

## Diagnostic interviews with the support of interpreters/language mediators

### Requirements for language mediators

- linguistic competence and expertise
- transcultural expertise
- good short-term memory
- neutrality/allpartiality
- discretion
- mentally healthy and resilient
- empathy
- ability to deal with people
- sense of responsibility (know your limits)
- no contact between language mediator and patient outside of the conversation

### Communicative barriers of patients

- low German language skills or illiteracy
- culturally different concepts of health and disease
- lack of knowledge of the German health care system
- unfamiliarity with health services in the countries of origin
- mistrust of institutional education
- religious reservations against interpreter/therapist
- experiences with discrimination, lack of understanding, undesirability
- precarious living situation, where the focus is on securing a livelihood and not on health care (e.g., unregistered residence status)

### Possible interpreters/language mediators

#### 1. bilingual or multilingual staff

- Pro: can be assigned quickly, time efficiency, comprehensive specialist knowledge
- Cons: modification of utterances due to lack of preparation and teaching, difficulties in formulating technical terms in native language

#### 2. state-approved interpreters

- Pro: highly qualified, knowledge of culture, training in basic medical/psychiatric skills possible
- Con: Timely availability? Cost coverage?

#### 3. relatives and friends of the patient

- should only be used in emergencies, as information could be conveyed selectively, burden for relatives, taboo topics or shameful topics may not be addressed

#### 4. bilingual or multilingual volunteers

- Pro: important role for psychosocial care
- Cons: no specific training, possible falsification of translations

### Indicators of the interpreting situation in psychotherapy

- use of the **"first person"**: interpreter translates from the role of the therapist and the patient; faithful translation
- **consecutive interpreting**: paragraph-by-paragraph translation; rather not recommended for psychotherapy
- **simultaneous interpreting**: "whispered interpretation", closely follows the spoken text; recommended for psychotherapy

### Structuring the interview, planning the procedure and evaluation of the interpreter's assignment

#### Schedule

1. informing the interpreters about the main goals and content of the interview
2. identification of culture-specific characteristics
3. establishment of doctor-patient-interpreter-relationship: mutual understanding between patient and interpreter
4. exploration of culture-specific health/disease beliefs
5. promotion of effective translation
6. debriefing of the conversation with the interpreter

#### Preparation

- check the need for interpreters before the interview (even for people with basic language skills)
- allow more time for preparation of the conversation
- consider gender-specific aspects (same gender for interpreter and patient)
- define goals with the interpreter before the interview (content and expected duration of the interview), prepare for possible problematic topics
- discussion of any cultural specifics that should be considered in the interview
- instruction on confidentiality and truthful, complete translation of what the patient says

#### Execution

- face patients and address them directly, do not focus on interpreters
- simple and understandable language and formulations; short, precise questions; frequent pauses
- avoid abstractions, idioms, metaphors, jokes, as these are often culturally specific
- in case of incomprehension of the patient's statements/translations of the interpreter, ask specifically for clarification
- have the patient repeat agreements/recommendations in his/her own words
- non-verbal communication: graphic explanations or gestures can be helpful, react to non-verbal signals of the patient
- no statement without translation, i.e., everything must be translated

### Follow-up meeting with interpreters

- reflecting on the conversation together, asking the interpreters how they feel, use supervision if necessary
- in case of ambiguity regarding the accuracy and scope of the translation, ask for clarification
- translation in the first person is preferred

### Conversation options

1. language mediator sits next to the doctor/therapist (both in the patient's field of vision)
2. language mediator sits next to the patient
3. language mediator sits between doctor/therapist and patient, i.e., therapist sits slightly diagonally opposite patient and interpreter sits in between ("isosceles triangle") → interpreter can face both parties equally; recommended for psychotherapy

### Do's and Don'ts

#### Difficulties in the doctor-patient conversation from the interpreter's point of view:

- different assumptions about the causes of the complaints on the doctor's and patient's side
- different expectations of the conversation on the doctor's and patient's side
- differences in verbal and non-verbal communication behavior on the doctor's and patient's side
- shortage of time

#### Helpful behavior in medical/therapeutic interview:

- empathy and cultural sensitivity
- hope and support
- including the patient's family

### Used and further literature

Kluge, U. (2011). Sprach- und Kulturmittler im interkulturellen psychotherapeutischen Setting. *Dolmetscher als Sprach- und Kulturmittler in der psychosozialen und psychotherapeutischen Versorgung*, 199.

Lersner, U. von & Kızılhan, İ. (2017). *Kultursensitive Psychotherapie* (1. Aufl.). *Fortschritte der Psychotherapie: Band 64*. Hogrefe.

Morina, N., Maier, T. & Schmid Mast, M. (2010). Lost in Translation? – Psychotherapie unter Einsatz von Dolmetschern. *PPmP- Psychotherapie- Psychosomatik- Medizinische Psychologie*, 60(3/4), 104–110.

Sleptsova, M., Hofer, G., Marcel, E., Grossman, P., Morina, N., Schick, M., Daly, M.-L., Weber, I., Kocagöncü, O. & Langewitz, W. A. (2015). Wie verstehen Dolmetscher ihre Rolle in medizinischen Konsultationen und wie verhalten sie sich konkret in der Praxis? *PPmP- Psychotherapie- Psychosomatik- Medizinische Psychologie*, 65(09/10), 363–369.