Working With Interpreters: Practical & Ethical Considerations

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About Me

- Bilingual speech-language pathologist
- M.A. in SLP, M.A. in TESOL, B.A. in Spanish
- Specialize in language, literacy, and executive function. Also working with Selective Mutism.
- Clinical supervisor at University of Memphis
- Private practice
- Previously worked for public school district
- Before graduate school, worked as an interpreter on a grant to train SLP graduate students to work with interpreters.
- Several years experience as a medical interpreter.
Why Am I Passionate About This?

1. I have witnessed, experienced, and heard about countless deeply problematic or failed collaborations with interpreters. These failures are detrimental to the provision of high-quality, ethical services.

2. Collaboration with interpreters is weird and complicated for SLPs because, unlike other professionals who simply use language to examine or discuss other topics, SLPs are trying to examine the speech and language itself. We are kept at a distance from the very thing we are trying to examine.

3. This is weird, unclear territory for the interpreter as well. We require their input in ways other professionals do not and this can be very messy.

   In short, we aren’t doing this well (because we don’t know how to), and it’s bad for our clients.

Why Am I Passionate About This?

4. I have witnessed many SLPs, AUDs, school and medical staff, and administrators say and do things that make it clear that they do not understand their legal or ethical obligation to provide and utilize qualified interpreters.

   In other words, we aren’t doing what we are supposed to (because we don’t know better.....sometimes....) and there are serious legal and professional consequences.
What I Hope To Offer You

- A greater understanding of your legal and ethical obligations
- A greater understanding of the appropriate roles and responsibilities of the interpreter and the SLP during a collaboration.
- Practical advice to maximize the success of a collaboration.

Terminology

**Interpreter:** Conveys spoken or signed communication from one language to another.

**Translator:** Convey a written text from one language into another.

**Transliterator:** Changes the letters from one alphabet or language into the corresponding, similar-sounding characters of another alphabet. Does not convey meaning, but helps pronounce.

**LEP:** Limited English proficiency

**ELL:** English language learner
Legal Obligations: Affordable Care Act

Section 1557 of ACA applies to

- Any health program or activity that receives federal financial assistance, including credits, subsidies, or contracts of insurance (e.g. Medicaid and CHIP)
- Any program or activity that is administered by a federal agency (e.g. Medicare and the federally facilitated marketplace); and
- Any entity created under Title I of the ACA (e.g. state-based, state partnership and the federally facilitated marketplaces).

Legal Obligations: Affordable Care Act

Section 1557 requires these agencies to:

- Take reasonable steps to provide meaningful access to each individual with limited English proficiency eligible to be served or likely to be encountered in its health programs and activities. (includes family members and spouses)
- Provide language assistance services in a timely manner, free of charge.
- Use qualified translators and interpreters and may not rely on staff to interpret who do not meet the definition of “qualified bilingual/multilingual staff.”
- LEP individuals cannot be required to provide their own interpreters.
- Post notices in English and the 16 most common languages notifying clients/patients of these rights.
Legal Obligations: Affordable Care Act

Definition of “qualified interpreter”:

- Adheres to generally accepted interpreter ethics principles, including client confidentiality;
- Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and
- Has demonstrated the ability to interpret effectively, accurately, and impartially, both receptively and expressively, to and from such language(s) and English, using any necessary specialized vocabulary and phraseology.
- Is designated to provide oral language assistance as part of the individual’s current, assigned job responsibilities

While the new regulations do not explicitly require the use of certified medical interpreters, that is clearly their implied intent since, to be a qualified interpreter, one must first have gone through some type of qualification process.
Legal Obligations: Affordable Care Act

- Severely restricts bilingual or multilingual staff without formal training in medical interpreting from serving as medical interpreters.
- Distinguishes between “qualified bilingual/multilingual staff” and untrained bilingual/multilingual staff. Only the former may be used as medical interpreters for LEP patients.
- “The fact that an individual has above average familiarity with speaking or understanding a language other than English does not suffice to make that individual a qualified interpreter for an individual with limited English proficiency.”

Legal Obligations: Affordable Care Act

Explicitly bans the use of minor children as medical interpreters.

- Providers are not only prohibited from relying on minor children as interpreters they are also instructed not to rely on minor children to “facilitate communication” with LEP patients.
- The only exception to this rule is “an emergency involving an imminent threat to the safety or welfare of an individual or the public where no qualified interpreter is immediately available.”
Legal Obligations: Affordable Care Act

Prohibits the use of adult family members and friends as medical interpreters.

- Exception 1: an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter is immediately available. (Note: since most leading national telephonic and video remote interpreting companies can make qualified interpreters available in hundreds of languages within seconds, this exception should be regarded as limited.)
- Exception 2: the LEP person “specifically requests that the accompanying adult interpret or facilitate communication and the accompanying adult agrees to provide such assistance.” (“reliance on that adult [family member or friend must be] appropriate under the circumstances.”)

Legal Obligations

Providers are required to provide qualified translators of written translated materials as well. Qualified translators:

- Adhere to generally accepted translator ethics principles, including client confidentiality;
- Have demonstrated proficiency in writing and understanding both written English and at least one other written non-English language
- Are able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.
Legal Obligations: Affordable Care Act

**Designated Employee.** Covered entities (providers who receive federal funds from Medicare, Medicaid or SCHIP programs) with at least 15 employees are required to designate at least one employee to carry out certain specified responsibilities under Section 1557 of the ACA.

**Grievance Procedures.** Covered entities (providers who receive federal funds from Medicare, Medicaid or SCHIP programs) with at least 15 employees are required to provide grievance procedures (with appropriate due process standards) to resolve any disputes regarding actions prohibited under Section 1557 of the ACA.

Legal Obligations: US Dept. of Education; Dept. of Justice

The US Dept. of Education, Office of Civil Rights, and the Dept. of Justice, Civil Rights Division jointly issued a fact sheet to answer common questions about the rights of parents/guardians who do not speak, listen, read, or write English proficiently because it is not their primary language.

**Q: Must schools provide information for LEP parents in a language they can understand?**

**A: Yes.** Schools must communicate information to LEP parents in a language they can understand about any program, service, or activity that is called to the attention of parents who are proficient in English. This includes, but it not limited to special education and related services, and meetings to discuss special education.
Legal Obligations: US Dept. of Education; Dept. of Justice

Q. Must a school provide language assistance if a parent requests it? Even if his/her child is proficient in English and the parent is somewhat proficient in English?

A. Yes. Schools must respond to a parent’s request for language assistance and remember that parents can be limited English proficient even if their child is proficient in English.

Q. May a school ask a child, other students, or untrained staff to translate or interpret?

A. No. Schools must provide translation or interpretation from appropriate and competent individuals and may not rely on or ask student, siblings, friends, or untrained staff to translate or interpret for parents.

Legal Obligations: US Dept. of Education; Dept. of Justice

What steps must school districts take to provide language assistance to LEP parents?

- Develop and implement a system for identifying all LEP parents and their language needs.
- Provide effective language assistance to LEP families, such as by offering translated materials or a language interpreter. Language assistance must be free and provided by appropriate and competent staff or through appropriate and competent outside resources.
- Ensure that interpreters/translator have knowledge in both languages of any specialized terms or concepts and are trained on the role of the interpreter/translator, the ethics of interpreting/ translating, and the need to maintain confidentiality.
- It is not sufficient for the staff to merely be bilingual.
Legal Obligations: IDEA

Sec. 300.322 of IDEA states:

“Each public agency must take steps to ensure that one or both of the parents of a child with a disability are present at each IEP Team meeting or are afforded the opportunity to participate, including...use of interpreters or other action, as appropriate. The public agency must take whatever action is necessary to ensure that the parent understands the proceedings of the IEP Team meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English.”

Legal Obligations: IDEA

IDEA Part B: "When evaluating English language learner (ELL) students, it is important for speech-language pathologists (SLPs) to carefully review the child's language history to determine the language of assessment. If it is determined that the child should be evaluated in a language other than English, the SLP must use all available resources, including interpreters when necessary, to appropriately evaluate the child" (ASHA, n.d.).
Legal Obligations: IDEA

IDEA Part C: "All contact with families referred to Early Intervention must be in the family's language and mode of communication. Interpreter services may be needed for a service coordinator to communicate with parents for IFSP meetings, as well as to conduct evaluations and provide direct services. Evaluations should be conducted in the language normally used by the child. Clinicians assess the developmental appropriateness of language(s) used across different speaking environments to consider the child's total language system, in particular for a child who uses more than one language. When interpreter services for the deaf are linked directly to a specific child, these services can be authorized as part of that child's IFSP. Services are also to be relevant and culturally competent."

Ethical Obligations: ASHA

Principle of Ethics 1: Rules A, B, C, F

Rule A: Individuals shall provide all clinical services and scientific activities competently.

Rule B: Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

“The implication of Rule B is that if a professional feels unprepared to serve an individual on the basis of cultural and linguistic differences, then the option of an appropriate referral should be utilized.” (ASHA, Issues in Ethics: Cultural & Linguistic Competence)
Rule F: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

“Rule F prohibits delegation of tasks that are beyond the competence of the designee and requires that adequate supervision be provided by the professional. The implications are widespread when cultural or linguistic differences exist between the service provider and the client or research participant, especially when the use of bilingual assistants, aides, transliterators, and interpreters is required. Although providing services to linguistically diverse individuals may require the assistance of trained interpreters or other bilingual professionals, it is the responsibility of the professional to understand the influence of issues related to cultural and linguistic diversity (e.g., second language acquisition, dialectal differences, bilingualism). Ultimately, the professional is responsible for the appropriate diagnosis and treatment/management of communication disorders.” (ASHA, Issues in Ethics: Cultural & Linguistic Competence)
Ethical Obligations: ASHA

Principle of Ethics IV: Rule R: Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

Even if your agency isn’t abiding by the federal laws I have just discussed, you are still obligated to. ASHA has made it clear that employer demands are not an excuse for violating the law or the Code of Ethics.

Practical Considerations

- Do you want to waste your time doing an invalid evaluation or ineffective treatment? Probably, not.
- Do you want to spend the time and effort to add someone to your caseload that doesn’t need to be there? Probably, not.
- Do you want to communicate effectively and efficiently with your client/family? Of course.
- Do you want to deal with the serious consequences of breaking the law or committing ethical violations? Definitely, not.

Cool. Then refer or get a trained interpreter.
Okay! I need to use an interpreter! How do I get one?

First, try (hard) to find a bilingual SLP and refer. If there are no bilingual SLPs in your area, consider referring to an SLP with experience working with interpreters. If neither is possible, you need to obtain an interpreter. In order of preference:

- Certified interpreter with experience working with SLPs
- Certified interpreter (any agency that receives Medicaid, SCHIP, Medicare is required to have them.)
- Certified interpreter via telephone or video (For uncommon languages))
- Trained interpreter (Vetted and trained by the agency, perhaps not certified)
- Untrained random staff or family members who happen to speak both languages (or not—how would you know?!) (only acceptable in emergency situations)

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Obtaining an Interpreter

If you work at a covered entity or a school district, someone should be in charge of compliance with these laws. Ask until you find out who you need to contact to schedule a qualified interpreter. Ask questions about qualifications and remember your legal and ethical obligations.
Got One. Now What? SLP Roles and Responsibilities

2. Plan culturally and linguistically appropriate assessment/session.
3. Pre-briefing
4. Collaboration during service delivery
5. Post-briefing
6. Analyze results using best practices for CLD clients

Research: Language & Culture

Research the language and culture:

- Regional dialect
- Phonology, vocabulary, morphology, syntax, pragmatics
- Religious influences
- Cultural attitudes towards parenthood, children, gender roles, development, disability, etc.
- Developmental norms, if possible.
Research: EBP

Research EBP for bilingual or non-English assessment:

- I cannot go into the details of evidence-based assessment/treatment for CLD populations, as it is an entire semester’s worth of information, but ASHA has some excellent CEU resources, as does the LEADERS Project, and Bilinguistics.
- I will, however, take the time to say that it is never appropriate to translate a standardized test from English to another language and use the score. Also, be wary of using a translated standardized measure for probing or developing goals because the items may not be measuring what you intend to measure in the target language. You also need to sure to find out whether that feature is developmentally and/or pragmatically appropriate in the target language.

Plan

Plan a culturally and linguistically appropriate, evidence-based assessment or treatment session:

- Consider appropriateness of goals, activities, materials, participants, and location.
- Consider how you can best utilize the interpreter during the session and include this in the planning.
- Remember that, when using an interpreter, everything needs to be said twice, so plan for about twice the time you would need for an English-speaking client.
- If there are documents that need to be translated for the session, gather them so that you can have them translated in time for the session.
- Prepare documents for interpreter to sign indicating understanding of expectations.
Pre-Briefing

- Meet in advance to allow adequate preparation time
- Review and learn greetings and the appropriate pronunciation of names in the family’s primary language
- Provide written information that will be used in the session, including proper names of those at the meeting, technical terms and abbreviations, copies of visual references, and topics to be covered
- Establish a rapport with the interpreter, transliterator, or translator
- Discuss prompts or cues that the interpreter/transliterator can use to alert you if you are speaking too quickly or too softly or the clinician’s speech or meaning is unclear;

Pre-Briefing

- Review the goals and procedures of the session, including:
  - whether gestures may or may not be used,
  - the possible influence of vocal intonation,
  - the presence of feedback to the client/patient,
  - other cues that may inadvertently influence the session in unanticipated ways;
- Review the impact of additional cuing and prompting through repetition of prompts in English to target language;
- Explain confidentiality policies pertaining to the HIPAA and the ASHA Code of Ethics and document that these policies have been explained and accepted;
Pre-Briefing

- Review assessment administration procedures or intervention techniques and ensure that the interpreter is aware of (a) the purpose of the procedures/techniques and (b) the need to provide test stimuli—in the client's language—that are as close as possible to the English prompts to elicit the desired type of response
- Provide in advance a copy of assessment prompts to be used
- Discuss the impact that fingerspelling may have on assessment results and reviewing possible differences in the conceptual accuracy of some signs relative to spoken language;
- Review procedures for capturing the client's verbal and behavioral responses. (note taking, signals)
- Ask questions your research was unable to answer.

During The Collaboration

- Introduce yourself and the interpreter or transliterator to the client (in the client's native language)
- Describe the role of the clinician and the interpreter and clarify expectations (some trained interpreters will do this as part of their introduction)
- Review and discuss the process for data collection (signals)
- When speaking, use short, concise sentences and avoiding the use of idiomatic expressions
- Pause frequently to allow the interpreter/transliterator enough time to convey information accurately
- Periodically check with the interpreter/transliterator to see if you are speaking too fast or too slow, too soft, or unclearly;
- Understand that many words do not translate exactly. Sometimes, they don’t translate at all.
During The Collaboration

- When working with children, you may choose to
- Talk directly to the client and ensure comprehension of diagnosis, prognosis, and treatment recommendations.
- When speaking to an adult, seat the interpreter next to and slightly behind the client.
- Avoid oversimplification of diagnoses, recommendations, and other relevant information
- When working with children, you may choose to direct the interpreter to interact directly with the child to avoid confusion. You must still direct and control the interaction.
- Provide written materials in the client’s/family’s preferred written language;
- Schedule breaks as appropriate. Interpreting is heavy mental work.

Making Speech/Language Judgements

- It is okay to ask the interpreter to:
  - Make grammaticality judgements, BUT you need to explain that typical characteristics of nonstandard dialects should not be counted as ‘wrong’.
  - Make intelligibility judgements, BUT you need to be sure the interpreter and the client speak the same dialect.
  - Tell you if a child pronounced a word correctly, keeping dialect in mind.
  - Tell you whether the client used a particular grammatical form correctly, keeping dialect in mind.
  - Tell you whether a client’s response or behavior was pragmatically appropriate
Making Speech/Language Judgements

Keep in mind:

- An interpreter may not understand the difference between speech and language. You will need to explain the difference and which one you are testing.
- An interpreter may not recognize that a mispronounced word is actually the target the word during a language test (dada for cuchara).
- Vocabulary words can vary a lot by region.

Making Speech/Language Judgements

It is not appropriate to ask an interpreter:

- If he/she thinks the child has a speech or language disorder.
- If he/she thinks the child needs speech/language therapy.
- To do any part of a meeting, evaluation, or treatment session independently.
Post-Briefing

- Review the client's responses, as well as the target responses, and determine if they may have been influenced by cultural and/or linguistic variables
- Discuss any difficulties or concerns.
- Make notes about things that worked or didn’t work and what you will do the same or differently next time.

Interpreter Roles and Responsibilities

- Explain the role of the interpreter and how interpretation will occur.
- Interpret accurately the meaning and intent of the words spoken.
- Set pace, signal speaker if he/she needs to slow down or pause.
- Indicate to the speaker if the listener does not appear to understand the message
- Interrupt for clarification
- Respect the integrity and right to confidentiality of all parties
Interpreter Roles and Responsibilities

- Do not impose own values and opinions
- Maintain professional conduct at all times
- Maintain clear role boundaries:
  1. Refrain from giving advice, expressing opinions, solving problems, mediating and/or advocating.
  2. Refrain from discussion of personal, political or potentially controversial topics in informal conversation with LEP client/family.
  3. Refer client/family questions to the appropriate health, social or community service staff.

Cultural and Linguistic Informants/Brokers

Interpreters and translators also serve as cultural and linguistic informants/brokers.

**Cultural broker:** passes cultural and community information between client and clinician to optimize services. E.g., In some cultures, it would be considered inappropriate for a male to shake hands with a female. Religious, cultural customs regarding dress, food, pets, families, etc.

**Linguistic broker:** passes knowledge about speech community, communication environment, and language and sociolinguistic norms between client and clinician to optimize services. E.g., In some cultures, there are formal and informal ways to address to a person. There may be dialectal differences in pronunciation and vocabulary. Many things you don’t know you don’t know:-)
F.A.Q.

How do I know if a parent is fluent enough in English to not need an interpreter?

All you can do is ask the client/parent in which language they prefer to receive important medical or educational information. If they indicate they prefer to receive this information in English, ask them to sign a release. If they indicate that they prefer to receive this information in their first language, you are obligated to obtain a qualified interpreter.

F.A.Q.

What if I cannot find a trained interpreter for a rare language?

Phone interpretation services have nearly every language there is. In the very rare cases when this is not possible, you may consider using a bilingual community member or family member (as a very last resort), with the client’s permission. You should document your failed attempts to find a more appropriate interpreter to justify the use of an unqualified interpreter. During the pre-briefing, explain the role and expectations of the interpreter (as outline previously) and have them sign a form stating that they understand these expectations and agree to abide by them. These steps help protect you and increase the chances of a successful collaboration. (In my experience, however, collaborations with unqualified interpreters are never entirely successful, and are often very, very problematic).
F.A.Q.
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What if a parent/client refuses an interpreter when I think they need one?

For a meeting or consultation, you can ask the client/family to sign a release. However, be wary of this. Families that need an interpreter may turn one down for fear of exposing their private information to members of their community. In some cases, the communities are very small and it is likely that they have friends in common. Also, sometimes individuals feel insulted by the offer of an interpreter because they believe you are implying that their English is not good. You can explain that you are obligated to offer because they are bi/multilingual. For the purpose of a bilingual evaluation, you need one in order to assess in both languages.

F.A.Q.
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What if I have a concern about what is happening during a collaboration with an interpreter?

- Take a break and speak privately with the interpreter. If your concerns persist, respectfully end the session and discuss, possibly include appropriate supervisors.
- **These issues are MUCH more likely to occur with an untrained interpreter.**
- While we have an ethical obligation to work cooperatively with other professionals, your first priority has to be the welfare of the client and his/her right to a valid evaluation and/or effective services.
Case Study 1

You are asked to evaluate a 4-year-old girl who came from Guatemala 6 months ago with her parents and 2-year-old brother. Spanish is the only language spoken in the home. She enrolled in a Head Start 4 months ago. The only Spanish-speaking staff member at the Head Start is the receptionist. When you request an interpreter, the director tells you to use the bilingual receptionist. (The receptionist is not a trained interpreter.) You will be expected to bill Medicare for your services. How should you handle this?

Case Study 2

After trying and failing to locate a certified or trained interpreter for the assessment of a 2 year-old child who speaks a rare Mayan language, you have decided that a bilingual community member is the best option you have. You held a pre-briefing with the interpreter and explained his role and the expectations. However, during the parent interview, he continually holds side-bar conversations with parent. You can tell that the parent is asking him questions and he is answering. How should you handle this?
Case Study 3

Your district has not yet taken steps to meet their legal obligations and are using untrained bilingual office staff to interpret. You are in an IEP meeting for which you are not case manager. You notice that the school psychologist goes through her entire 6-page report without pausing for the interpreter. Once she has finished, the interpreter, says something very brief and points to the report. The parent looks confused and overwhelmed. No one else seems to notice. How should you handle this?

Case Study 4

Your school has provided you with an interpreter that is trained, but not certified. During your parent interview, you ask if the child is saying any words. The parent says, ‘no’. The interpreter then says, “She probably has autism. I have 3 nieces with autism.” The parent understands enough English to understand this and is visibly upset. How should you handle this?
Case Study 5

You receive a speech/language report from another agency indicating that a monolingual Russian-speaking child has a mixed receptive-expressive language impairment. When you read the report, you see that the SLP tested this child by translating the OWLS into Russian and used the mother as the interpreter. The standard scores are reported and are used as the basis for the diagnosis of language impairment. How should you handle this?

Helpful Resources

ASHA, Collaborating with Interpreters: Key Issues:

ASHA, Cultural and Linguistic Competence
https://www.asha.org/practice/ethics/cultural-and-linguistic-competence/

Dept. of Ed/Justice Fact Sheet re: interpreters:
https://www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-lep-parents-201501.pdf

ASHA Summary of ACA Interpreter/Translator Requirements:
Helpful Resources

- IDEA laws:
  https://sites.ed.gov/idea/regs/b/d/300.322

- Find a certified interpreter:
  https://www.certifiedmedicalinterpreters.org

- IDEA re: parental participation:

Assessment Resources

- ALDeQ:
  https://www.ualberta.ca/linguistics/cheslcentre/questionnaires

- Review of 30 Non-English Speech Assessments:
Professional Development Resources

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Integrating an Interpreter:


Bilingual EBP and other resources:

[https://www.leadersproject.org](https://www.leadersproject.org)

[https://bilingualistics.com](https://bilingualistics.com)

[https://www.bilingualtherapies.com/bilingual-speech-pathologist-resources/](https://www.bilingualtherapies.com/bilingual-speech-pathologist-resources/)
**LEP Client/Family Referral Recommended Procedure**

1) Look for referral options. Document attempts to find a bilingual SLP:
   a. ___________________________
   b. ___________________________
   c. ___________________________

2) Find a qualified interpreter. Document attempts to find a qualified interpreter and any reasons you were given for not be provided one. (Emails are good.)
   a. ___________________________
   b. ___________________________
   c. ___________________________

Name of interpreter and qualifications: ___________________________

   CERTIFIED    TRAINED    UNTRAINED STAFF
   UNTRAINED COMMUNITY MEMBER    UNTRAINED FAMILY MEMBER

3) Schedule Pre-Briefing with interpreter.

4) Research culture, language, and EBP (See Research Guides)

5) Plan culturally and linguistically appropriate, evidence-based session.

6) Pre-Briefing. (See Pre-Briefing Checklist)

7) Collaboration. (See Collaboration Reminders)

8) Post-Briefing. (See Post-Briefing Checklist)
Interpreter Pre-Briefing Checklist

___Review roles, responsibilities, and expectations. (See Interpreter Role and Responsibilities Signature form.)

___Review and learn greetings and the appropriate pronunciation of names in the family's primary language

___Provide interpreter any written information that will be used in the session.

___Review proper names of those who will be in attendance, technical terms and abbreviations, copies of visual references, and topics to be covered.

___Discuss prompts or cues that the interpreter can use alert you if you are speaking too quickly or too softly or your speech or meaning is unclear

___Review the goals and procedures of the session, including
   ___whether gestures may or may not be used,
   ___the possible influence of vocal intonation,
   ___the presence of feedback to the client/patient,
   ___other cues that may inadvertently influence the session in unanticipated ways;

___Explain confidentiality policies pertaining to the HIPAA and the ASHA Code of Ethics and document that these policies have been explained and accepted (see Interpreter Role and Responsibilities Signature Form)

___Review assessment administration procedures or intervention techniques and ensure that the interpreter is aware of (a) the purpose of the procedures/techniques and (b) the need to provide test stimuli—in the client’s language—that are as close as possible to the English prompts to elicit the desired type of response

___Provide in advance a copy of assessment prompts to be used.

___Review procedures for capturing the client’s verbal and behavioral responses. (note taking, signals)
Language/Culture Research Guide

Client/family’s preferred language and dialect:

Monolingual or bilingual?

Phonemes of this language:

Information about morphological system:

Information about syntax (SVO, etc.)

Information about pragmatics:

Any speech and language norms available?

What town/region is the client/family from:

What can you find out about this community?


Cultural beliefs about education, health care, disability, gender, children, parenting, elderly, etc.:
EBP Assessment/Treatment Research Guide

Are there any standardized assessments that are appropriate, valid, and available for this population? (Aldeq is available in many languages and can be translated)

What non-standardized assessments have been shown to be valid and useful with this population?

What information is available for determining developmentally, culturally, and linguistically appropriate goals?

What treatment options have been shown to be effective with this population?

Describe your logic in developing your assessment:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Created by Katherine Mendez, MA, CCC-SLP; Bilingual Specialist in Language & Literacy
Reminders For Collaborating With An Interpreter

• Before beginning, ask or allow the interpreter to introduce him/herself and explain his/her role and how interpretation will take place.

• Speak directly to the client (except during pediatric assessments)

• The interpreter should be positioned next to and slightly behind the client/family member you are speaking to (except during pediatric assessments).

• Pause after 1 or 2 sentences to allow for interpretation.

• Watch for interpreter cues that you are speaking too fast or too long.

• Do not over-simplify your language.

• Use previously arranged system for data collection.

• Do not hand over your responsibilities to the interpreter just because you know they are familiar with the task.
Post-Briefing Checklist

___ Review the client's responses, as well as the target responses, and determine if they may have been influenced by cultural and/or linguistic variables. Take notes to keep in mind during analysis of results and report writing:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

___ Discuss any difficulties or concerns.

___ Make notes about things that worked or didn’t work and what you will do the same or differently next time:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Interpreter Roles and Responsibilities Signature Form

I, __________________________, hereby certify that, as interpreter, I will do the following:

• I will interpret accurately the meaning and intent of the words spoken.
• I will not add to or subtract from the content of what is said. I will not summarize or paraphrase.
• I will signal a speaker if he/she needs to slow down or pause.
• I will indicate to the speaker if the listener does not appear to understand the message.
• I will interrupt for clarification.
• I will ask for an explanation of any words I do not know or understand so they can be interpreted appropriately.
• I will respect the integrity and right to confidentiality of all parties.
• I will not impose own values and opinions.
• I will maintain professional conduct at all times.
• I will maintain clear role boundaries by:
  o Refraining from giving advice, expressing opinions, solving problems, mediating and/or advocating.
  o Refraining from discussion of personal, political or potentially controversial topics in informal conversation with LEP client/family.
  o Referring client/family questions to the appropriate individual rather than answering them myself.

______________________________________________________________________________

Signature                              Date

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