering is an example of serious disfluency. In mental illness, disfluency in speech and language is also an issue. It most often manifested as a symptom of psychotic mental illness through thought disorders.

Thought disorders, according to Wikipedia[1] (free encyclopedia), describe a persistent underlying disturbance to conscious thought and is classified largely by its effects on speech and writing. Affected persons may show pressure of speech (speaking incessantly and quickly), derailment or flight of ideas (switching topic mid-sentence or inappropriately), thought blocking, rhyming, punning or word salads when individual words are intact, but speech is incoherent (all examples of disfluency.)

In other words, in mental illness, the manner of speech – the physical abilitiy to speak clearly – may not be the barrier to understanding, but rather the manner in which the language is constructed is the

[1] "http://en.wikipedia.org/wiki/Formal_thought_disorder"

barrier. Dsyfluency refers to the non-sensical statements or words. Interpreting disfluent speech consists of two important techniques:

1. Interpreting what is being verbalized
2. Interpreting how it is being verbalized

Table 1 shows examples of how thought disorders may be manifested in the speech and language. These are also examples of dsyfluency in mental illness[2]

TABLE 1: Thought Disorders and Disfluency	
Pressure of speech	An increase in the amount of spontaneous speech compared to what is considered customary.
Distractible speech	During mid speech, the subject is changed in response to a stimulus. e.g. "Then I left San Francisco and moved to... where did you get that tie?"
Tangentiality	Replying to questions in an oblique, tangential or irrelevant manner. e.g. "What city are you from ?", "Well, that's a hard question. I'm from Iowa. I really don't know where my relatives came from, so I don't know if I'm Irish or French."
Derailment	Ideas slip off the track on to another which is obliquely related or unrelated. e.g. "The next day when I'd be going out you know, I took control, like uh, I put bleach on my hair in California".
Incoherence (word salad)	Speech that is unintelligible due to the fact that, though the individual words are real words, the manner in which they are strung together results in incoherent gibberish, e.g. the question "Why do people believe in God?" elicits a response like "Because make a twirl in life, my box is broken help me blue elephant. Isn't lettuce brave? I like electrons, hello."
Illogicality	Conclusions are reached that do not follow logically (non sequiturs or faulty inductive inferences).
Clanging	Sounds rather than meaningful relationships appear to govern words. e.g. "I'm not trying to make noise. I'm trying to make sense. If you can't make sense out of nonsense, well, have fun".
Neologisms	New word formations. e.g. "I got so angry I picked up a dish and threw it at the geshinker."
Word approximations	Old words used in a new and unconventional way. e.g. "His boss was a seeover."
Circumstantiality	Speech that is very delayed at reaching its goal. Excessive long windedness.
Loss of goal	Failure to show a chain of thought to a natural conclusion
Perseveration	Persistent repetition of words or ideas. e.g. "I'll think I'll put on my hat, my hat, my hat, my hat, my hat, my hat, my hat..."
Echolalia	Echoing of other people's speech e.g. "Can we talk for a few minutes?", "Talk for a few minutes."
Blocking	Interruption of train of speech before completed.

[2] The following definitions are provided by Nancy Andreasen
http://en.wikipedia.org/wiki/Formal_thought_disorder

Stilted speech	Speech excessively stilted and formal. e.g. "The attorney comported himself indecorously."
Self-reference	Patient repeatedly and inappropriately refers back to self. e.g. "What's the time?", "It's 7 o'clock. That's my problem."
Phonemic paraphasia	Mispronunciation; syllables out of sequence. e.g. "I slipped on the lice broke my arm."
Semantic paraphasia	Substitution of inappropriate word. e.g. "I slipped on the coat, on the ice I mean, and broke my book".

Culture, Mental Health and Interpreting

Ask yourself:

1. What are some of the common beliefs around mental illness within your cultural community?
2. What is a typical/traditional response to mental illness? Are there regional differences? Rural versus urban differences?
3. What are some of the labels/words used to describe mental illness in your language community?
4. What image of mental illness do these works create?
5. How is this image different from what we see or understand as a Canadian approach or belief system (if at all)?
6. As an interpreter, what impact will these two images (your community versus biomedical) have:
    - On the session
    - On the process of wellness

Worldviews

A worldview is how we frame and understand our world. A worldview provides motives for actions, explanations for consequences and outcomes and a logic that guides us in our daily lives and life decisions. Because worldviews are based on a set of beliefs and values and come from the influences around us, they are representations of our world and may not be the actual reality. In this way, many different worldviews can coexist within the same space or phenomenon at the same time, and both can be valid. As well, people might actually embrace more than one worldview depending on circumstances and context.

Family Therapist Terry Tefoya (Befriending Demons) identified that in health care, there is a primary and a secondary worldview. The primary frame allows us to acknowledge that there is a biomedical foundation to our health and health care, and a secondary one where we also allow other beliefs and reasoning to exist.

- Primary worldview
    - Biomedical paradigm in which health care providers have been trained
- Secondary worldview
    - All the other information, ideas, manners we (both patient and health care provider) carry with us
- These worldviews make the distinction between disease and illness

- Disease being biomedical explanation of illness
- Illness being how our cultures teach us to manifest illness

Mental health is perhaps one area of health services that is most affected by the intersection of culture and language. How we define, stigmatize, talk about and approach mental health is deeply embedded in our values and the cultural frames that inform them. We have such differences in defining mental health that what might be considered mentally unstable in one culture might actually be perfectly acceptable in another. Can you think about any examples that might fit this? Table 2 shows 3 difference perspectives on mental health. It is for this reason that interpreting in mental health requires specialized training. Interpreters need to be alert to cultural difference, diverse reference points and triggers in addition to language and sector knowledge.

Table 2: Three communities – Three perspectives		
"In the South Asian community, mental disorder, in the past and even now by some, is considered to be a form of punishment by God or possession by demons or evil spirits. If a child is born with mental retardation or a physical defect, it is considered that God has punished the child and the family for deeds in a previous life."	"The notion of mental illness is quite dreadful to the Vietnamese people, who believe that once a person contracts mental illness there is a very remote chance of recovery. Along the way the person also brings shame and disgrace to the family due to, as culturally believed, possible bad deeds in a past life — even though nothing was done wrong in the present."	**"There have been so many negative stigmas around the native communities such as alcohol, substance abuse, the natives at Musqueam, the Nisga'a Treaty. People in the white community look down and frown upon all these things ... so we have so many stigmas, we're not about to jump up and say "Oh, we have mental illness too."**
Excerpts from Visions No. 9, Winter 2000		

Table 3: Models of Mental Illness and Health

Spiritual Model	Moral Character Model	The Disease/Medical/Biological Model
The first and oldest explanatory system for mental illness is spiritual. From a traditional spiritual perspective, consciousness is seen as resulting from or deeply connected to some supernatural force. Usually, there is a religious narrative that explains that there are good and bad forces in the world, and that suffering is a function of either being possessed by the bad, or through the idea that the afflicted have fallen out of favor with the good. This generally occurs because	The second explanatory system for mental illness is moral character. In a nutshell, the position of moral character is that there are virtues which one must learn, such as courage and fortitude, honesty and integrity, compassion and grace that enable on to live the admirable life.	Attributes mental abnormalities to physiological, biochemical, or genetic causes and attempts to treat these abnormalities by way of medically grounded procedures such as psychopharmacology (drug therapy), electroconvulsive therapy (ECT), or psychosurgery (brain surgery). Genetic models of mental disorder suggest that psychopathology is inherited from parents, and there is

of sin or related concept of immoral behavior that leads to some form of badness or contamination.		certainly evidence for the familial transmission of many disorders.
Family Therapy Model The view that individuals with mental illness were the victims of a pathological family process. Family therapy usually begins by an approach that encourages all members of the family to work together in resolving the conflict. The process is designed to identify and change relationships where necessary. Attention is paid to family interactions, especially to alignments and discord and the engagement and disengagement of the different group members. • Double Bind • Schisms and Skewed Families • Pseudomutual and Pseudohostile Families • Expressed Emotion	**Psychological Models** An important explanatory system for mental illness is psychological in nature. The general model here is that the individual develops along a path and attempts to adapt to their environment. However, if the individual fails to learn certain crucial elements or learns the wrong responses to new situations or adopts short term solutions that have long term maladaptive consequences, then suffering and dysfunction result. • Psychodynamic Model • The Behavioural Model • The Cognitive-behavioural Model • Humanistic / Existential Model	**The Social Model** The social model suggests that the ways in which societies are organized, not just biological and psychological characteristics of individuals, must be considered as causal factors in mental illness. It does not argue that people should not be held responsible for their behaviour because they are victims of society, but suggest that social structure imposes restrictions on behaviour as surely as biological inheritance and that the effects of social conditions on mental illness need to be understood, to explain both individual distress and how that distress might be related to larger forces. The social model regards social forces as the most important determinants of mental disorder.
Psychosocial Model This model explains the causation of mental illness due to the effect of interaction of psychological and social factors. Psychosocial factors are those developmental influences that may handicap a person psychologically, making him or her less resourceful in coping with social events. There are four basic categories of psychosocial causal factors: • Early deprivation or trauma • Inadequate parenting styles • Marital discord and divorce • Maladaptive peer relationship • The Social Learning Model	**The Statistical Model** Derived more from mathematics than from psychology, the statistical model concentrates on the definition of abnormality. According to this approach, abnormality is any substantial deviation from a statistically calculated average. Those who fall within the —Golden mean (i.e. in short, those who do what most people do) are normal, while those whose behaviour differs from those of the majority are abnormal	**Biopsychosocial Model** Integration of: Biological, Social and Psychological (Especially cognitive & behavioral) Abnormality caused by: Interaction of these factors – not any one cause Relative importance of each factor depends on individual and environment

Guidelines and Techniques used in Mental Health Interpreting

- Interpreter meets with mental health workers prior to session to be informed of session objectives
- Interpreter ensures they know the designation of the professional they are working with
- Interpreter is consistently assigned to the same client/case manager
- Interpreter used as a cultural resource within the parameters set by medical interpreting standards and mental health interpreting model
- Interpreter meets with case managers to discuss non-equivalent language, communication differences and cultural implications

Advice from Mental Health Doctors

- Any intervention regarding cultural explanations by the interpreter must be clearly stated by the interpreter
- **Convey accurate meaning and language used – often the most important things can be quite subtle**
- If it does not make sense – convey this after the direct translation
- Keep in mind that patients can be very sensitive to expressions, emotions, etc.
- Safety is very important – unfortunately you will not have all the information

Dangerous Clients

- It is true that mental health patients may exhibit aggressive behaviours that may endanger those around them - this is not the norm
- When there is risk to both the interpreter and/or the health care provider, mental health care providers will opt to find ways to calm the patient down
- Interpreters must be sensitive to the actions of the health care provider in knowing when it is best to physically remove themselves
- Escalating behaviour not controlled or recognized by the mental health care provider (subtlety of language, cultural variances):
    - It is important that interpreters indicate their concern so provider can be prepared
    - A professional approach to interpreting will demonstrate erratic, escalating behaviour but not necessarily in all cases
- Integrating the mental health interpreter with the team builds a relationship of trust between interpreter and provider. This is especially important in cases where the interpreter and the provider must communicate without upsetting the delicate balance of the session.

Table 4: Preparation for Different Situations	
Emotional Situations • Interpreters need to be both mentally and emotionally strong and prepared for the interpreting scenario. ▪ Leaving personal feelings behind - not letting personal emotions and beliefs act as a filter. ▪ Interpreters are not responsible for the emotional, physical or mental well-being of the client. ▪ Even though the interpreter is more fully embraced as a team member in this model	**Difficult Situations** ▪ Interpreters will be introduced to a variety of unusual or odd in behaviours ▪ Patients may be difficult to understand or tolerate. ▪ Patients may be affected by the medications ▪ Patients may be affected by the type of illness they have may affect they way they interact with others. ▪ It may be difficult for interpreters to know when they need to respond to a particular

for mental health interpreting, their primary function is still that of language conduit and they must not allow their own personal feelings to enter into play.	behaviour or whether to ignore it and accept it as part of the interaction. ▪ Follow the cues of the mental health provider

Interpreting in mental health requires a dexterity of talent that allows an interpreter to move between different modes, positions and perspectives. The mental health interpreter must know which interpreting mode to use and when to use it – paying attention to cues from both the mental health professional and the client. At any time the mental health interpreter may have to use any one of, or a combination of, the following interpreting modes:

Technique	Describe – what is this technique?
First Person	
Simultaneous interpreting	
Describe the manner of speech	
Third person	
Verbatim interpreting	
Combination of all techniques	

Managing the Interpreting Session: Before, During and After

At the beginning of a session:

Introduce yourself to all parties involved in session

Use an introductory statement with the practitioner

Examples of what to include:

- Speak directly to the client and I will ask the client to speak directly to you
- Please allow me to interpret after each response you make
- At the beginning of the session please allow me the opportunity to explain my role to the client.
- It is my responsibility to interpret everything said in the session either by you or the practitioner
- Everything said in this room is private and confidential and will not be repeated outside this

Introductory statement with client

Examples of what to include:

- I am here so that you will be better able to understand (the health provider) and that (the health provider) is better able to understand you

- It is my responsibility to interpret everything said in the session either by you or the practitioner
- Everything said in this room is private and confidential and will not be repeated outside this

Additional points that can be added to you clarifying statement:

- I am not here to judge or give advice.
- Please listen carefully to me before answering the practitioner – let me finish what I begin.
- If you begin to speak too fast or say too much I will stop you so that I can accurately interpret what you have said.

Intervention: When to Intervene

Sometimes interpreting becomes very challenging and there is a need to intervene. But when can an interpreter intervene?

- When anyone uses language that you do not understand;
- When you suspect, due to nonverbal cues, that the client does not understand what the provider is saying (this is a tricky one, so be aware!);
- When anyone uses a term that must be explained or put in a cultural context to be understood;
- When the provider has said something that might be considered offensive in the client's culture;
- When a cultural difference is causing a misunderstanding (also very tricky and subjective – proceed with caution);
- When any individual is not pausing to let you interpret, or if you need any individual to repeat.

Guidelines for Intervention

- Stay Calm!
- Make sure the intervention is transparent (is it clear it's the interpreter talking?)
- Switch from first person to third person
- Ask yourself "is this intervention necessary?"
- Go back to interpreting a quickly as possible and let the attending professional resolve the problem
- Be Assertive
- It is important for interpreters to remember that they are the experts when it comes to the role of an interpreter, and that you have every right to intervene when your ability to do your job is impeded.
- Be confident in this knowledge.

Interpreter Self Care

Medical interpreting is very stressful and more often that not you find yourself interpreting in situations that are constantly changing. To facilitate accurate communication and understanding, you must be constantly alert and sensitive to both the client's and the provider's needs. Often the responsibility can be overwhelming. This is especially true in cases where the encounter may have a negative or painful outcome for the client or one in which past emotional trauma surfaces – we all bring our baggage with us to every situation.

Some symptoms that interpreters working in health and mental health settings might experience. Be aware of how you are feeling and take care of yourself	
• Difficulty managing emotions • Difficulty making decisions	• PTSD symptoms • Unable to tolerate displays of emotion

• Physical problems, accidents • Feeling numb or disconnected • Depressed mood; anxiety, exhaustion	• Sensitivity to violence • "Survivor guilt" • Decreased interest • Impulsivity • Sexual difficulties

Strategies for Self Care

During session

- Do a pre-session interview with both client and provider -no matter how short ~
- Set boundaries with the client (explain the style of interpreting and expectations).
- Treat all with professional courtesy and expect the same in return
- Stay calm.
- Do not give out your home number to the clients.
- Separate your emotions from the client's (there is a difference between sympathy and empathy). Recognize when your emotions are interfering with your work.
- Inform the provider when you are felling too close to the situation being described.
- Withdraw from a session if you believe that your personal feelings may get in the way of providing adequate interpretation.
- Be aware of your limitation: refuse an assignment that is beyond your area of expertise of that is too close to unresolved personal experiences.
- Learn to say "no" in a way that does not undermine the trust of the provider of the client.

Outside the session

- Discuss a problem with appropriate people rather than avoiding it.
- Do not discuss service activities with a client outside of the service environment
- Work with a professional counselor to resolve trauma
- Set priorities
- Join a professional organization to update skills and join in discussions with colleagues in the field.
- Engage in physical exercise
- Find time for fun activities that are not related to professional duties.

The Mental Health Care System and Practitioners

Mental health services, broadly defined, comprise a mix of health, social, vocational, recreational, volunteer, occupational therapy, and educational services, as well as housing and income support.

They include a range of activities and objectives like:

- Mental health promotion
- Prevention of mental health problems
- The treatment of acute psychiatric disorders
- Support and rehabilitation of persons with severe and persistent psychiatric disorders and disabilities.

PHSA Mental Health Services

- BCMHSUS - BC Mental Health & Substance Use Services
- BC Children's Hospital
- BC Women's Health Sciences Centre
- BC Forensic Psychiatric Commission

Practitioners

Psychiatrists	
Psychologist	
Social Worker	
Psychiatric Nurse	
Case Managers	
Drug and Alcohol Counsellors	
Community Mental Health Worker	
Counsellor	
Therapist	
General Practitioner	
Students	
Interns	
Residents	

Diagnosis

Brain Disorders		Aphasia	
Depression		Developmental Disabilities	
Schizophrenia		Autism	
Personality Disorders		Mental Retardation	
Borderline Personality Disorder		Attention Deficit Disorder	
Obsessive-Compulsive		Eating Disorders	
Personality Disorder		Anorexia Nervosa	
Narcissistic Personality Disorder		Bulemia Nervosa	
Bi-polar Disorder		Mood Disorders	
Dual Diagnosis		Acquired Brian Injury	
Multi-Diagnosis		Alzheimer Disease	

Symptoms and other Related Words

Hallucination		Tension	

Delusional		Insomnia	
Psychotic		Somatic	
Acute		Cardiovascular	
Stress		Respiratory	
Disorder		Gastrointestinal	
Anti-Social _		Genitourinary	
Hyperactivity		Autonomic	
Dementia		Suicidal	
Delirium		Illusions	
Incoherent		Perceptual Disturbances	
Fear			

Co-dependency		Assessment	
Dependence		Counselling	
Alcoholism		Therapy	
Chemical Abuse		Diagnosis	
Substance Abuse		Acute	
Hallucinogenic		Treatment	
Addicted		Cognitive	
Amphetamine		Symptoms	

Manic		Preoccupations	
Impulsive		Obsessions	
Suicide		Compulsions	
Abuse		Coping Skills	
Violence		Psychotherapy	
Trauma		Consultation	
In-patient		Medications	
Out-patient			

Proverbs

Sometimes mental health care professionals use idioms or proverbs to assess a patient's ability to think in abstract terms, and to assess other mental processes. Here are a few North American proverbs. Can you decipher what the meaning of each proverb is? Can you think of proverbs from your own cultural and language background that may be similar to these proverbs? Can you think of other proverbs?

1. All that glitters is not gold

2. Penny wise, pound foolish.

3. Don't cut off your nose to spite your face

4. Trust is the mother of deceit

5. A penny saved is a penny earned

6. A stitch in time saves nine

7. Bad news travels fast

8. A fool and his money are soon parted

9. A chain is no stronger than its weakest link

10. A bird in the hand is worth two in the bush

11. Necessity is the mother of invention

12. Cleanliness is next to Godliness

13. Death is the great leveller

14. Don't count your chickens before they hatch

15. The end justifies the means

16. The more you get the more you want

17. The proof of the pudding is in the eating

18. The pot calls the kettle black

19. There is more than one way to skin a cat

Resources and Links

The Interpreter's Lab
Training and professional development for practicing and new interpreters – mobile, accessible, expert.
http://www.interpreterslab.org

Critical Link Canada (CLC)
CLC is a national, advocating body for community interpreting comprised of practitioners, educational institutions, service providers and policy makers.
http://www.criticallink.org/

American Translators Association
https://www.atanet.org
ATA is a professional association founded to advance the translation and interpreting professions and foster the professional development of individual translators and interpreters. Its 10,000 members in more than 90 countries include translators, interpreters, teachers, project managers, web and software developers, language company owners, hospitals, universities, and government agencies.

National Council on Interpreting in Health Care
http://www.ncihc.org/
The NCIHC is a multidisciplinary organization based in the United States whose mission is to promote culturally competent professional health care interpreting as a means to support equal access to health care for individuals with limited English proficiency.

California Healthcare Interpreting Association
http://chiaonline.org/
The California Healthcare Interpreting Association is a 501(c)(3) public charity dedicated to improving the quality and availability of language services in the delivery of healthcare. CHIA is here to help you the student, interpreter, healthcare provider, administrator, and language agency. We are "*Healthcare*

interpreters and providers working together to overcome linguistic and cultural barriers to high-quality care."

Healthcare Interpretation Network
http://healthcareinterpretation.homestead.com/
Founded in 1990 and incorporated in 2004, HIN is a not-for-profit organization that provides a forum for:

- The development of strategies to promote awareness of the language barriers that inhibit the quality of health care provided to patient populations with limited English proficiency (LEP).
- The recognition of the need for the development of standards to guide the training of language interpreters in the health care sector.
- The exchange of information

International Medical Interpreters Association
http://www.imiaweb.org/default.asp
The **International Medical Interpreters Association** is the only national trade association* committed to the advancement of professional medical interpreters as the best practice to equitable language access to health care for linguistically diverse patients. Founded in 1986, with over 1,900 members, most providing interpreting services in over 70 languages, the IMIA is the oldest and largest medical interpreter association in the country. While representing medical interpreters as the experts in medical interpreting, membership to the IMIA is open to those interested in medical interpreting and language access. We currently have a division of providers, corporate members, and trainers. Policy makers, health care administrators, and others interested in medical interpreting are also welcome to join us as associate members

Diversity Rx
http://www.diversityrx.org/Diversity Rx promotes language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities.

Society of Translators and Interpreters of BC
http://www.stibc.org/
The mission of the Society of Translators and Interpreters of British Columbia is to promote the interests of translators and interpreters and to serve the public by applying a Code of Ethics that all members are bound to comply with and by setting and maintaining high professional standards through education and certification.

Canadian Translators, Terminologists and Interpreters Council
http://www.cttic.org
The Canadian Translators, Terminologists and Interpreters Council sets, maintains and promotes national standards in translation, interpretation and terminology to ensure quality communication across linguistic and cultural communities.

Additional Reading and A Bunch of Interesting Stuff

A Summary of Films featuring mental health by DSM Disorders
Submitted by Ruth Levine, MD, University of Texas Medical Branch, Galveston

This summary was derived from several of the articles listed in the resource list, from the suggestions of our ADMSEP colleagues, and from our own personal experience. We have not personally reviewed all of the movies on the list, and suggest you view any film before choosing it for teaching purposes.

Axis I Disorders

Anxiety and Anxiety Disorders

Copycat (panic/agoraphobia)
As good as it gets (OCD)
The touching tree (Childhood OCD)
Fourth of July (PTSD)
The Deer Hunter (PTSD)
Ordinary People (PTSD)

Bipolar Disorder/Mania

Mr. Jones
Network
Seven Percent Solution
Captain Newman, MD
Sophieís Choice
Sheís So Lovely

Depression

Ordinary People
Faithful
The Seventh Veil
The Shrike
It's a Wonderful Life (Adjustment disorder)
The Wrong Man (Adjustment disorder)

Dissociative Disorders

The Three Faces of Eve
Sybil

Psychosis

Shine
I Never Promised You a Rose Garden
Clean Shaven
Through a Glass Darkly
An Angel at my Table
Personal
Man Facing Southwest
Madness of King George (Psychosis due to Porphyria)
Conspiracy Theory

Delirium

The Singing Detective

Substance Abuse

The Long Weekend (etoh)
Barfly (etoh)
Kids (hallucinogens, rave scenes, etc.)
Reefer Madness
Long Day's Journey into Night
The Man with the Golden Arm (heroin)
Synanon (drug treatment)
The 7 Percent Solution (cocaine induced mania)
The Days of Wine and Roses (etoh)
Basketball Diaries (opiates)
Loosing Isaiah (crack)
Under the Volcano
Ironweed
A Hatful of Rain (heroin)
The Boost (cocaine)
Iím Dancing as Fast as I can (substance induced organic mental disorder)

Eating Disorders

The Best Little Girl in the World
Katie's Secret (made for TV)-Bulemia

(made for TV)-Anorexia

Axis II Disorders

Personality Pathology

Cluster A

Remains of the Day- Schizoid PD
Taxi Driver-Schizotypal PD
The Caine Mutiny- Paranoid PD
The Treasure of Sierra Madre - Paranoid PD

Cluster B

Borderline PD
Fatal Attraction
Play Misty for Me
Frances
After Hours
Looking for Mr. Goodbar

Histrionic PD
Bullets over Broadway
Gone with the Wind
A Streetcare Named Desire

Antisocial PD
A Clockwork Orange

Cluster C

Zelig-Avoidant PD
Sophieís Choice-Dependent PD
The Odd Couple-OCPD

Narcissism

All that Jazz
Stardust Memories
Zelig
Jerry Maguire
Alfie
Shampoo
American Gigolo
Citizen Kane
Lawrence of Arabia
Patton

Obsession

Taxi Driver
Single White Female
The King of Comedy
Triumph of Will

Mental Retardation

Charly
Best Boy
Bill
Bill, On His Own

Miscellaneous Issues

Family

Ordinary People
The Field
Kramer vs Kramer
Diary of a Mad Housewife

Early Adult Issues

Awakenings
The Graduate
Spanking the Monkey

Betrayal
Whose Afraid of Virginia Woolfe
The Stone Boy
The Great Santini

Doctor/Patient Relationship
The Doctor

Idealized "Dr. Marvelous" Psychotherapy
Spellbound
The Snake Pit
The Three Faces of Eve
Good Will Hunting

Latency and Adolescent Issues
Stand by Me
Smooth Talk

Boundary Violations
The Prince of Tides
Mr. Jones

Suddenly Last Summer
Captain Newman, MD
Ordinary People