



Cultural and Language Considerations for Working with Interpreters

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When working with interpreters both culture and language come into play. Information can be misinterpreted as a result of cultural variation as easily as it can be misinterpreted due to language differences.

Goals

- Describe cultural considerations when working with students and families from other cultures.
- Understand procedures for working and collaborating with interpreters during family interactions, speech and language assessment (including terminology), and treatment.
- Provide interpreters with appropriate vocabulary and scripts in Spanish that are culturally sensitive to explain the ARD/IEP paperwork and processes to parents.

The need for Interpreters

- In 2012, 51% of all children in Texas public schools and 53% of children in Early Childhood Intervention (ECI) programs came from Hispanic/Latino backgrounds.
- Of the Early Childhood Participants, 18% were reported to have a primary language of Spanish.
- According to the 2010 census, 34.4% of the Texas population spoke a language other than English, and of those, 14.4% spoke English “less than well” (US Census Bureau, 2010).

Selecting Personnel to Conduct the Evaluation and Intervention (Source: ASHA)

- Level 1: trained (in CLD issues) bilingual speech-language pathologist fluent in the native language
- Level 2: trained (in CLD issues) monolingual speech-language pathologist assisted by trained bilingual ancillary examiner.

What is an ancillary examiner? An interpreter who is specifically trained to administer an assessment instrument. This would be done IN THE PRESENCE of the SLP—the SLP does all scoring and interpreting, but the examiner is able to manipulate the test, present items, mark correct/incorrect.

- Level 3: trained (in CLD issues) monolingual speech-language pathologist assisted by trained interpreter

A monolingual SLP who is trained in CLD issues can work effectively with a trained interpreter to conduct the evaluation. HOWEVER, please note that the important issue in this hierarchy is the TRAINING! A monolingual SLP who is TRAINED in the issues will be able to make good decisions for CLD learners.

Language Differences vs. Cultural Differences

- The ability to speak a second language is not sufficient
- Cultural and language nuances can create misunderstandings (e.g., direct eye contact, direct questions, saying “no” is a stigma, male/female roles, child/adult roles).
- Cultural perspectives and nuances
 - Country-specific
 - Work versus Home Culture

Nine Cultural Parameters

1. Individualism versus collectivism

A culture is termed individualistic when great value is placed on individuals and their rights and decisions. Members of individualistic societies may tend to have more casual relationships. By comparison, a culture is collectivistic when great value is placed on the group and membership in the group.

2. Views of time and space

This parameter refers to how strictly a culture adheres to a schedule. Some cultures emphasize punctuality, while others are more event-oriented. For the latter group, beginning a new event is determined by the completion of the previous event, rather than by a schedule. This parameter also refers to personal space and how much distance between conversational partners is required for individuals to feel comfortable

3. Roles of men and women

Gender roles vary across cultures and influence many areas, including education, ownership, choice of profession, and decision-making authority in the family. Consider concepts of class and status. What determines an individual’s societal position and place of respect varies across cultures (Tomoeda & Bayles, 2002).

4. Concepts of class and status

Wealth often plays a large part in the determination of class in Latino culture. Socioeconomic class may result in even greater group dissimilarities than country of origin

5. Values

A cultural group’s values are manifested in its view of the relationship of man to nature and of human beings to other human beings, the importance of ancestors and of the environment, and the degree of materialism (Tomoeda & Bayles, 2002). Values in the Latino culture include (1)

“familismo,” or the ultimate importance of the family relationship; (2) “respeto,” treating authority figures such as parents, elders, and priests with respect; and (3) “personalismo,” a personal (vs. impersonal) interest in a relationship

6. Language

This parameter involves the influence that the pragmatics of a language has on interpersonal communication. One principle factor affecting communication is the degree to which context is necessary to derive meaning. The amount of information conveyed through setting or context differs among cultures, ranging from high to low context. For example, in high-context cultures, context is crucial to communicate meaning. In interacting with these cultures, a culturally competent clinician would be especially aware of nonverbal aspects of communication, such as eye contact, gestures, space, use of silence, and touch. In contrast, in low-context cultures the actual words are critical and should be the focus of communication.

7. Rituals

Rituals or ceremonies are conventional ways of commemorating significant historical events or life changes and renewing commitment to shared values. Weddings, births, deaths, and religious worship are associated with rituals in most cultures and many rituals are based on religion

8. Significance of work

This parameter refers to the importance of work in a culture and how it is defined by the members of the culture. For example, Americans are defined by their work, but people in many other cultures are defined by the groups they are members of and their role in the community.

9. Beliefs about health

Significance of Beliefs about health, illness and disabilities are viewed differently across cultures. In many cultures, someone with a disability may be seen as special or holy, or they may be seen as bewitched. Illness may be thought to occur when an individual is out of harmony with nature or the universe, and a spiritualist, folk healer, herbalist, or witch doctor may be chosen over Western medical professionals to provide health care. A close relationship between religion and illness is common in Latino families.

Why study culture?

- Increased Accuracy of Decision Making

The American Speech-Language-Hearing Association (ASHA) maintains that clinicians must recognize how a client's cultural and linguistic characteristics will influence the clinical decision-making process and determine how communicative competence and impairment are evaluated. (Tomoeda & Bayles, 2002).

Improved Therapeutic Outcomes

A client's cultural beliefs will influence:

- How they describe their health problems
- The manner in which they communicate their symptoms
- Who they seek for health care
- How long they remain in care
- How they assess the care provided.

Culturally familiar environments facilitate success in treatment as clients are more secure and responsive in these settings. (Tomoeda & Bayles, 2002; Mahendra et al., 2006).

- Reduction in Misunderstanding of Clients and Families

As Latino families are most often served by non-Latino speech-language pathologists, misunderstandings may frequently occur. Knowledge of common cultural characteristics may reduce these misunderstandings.

“I noticed that.....”

“Tell me about....”

Knowledge and Skills Required of Interpreters (ASHA, 2004)

- Native proficiency in the child's language/dialect and the ability to provide accurate interpretation/translations.
- Familiarity with and positive regard for the child's particular culture, and speech community or communicative environment.
- Understanding of the role of the interpreter on the team (not including their own opinion)
- Knowledge of interview techniques, including ethnographic interviewing.
- Professional ethics and client/patient confidentiality.
- Professional terminology.
- Basic principles of assessment and/or intervention principles to provide context to understand objectives.

Be Aware of Potential Bias

- It is human nature to want a member of your culture to perform well
- An interpreter should:
 - Maintain Neutrality
 - Translate verbatim statements
 - Maintain confidentiality
- Bias can be avoided simply by explaining bias to an interpreter. Empower them to do a good job by explaining how common bias is to all of us. This causes a person to monitor themselves to provide the best interpreting.
- Bias is dramatically increased the closer the interpreter is to the client. i.e immediate family.

How to find an interpreter

- The Professional Community
 - Bilingual SLP fluent in child's native language
 - Professional in education (e.g., teacher, paraprofessional)

- Professor or student at local university
 - Nurses, healthcare professionals
 - Austin Area Translators & Interpreters Association (<http://aatia.org/>)
 - Bilinguals: English, Spanish, Vietnamese, Hebrew, Russian and Farsi
- Community Members
 - Cultural centers
 - Member of child's church or community group
- The family
 - The family is the most accurate source for their language and dialect.
 - Extended members preferred
 - Ask for a member of the family that is not immediate to limit bias
- Online resources
 - www.professionalinterpreters.com
 - <http://www.asha.org/proserv/>

The nursing/ nursing home professional community is incredibly diverse. If the family can direct you towards a medical professional that speaks their language you have a leg up on someone that is probably familiar with translating.

Types of Interpretation

- Consecutive Interpreting
 - The interpreter listens to a section and then the speaker pauses to give time to interpret
 - Used in one-to-one and small group meetings
- Simultaneous Interpreting
 - The interpreter attempts to relay the meaning in real time.
 - Used more for conferences and speeches to large groups

How to Work with an Interpreter

- **BID** (Langdon 2002)
 - Briefing
 - Interaction
 - Debriefing

Briefing

The encounter with the family should **not** be the first time you speak with an interpreter.

- Ask that they interpret **consecutively** (not concurrently)
- Explain the format
- Explain your job and what you are looking for
- Basic Principles:
 - Characteristics of speech and language disorders
 - Information about 1st and 2nd language acquisition
 - Guidelines for distinguishing between language differences and disorders
 - Special education terminology
 - Strategies related to working with families
 - Cultural differences and their impact on assessment
 - Use of assessment results in placement decisions

- Important considerations during assessment and therapy:
 - Provide interpreter with background information about student
 - Show interpreter how to use tests
 - Allow the interpreter time to organize test materials, read instructions, and clarify areas of concern
 - Ensure that interpreter does not protect student by hiding extent of limitations/disabilities
 - Try to work with the same interpreter for multiple assignments to save time in training and to build a relationship.

Interaction

- Introduce yourself and the interpreter
- Describe your roles and clarify expectations
- Plan your time carefully (may need twice the time)
- Do not rush, speak slowly and clearly
- Pause frequently to allow interpretation
 - Limit the number of sentences
 - Take breaks
- Avoid use of jargon, idioms, and humor
- Pause frequently: check with interpreter to see if you are talking too fast/slow
- Talk to the family, not to the interpreter (i.e., use eye contact appropriately)
- Sit across from client and interpreter takes a mediating position
- Note: An inexperienced interpreter may talk more or less than you do.
- An interpreter should never translate emotions, body language works for that
- An interpreter should never answer questions on your behalf.
- An interpreter should never alter what you say.
- During assessment and therapy
 - Follow directions and record responses verbatim, in addition to:
 - Response delays (latencies)
 - Use of gestures to replace words
 - False starts, word repetitions
 - Clarity of message
 - Vocabulary use
 - Sample sentences
 - Language and articulation errors
 - An estimate of overall intelligibility
- Important considerations:
 - Allow interpreter to only carry out activities for which he/she was trained
 - Involve others in training interpreter when appropriate
 - Recognize limitations of interpreted tests!
 - Specify in report that interpreter was used

Behavioral Strategies (M. Godbee)

Prevent Antecedents

Visual schedule

Predictable routine
Providing for sensory needs (light, auditory, movement)
Visuals of expected behavior
Reinforcing a peer who is behaving correctly.
Remove distracting items
Hand position markers (stickers on table for where you put your hands)
Feet position markers for lining up at the door
Reward charges
Avoiding certain topics
Scheduling sensory breaks (Stress ball, slinky)
Chunking into manageable parts (Drawing circles for where stickers go)
Color code your things and their things so the child know what he can touch and what he can't or use different cabinets for things they can use and things they cannot
Tool vs. Toy
Define physical space
Times
Priming
Create an environment conducive to learning
Replacement language (You just said you are stupid, I think you are trying to tell me that you are frustrated. Are you frustrated or upset?)

Teach Desired Behaviors

Label expected versus unexpected behaviors
Use social stories.
Draw attention to the positive behavior of other children
Use Token Boards
Give Hand-over-hand assistance (with respect –“May I help your hand?”)
Model of desired behaviors
Ignore negative behaviors

Reinforce Desired Behaviors

Tangible rewards (toys, stockers, preferred activity, prizes)
Praise (verbal)
Check mark charts
High five
Sensory input Breaks
Ipad/computer time
Specific praise (don't just say “good job,” say, “I like the way you are standing in line quietly with your hands by your sides”)
Sensory input
Breaks
1:1 attention
video feedback- positive
EXCITEMENT!!!
Praising expected behavior in students (including peers)
Give choice

Frequent reinforcement – appropriate intervals or timed

Debriefing

- Ask the interpreter their impressions of the interaction and family/client after the interaction
- Use a “team approach” to assist interpreter in providing sufficient information to form clinical judgment
- Go over client’s errors as well as anticipated responses
- Discuss any difficulties that occurred during the interaction
- Documentation: Writing the Report
 - Note that an interpreter was used
 - Supplement testing with other data
 - Observations
 - Teacher/family input

Special Education Terminology

Scripts for ARD/IEP Meetings in Spanish and English

- Initial
- Annual
- Dismissal

Blurbs for Report

CULTURAL, LINGUISTIC, AND EXPERIENTIAL BACKGROUND

- | | |
|---|--|
| <input checked="" type="checkbox"/> Comes from a non-English speaking home or geographic area | <input type="checkbox"/> Displays heightened stress in cross-cultural interactions |
| <input type="checkbox"/> Home and school experiences are incongruent | <input type="checkbox"/> Limited or sporadic school attendance |
| <input type="checkbox"/> Recent immigrant | <input type="checkbox"/> Few readiness skills |
| <input type="checkbox"/> High family mobility or migrant | <input type="checkbox"/> Other: |

YES NO

- CULTURAL AND/OR LIFESTYLE FACTORS are the primary influence in this student’s learning and behavioral patterns.
- This student’s sociological status indicates a LACK OF PREVIOUS EDUCATIONAL OPPORTUNITIES. If yes, explain:

Language History

French is the primary language spoken in the home. Student was born in France and received French instruction through age 13 years of age. Since January, he has been receiving English instruction with ESL support. He has had exposure to Brazilian Portuguese from birth to 3 years, but he was not a verbal communicator at the time. He is indirectly exposed to Brazilian Portuguese at home as his mother uses Portuguese with his little brother. Overall, Student’s primary language is French, with limited exposure to Portuguese and English.

A note regarding the bilingual assessment framework: The primary reason for referral was to determine the presence and nature of an underlying disorder in communication abilities. When a child is exposed to two languages, this is investigated using a “difference vs. disorder” approach. Specifically, assessment data is obtained in both languages of exposure. Any noted errors or differences in communication skills are then analyzed and assigned to three main categories: 1) errors attributed to a child’s age (developmental errors); 2) errors attributed to the interaction between the two languages spoken (cross-linguistic influence); and 3) atypical errors.

(For Bilingual SLP)

In Student’s case, communication skills were assessed in French and English by a bilingual speech-language pathologist using formal and informal measures. His language skills were probed in English via conversation and a narrative language sample. Based on the findings of probes in English, formal English testing was not indicated for the purposes of assessing his underlying communication skills. Language skills were assessed in French and English using the CELF-4 English in non-standardized fashion. Where appropriate (i.e., when an equivalent structure existed in French), items were translated to French. In many cases, Student was given an opportunity to understand or respond in French and English on the same item in order to develop a total language view of his skills. Raw score results of the standardized language testing are below followed by an explanation. Standard scores cannot be reported due to Student’s language background and non-standardized administration procedures.

(For Monolingual SLP with a Bilingual SLP)

In Student’s case, communication skills were assessed in French and English. An English-speaking speech-language pathologist, with training in assessment for students from culturally and linguistically diverse backgrounds, conducted the English portion of the assessment using formal and informal measures. A bilingual, native French, speech-language pathologist used formal and informal measures to conduct the French portion of the test. Language skills were assessed in English using the PLS-5 in a non-standardized fashion. Because the PLS-5 is not standardized on native French speakers, standard scores cannot be reported due to Student’s language background and non-standardized administration procedures. Raw score results of the standardized language testing are below followed by an explanation. Language skills were assessed in French using the CELF-Preschool in a non-standardized fashion. Where appropriate (i.e., when an equivalent structure existed in French), items were translated to French. Again, standard scores cannot be reported due to Student’s language background and non-standardized administration procedures. Story retells were also obtained in both English and French.

(For Monolingual SLP with an Interpreter)

The Speech and Language assessment was completed in both English and Mandarin. An English-speaking speech-language pathologist, with training in assessment for children from culturally and linguistically diverse backgrounds, conducted the English portion of the assessment using informal measures. A native Mandarin-speaking interpreter, also a graduate student in communicative disorders, was used to assist with the assessment.

ARTICULATION/PHONOLOGY

Student’s speech skills were evaluated using formal and informal measures. Formal test results are followed by an explanation of performance.

The Goldman-Fristoe Test of Articulation 2 – English

Phoneme Errors

		Initial	Medial	Final			Initial	Medial	Final			Initial	Medial	Final
4+	p				5+	t				7.5+	L			
4+	b				5+	d				7.5+	r			
4+	m				5+	k				7.5+	s			
4+	n				5+	g				7.5+	tʃ			
4+	h	omit			7+	ŋ				7.5+	ʃ			
4+	w				7+	v				8.5+	ð	d	d	
5+	f				7.5+	dz				8.5+	z			
5+	j				7.5+	er				8.5+	θ	f	f	f

Student presented with articulation skills within normal limits in French with respect to sound inventory and ability to combine sounds for connected speech. Intelligibility was 100%. In English, he showed French-influenced articulation errors on the GFTA-2. French does not have: aspirated H, voiced TH, voiceless TH. He showed logical substitutions on these sounds (omission, D, and F, respectively). This was expected based on Student's language background. Overall, articulation skills were within the average range.

Language

Laotian Example

Per parent report, English is primarily spoken in the home by parents and Student; however, some directives are spoken in Laotian. Student, per parent report, understands all directives (in English and Laotian) given in the home environment. Words understood in Laotian include: hurry (ໂຕ), time to eat, time for bath, come here () and get water.

Mandarin Example

Utterances Stated in English	Mandarin Influenced Syntactical Structures
Baby go to bed.	Articles are not used in Mandarin.
He fall down.	Verbs do not conjugate to show change in tense.
The bee fly away.	Verbs do not conjugate to show change in tense.

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