

**NCIHC Open Call  
August 22, 2008  
9:00 – 1:30 PDT**

**Topic:  
Interpreter Self Care**

The NCIHC Open Calls are held quarterly, as a means of encouraging exchange among professionals working in the field of language access and soliciting input from practitioners in the field to inform NCIHC policy making.

**PARTICIPANTS: 24**

**INTRODUCTION**

The call was convened at Noon EST (9am PST, 11am CST) by Dr. Cornelia Brown of MAMI Interpreters in Central New York. The subject was ***Interpreter Self Care***. We started with introductions and a review of the protocols for the NCIHC Open Calls.

**OPENING PRESENTATIONS**

Donna Dotson, Employee Assistance Program, University of Michigan Health System, Ann Arbor, MI

1. Purpose of EAP: to provide support for staff so that patients and families can receive top healthcare services.
2. EAP provides brief counseling, one-on-one consultations and to whole departments, organizes brown-bag series on requested topics, provides information on how to create and maintain emotional intelligence, work-life balance, how to deal with unexpected trauma and/or accidents within the department (e.g. the tragic death of the Transplant Team at U of M back in 2007). Depression counseling is available, along with debriefing. EAP encourages an on-going cultural competency dialogue.
3. The challenges the interprets face are:
  - a. Having many bosses
  - b. To succeed, they must create high quality work relations.
  - c. Inability to support each other at times
4. Recommendations:
  - a. Take a 10 minute break every 90-100 minute session
  - b. Do not over-schedule yourself
  - c. Sleep enough
  - d. Do cardio activities 3 times per week
  - e. Have a gratitude journal, in which you write everyday what you are grateful for. It really helps!
  - f. Do random acts of kindness

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- g. Have supportive relationships at work and in your personal life. Talk about what is going well, and not so much about what is going bad. Remember to always give 4 positive remarks for every negative one.
- h. Do an attitude self-assessment: do I talk more about negative or positive things.
- i. Analyze difficult situations:
  - Reverse Lens: What would the other person think?
  - Long Lens: What would I think about this, 6 months from now?
  - Wide Lens: How can I learn and grow? Take time to pause and analyze how you have affected others positively.

### Internal Interpreter Training

Erin Rosales, Connecting Cultures, Inc., Little Chute, WI

- The safety and wellbeing of our interpreters is very important to us. We think interpreters should feel safe and comfortable. We do everything with this goal in mind
- We can provide consistency
- Some techniques include:
  - Provide mandatory training
  - Pre-session and debriefing
  - Employee Assistance Program services:
    - Assist with mental health interpreting
    - Have developed parameters we use to delineate the interpreter's responsibility situations with the ER and police departments.
    - Set parameters of what we expect from an intern
    - Set clear boundaries in the clinics.
  - CC administration helps establish interpreter's roles and responsibilities.
  - Those interpreters who have problems, address them with management, this helps avoid conflict and risks.
  - Qualified potential medical interpreters are informed about what the job is like.
  - It is explained that the job requires a long schedule and/or odd hours
  - The different types of appointments and what to expect (e.g ER: sounds, smells)
  - We try to paint an accurate picture, both good or bad
- We offer training in good practices, standards of practice.
- During this training, we teach what to do when you are hungry, about snacks, keeping alert. We recommend bringing a book to keep occupied.
- We provide office debriefing: making the right decision helps to move on when dealing with difficult times, how to leave work at the office, etc.
- We teach how to recognize potentially dangerous and risky situations.

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Alina Ferrer, Beebe Medical Center in Lewes, DE

Alina is the only full time medical interpreter in Delaware.

Recommendations and comments:

- Eat right
- Get enough sleep
- It is difficult when no one else can relate to your job.
- It is a small hospital; therefore, she has been able to create a good rapport with physicians and nurses.
- It is quite helpful to have others around, giving
- Medical Interpreting is a new field.
- Not many understand what an interpreter goes through

## **OPEN DISCUSSION**

1. Do you agree with the proposed definition of interpreter self-care? If not, what would you modify or change?  
*Steps taken within and without the interpreting session to optimize the interpreter's physical and mental well being with the aim of supporting the quality of interpretation.*
2. What challenges might arise to an interpreter's physical and emotional well being?
  - We have a right to be mentally and physically well.
  - Basic issue of respect for medical interpreters. It's not understood that there is the possibility of vicarious trauma because the words are passing from our mouths to the ears of the patients. If the interpreter doesn't work long term, it is difficult to vent in a confidential environment.
  - Providers think about the well being of the patients. Interpreters must worry about their own well being because no one else is.
  - One time, when I was interpreting during a delivery, I ended up sprayed with blood. My recommendation is to follow what other providers do.
  - You must be cognizant of your surroundings.
  - There is a lack of respect toward medical interpreters. Many are viewed as friends and/or family. Many interpreters do not know about Employee Assistant Program (EAP) in their institutions.
  - Many institutions do not have an EAP, which presents a problem. Where do interpreters go for help in non-hospital organizations?
  - In Texas, our interpreters contact our agency first, we then refer them to someone for the services they need. As an organization, we took on the responsibility to provide such services when they are needed.

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- I'm concerned about freelancers and agency interpreters, because they are not able to establish relationships with providers. In Seattle, there is a competition of wages. And when it comes to OPI, who do those interpreters turn to for help? I wonder how much training is given to deal with vicarious trauma.
3. How do you think stresses manifest themselves in interpreters?
- One may become more negative
  - Low energy
  - One gets easily distracted
  - One may not sleep well –because may be obsessed about work
  - One may have an inability to enjoy life
  - One may not feel very good about the people at work, may also feel like a victim
  - Telephone interpreters, must concentrate harder, when delivering bad news.
  - Is there a script out there interpreters can follow when trying to sympathize with others?
  - I think its the providers' job to take care of the patients, not the interpreters.
  - It is difficult, but we always must provide a faithful interpretation. What I do is close my eyes and focus on the message. I find the way to convey the message.
  - Are we really members of the team? During and after the session, the doctor and nurses continue discussing patients' cases, but not with me. So, am I in the team or not? There's definitely isolation.
4. Debriefing is one type of self-care done outside the interpreted session. Think of a debriefing program for interpreters that you know. How is it organized? What's been successful and what could be improved?
- My recommendations for interpreter self care are to have a good nutrition, sleep well, debrief when necessary, exercise regularly, and consume fish oil, practice relaxation of the mind techniques.
  - Have conversations with others about they can help meet your needs.
  - Teach people communication skills
  - Talk to providers about how they can best help care for interpreters.
  - How do I take care of myself during a session (e.g. TB, immune deficiency disease)
  - An interpreter should carry food.
  - Have water, have lunch
  - Learn how to take care of yourself emotionally and physically (ex: protection in radiology, mask, food, water, breaks)
  - Ask yourself with whom can you debrief?
  - Due to confidentiality contracts, many interpreters shy away from discussing any situations

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- Must educate providers on what the boundaries for interpreters are
  - Be able to identify what the interpreters' pressure points are and be aware of your own weaknesses.
  - Work with your providers to set up parameters with your clients in mind
5. What resources are you aware of in regards to interpreter self care that you would like to share with the group?
- Manage Your Energy, Not Your Time by Tony Schwartz and Catherine McCarthy
  - “Self-Care for Interpreters: Prevention and Care of Repetitive Strain Injuries” by Registry of Interpreters for the Deaf, Inc. (RID)

## CLOSING

The call closed at 1:30 EST.

If you have suggestions for Open Call topics, please send them to  
Merlyn Pérez at [mperez@ncihc.org](mailto:mperez@ncihc.org)