

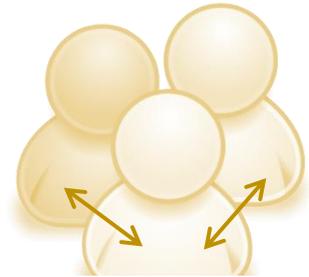
Behavioral Health Interpretation Frequently Asked Questions

1. What is the difference between interpretation and translation?

Interpretation is the oral transmission of messages from a source language to a target language. Translation is the conversion of one written language into another written language. Generally, interpreters do not translate documents.

2. How does behavioral health interpretation impact the efficiency of an organization?

Effective communication between an individual and a clinician/provider is crucial to the delivery of safe, high-quality, and cost-effective care. The individual's limited English proficiency and/or low health literacy are serious barriers in communicating information vital to accessing and receiving care. The use of professional interpreter services can "raise the quality of clinical care for limited English proficient patients to approach or equal that for patients without language barriers" (Karlner, Jacobs, Chen, & Mutha, 2007). Furthermore, the use of professional interpreter "increases client's satisfaction, improves adherence and outcomes, and reduces adverse events, thus limiting the risk of malpractice" (Juckett & Unger, 2014).



The Triadic Model of
Communication

3. What are the roles of interpreters in behavioral health settings?

Interpreter services are needed from front desk to discharge and anything in between – assessment, evaluation, care plan, treatment, review, family conference, and more. The Virginia Behavioral Health Interpreting Curriculum adapts the Incremental Intervention Model which recognizes four different roles of interpreters – conduit, clarifier, cultural broker, and advocate (National Council on Interpreting in Health Care as cited by Avery, 2001). This model recognizes the need for interpreters to stay in the background, support effective communication through the lens of culture, and strengthen relationship-building between clinician/provider and individual. However, to ensure accuracy and completeness in the conversion of messages, interpreters may intervene during the session, such as to clarify jargons, acronyms, or culturally relevant information; although there are defined situations where behavioral health interpreters are trained not to interfere at all. As part of their Standards of Practice and Code of Conduct, behavioral health interpreters are trained and obliged to decline assignments if know they cannot provide effective service or the case is beyond their level of education, training, and/or experience.

4. What is the difference between qualified bilingual staff and qualified professional interpreters?

Qualified Bilingual Staff (QBS) interpreters receive 24-hours basic training in interpreting, and they do not serve beyond their organization or the needs of their clients. QBS interpreters serve in a non-clinical setting, except in emergency situations. Qualified Professional Behavioral Health Interpreters (QPBI) receive 40-hours intensive training in advanced interpreting, can serve in both clinical and non-clinical settings, and can accept assignments outside of their organization or do freelance interpreting.

5. How do we differentiate the responsibilities of dual role interpreters?

Employees are hired to do a certain function, and bilingual employees maybe customarily asked to interpret outside of their job function. Employees who are trained in behavioral health interpreting can be effective if their roles are defined and communicated clearly to the clinician/provider and the individual. Section 1557 of the American Disabilities Act prohibits healthcare staff from interpreting unless they are qualified, and interpreting is an official job duty. "Qualified interpreter means an interpreter who, via video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." (Title 111, American Disabilities Act as cited by US Department of Justice, Civil Rights Division).

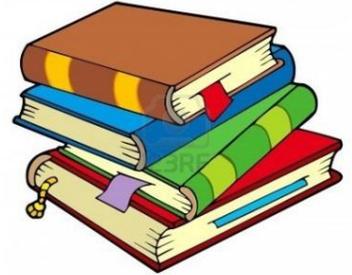
6. What is the importance of a pre-session and a post-session?

During the pre-session, the clinician/provider and the interpreter share important information to ensure that interpreting supports the achievement of clinician's/provider's objectives. The post-session is meant to clarify confusing or complex information that transpired during the session or to provide feedback for improvement of future sessions.

7. What are the legal bases for language access services, including interpreting?

All entities that receive direct or indirect federal financial assistance in the form of grant, contract, or sub-contract must comply with laws and regulations on language access. The legal framework for the provision of language access can be found in:

- Title VI of the Civil Rights Act of 1964 – Nondiscrimination Policy
- Title 111, Section 1557 – Nondiscrimination Policy
- Section 504 of the Rehabilitation Act of 1973 – Special Education Accommodation
- Individuals with Disabilities Education Act (IDEA) of 1975 – Individualized Education Plan (IEP) and requirement for a valid parent's consent
- Section 1157, Affordable Care Act of 2010 – Development and Implementation of Language Access Plan
- Executive Order 12166 – Improving Access to Services for Persons with Limited English Proficiency
- Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards
- Virginia State Board Policy 1023 – Workforce and Cultural and Linguistic Competency
- Virginia DBHDS Departmental Instruction 209 – Ensuring Access to Language and Communication Supports



8. Who is the individual?

Individual is a new term replacing the previous definition for a client, patient, or consumer (Va. Code § 37.2-100).

References

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- Juckett, G. & Unger, K. (2014). Appropriate use of medical interpreters. *American Family Physicians*. 2014 Oct 1; 90(7): 476-480. Retrieved from <https://www.aafp.org/afp/2014/1001/p476.html>.
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- Va. Code § 37.2-100.