

# RAS Clinical Activities at Mangere Refugee Resettlement Centre (MRRC)

## 6. RAS Interpreter Services

### 6.1. Recruitment and Induction

Interpreters are recruited by the Interpreter Co-ordinator through interpreter service networks, from new intakes as needed, and from those who approach the agency for employment as interpreter. Prospective interpreters are provided with an application form and requested to submit their CVs and relevant certificates, after which they attend an interview with the Interpreter Co-ordinator and Clinical Manager. Thereafter if accepted for enlistment to our services they receive a contract, an induction and are expected to attend the next available training.

### 6.2. Interpreter-assisted Interventions

Since most of RAS clients do not speak the host language (English), an interpreter is provided for all services as necessary, including individual and group work for Quota Refugees and for Asylum Seekers. Their role of the interpreter is to **clarify**, interpret as **conduit**, and act as **cultural advisor** during all interventions. They are expected to be able to do either simultaneous or consecutive interpretation. The clinician will hold a briefing with the interpreter before the session begin when the case and session objectives are outlined and the interpreter is asked for any relevant cultural input.

At the start of the session, the interpreter is introduced, including their role. Their responsibility around confidentiality is explained to the client. Seating will have been prepared appropriately to enable the client to have eye contact with both parties.

The intervention session is followed by a de-briefing during which time the clinician can consult the interpreter about cultural issues or any aspect of the session that needs clarifying, and the interpreter has an opportunity to provide

additional cultural input for the clinician and to obtain de-briefing if the emotional material has been challenging. A follow-up appointment is made if necessary.

### **6.3. Interpreter Training Programmes**

#### **1. Rationale**

According to international research, people employed in the interpreter profession receive little training or supervision in their work settings. This has resulted from the fact that, historically, any person speaking a second language has been seen to be a potential interpreter. There is an international initiative to develop interpreting as a profession; and particularly highlighted is the need for ongoing professional development and for peer supervision.

Since the majority of RAS client work involves interpreters, RAS has found it necessary to provide specialized training focused on mental health work, and to provide supervision. The necessity has also arisen because of our varied and many ethnic client groups for which there are often no trained interpreters. RAS has taken the initiative to train people from these communities who are interested in working as interpreters within the mental health context. Both supervision by clinicians, as well as supervision by colleagues within their own profession is provided.

#### **2. Objectives**

- to teach basic interpreting skills as required within mental health
- to define the appropriate roles of an interpreter
- to provide interpreters with knowledge of mental health practice
- to teach specialist interpreting skills specific to mental health practice
- to provide guidelines on interpreter-client relationships
- to provide guidelines and practice in working effectively with mental health practitioners

#### **3. Process and Content**

The training programmes facilitated at RAS over the years have been structured and further developed to achieve local and international objectives and are guided by current Workforce Development standards in New Zealand.

#### **BASIC SKILLS TRAINING**

- Role of the interpreter
- Rights and responsibilities
- Code of Ethics for interpreters

- Understanding commonly committed errors in interpreting
- Pre-briefing, structuring and de-briefing
- Basic knowledge of mental health practice and terminology
- Roles and definitions of mental health professionals
- Self-care including management of workload and interpreter-client relationships

## **ADDITIONAL SKILLS TRAINING**

- Working within a Body Therapy context
- Knowledge about Body Therapy methods and terminology
- Working within different psychotherapeutic frameworks
- Understanding more of the mental health system in New Zealand
- Understanding some common mental health disorders, syndromes and symptoms
- More advanced mental health terminology
- On-going training around boundaries (as culturally appropriate) with regards to interpreter-client relationships
- Self-care (including transference and counter-transference issues and vicarious traumatization)
- Self-care techniques including breathing for use in emotionally challenging sessions

### **4. Evaluation**

- Pre- and post-course assessment and feedback (objective and subjective)
- Evaluation of interpreters' skills and practice by clinicians using specific criteria

## **6.4. Peer Supervision**

### **1. Rationale**

In accordance with international literature on interpreters working within mental health, it is considered imperative that they receive supervision, not only from clinicians with whom they work, but from qualified and experienced colleagues within their own profession. Interpreters working within the field of mental health are subjected to the emotional material of clients and relatively few have been trained to deal with this material and its possible effects on the Triad (client-interpreter-clinician). Many interpreters are interpreting for migrant and refugees communities to which they themselves might belong, and might have migrated from the same country of origin. This leaves them vulnerable to the impact of the client experiences and vicarious traumatization is not uncommon. Interpreters may need to be able to process such experiences (apart from the de-briefing provided by the clinician), but also have the opportunity to be supported

by colleagues in matters around dual roles within their profession and community as well as to continue learning about general interpreting practice within the field.

## **2. Objectives**

- to maintain highest professional standards and codes of conduct
- to ensure practice of code of ethics
- to provide an opportunity to develop most effective working relationships with clinicians
- to provide an opportunity to develop effective working relationships with, and support from, colleagues within their profession
- to work towards the development of a professional body and network of interpreters
- to provide on-going skills training through discussion, case management and presentations
- to provide an opportunity for further de-briefing of traumatic emotional material and for general case management
- to continue management of the dual-role that many interpreters have to play within their communities
- to encourage ongoing attention to psychological self-care
- to provide a forum for interpreters to explore and address issues that they might have with the agency

## **3. Procedure**

Peer supervisions sessions are conducted on a regular basis (fortnightly) by the Interpreter Co-ordinator. Periodically clinicians are invited to attend the sessions depending on subject matter and feedback about working relationships from both groups. Interpreters working during the intakes are expected to attend the peer sessions regularly. These sessions are also open to interpreters who might not have worked at RAS for a period, and also to interpreters working within mental health in other organizations, as to date there is no other professional supervision facility available to them. Individual supervision is also provided on a needs basis, by the Interpreter Co-ordinator and/or the Clinical Manager.

## **4. Evaluation**

- Verbal feedback
- Evaluation forms