

**UTILIZING SERVICES FROM AN INTERPRETER/TRANSLATOR  
IN SPEECH PATHOLOGY AND AUDIOLOGY  
POSITION PAPER**

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**INTRODUCTION**

Immigration, prompted by economic and political forces, is growing exponentially in all corners of the world. In the United States, one in 10 persons were born outside the mainland (approximately 28 million) (Bureau of Census, 2002).

Lack of a common language and culture constitute the greatest barriers faced by immigrants and their families. New immigrants are unable to communicate with members of their own community, with educators and with health professionals. Services from interpreters and translators are used to bridge this communication. However, effective communication is difficult to achieve due to variances in bilingual and bicultural competence of the interpreters, their training, expectations for a given job assignment, and the collaborating person's ability to convey clear messages. The pace and manner of communication between individuals changes with the involvement of an interpreter. Interpreting means translating spoken messages from one language to another. In translation, written language is converted from one language to another.

Interpreters at international conferences or those who assist the deaf population have been recognized as professionals, but not those who work in the community assisting individuals with education, health, or legal matters (Langdon & Cheng, 2002). However, Shildroth & Hutto (1993) reported that even certified interpreters for the deaf lack the necessary preparation to work with that population in the educational setting. Lack of appropriate training; and recognition of services provided for some of these community-based interpreters is part of the problem. (Carr, Roberts, Dufour, & Steyn, 1997; Langdon & Cheng, 2002).

Some community agencies in the United States and in other nations are attempting to provide training for interpreters in more specialized fields, and have awarded certificates to those who complete the necessary requirements. For example, Massachusetts, California and Washington are in the process of establishing a medical interpreting certificate. California and Arizona offer certificates in federal court interpretation, and 25 states offer certification in state court certification. Yet, there is no certification available for interpreters who work in educational settings or in allied health professions such as speech-language pathology and audiology (Hwa-Froelich & Westby, 2003; Langdon &

Cheng, 2002). Training has typically focused on the qualities of the interpreter, with limited data on assessing the success of the process because it necessitates the feedback of the person who is being aided in the process (parent, client/ patient, defendant). Langdon & Cheng (2002) discussed in greater detail the interpreting and translating process and the roles and responsibilities of interpreters and speech-language pathologists/ audiologists including training and necessary competencies for interpreters. The focus of this paper is to elaborate on desired linguistic and cultural skills of language interpreters, and to provide suggestions for agencies and persons collaborating with interpreters to recognize these individuals' unique skills as well professionalism.

Common dilemmas that surface during interpreted conferences or clients' assessments include:

- 1) The interpreter seems to say more or less than what someone else said;
- 2) The speech-language pathologist or audiologist wants to make sure that messages are clearly conveyed to the parent or the client;
- 3) The interpreter has "taken over" the leading role in the interaction instead of remaining "neutral", or
- 4) The bilingual advocate that the parent brought to the conference does not agree with the interpreter's in charge translations.

Interpreters who collaborate with speech-language pathologists or audiologists bridge communication in a variety of situations, with a variety of individuals of different ages, who have varied degrees of formal education, occupations, abilities and communication challenges. Figure 1 illustrates the interpreter's many roles. An interview to collect background information requires different communication skills from that of an assessment. During an interview or conference to share results and suggestions for intervention, the interpreter's role is more than that of a mediator of communication. During the assessment, the interpreter's role is more direct. Even though the speech-language pathologist or the audiologist is present during the interaction, (and has the ultimate responsibility of determining and defining the type of speech-language or hearing disorder), the interpreter is the one who collects a language sample, and the one who administers specific tests under the direction of the speech-language pathologist. The process is different where the audiologist is the one administering the hearing test, but may need to rely on the interpreter to ensure that the patient can repeat words in a given language in assessing Speech Reception Threshold in a given language (SRT).

Test administration requires the ability to follow a certain protocol acquired through specific training (Langdon & Cheng, 2002; Langdon, 2002; Hwa-Froelich & Westby, 2003). However, in this context, the interpreter's role becomes more that of a consultant by assisting the clinician to compare the client's observed linguistic and communication patterns with those of other clients who come from similar combinations of linguistic and cultural experiences. Nevertheless, the speech-language pathologist continues to have the ultimate responsibility about the process, diagnosis and intervention plan.

## **DESIRED QUALITIES OF THE INTERPRETER**

Interpreters collaborating with speech-language pathologists or audiologists must have some specific linguistic competencies and bicultural knowledge to optimize the outcome of their role.

**Linguistic:** The interpreter needs to be very proficient in all aspects of the two languages, including reading and writing. In addition to knowing two languages well, the interpreter must be capable of translating information from one language to the other very quickly. The interpreting method used during interactions with a speech-language pathologist/ or audiologist /client or family is called *sequential*; the message is interpreted into the other language following the original message. The *simultaneous* method is used during international conferences. The interpreter translates the message into the other language at the same time as the message is conveyed in the original language. Knowledge of specific professional terminology is important. Defining a term is necessary when there is no equivalent word in the other language.

The interpreter must be able to transcribe spoken language, but some languages may not have a script. A literal translation of what is said might be necessary. Knowledge of the grammatical and phonological system of each language and common patterns of possible transference between the client's native and acquired languages is also very important. The speech-language pathologist will rely on the interpreter for information about the client/patient's linguistic patterns. Therefore, the interpreter should be knowledgeable about the grammar and development of a given language, its dialectal variants and patterns resulting from the interaction in two languages (code-switching and expected transference from one language to the other). In addition to the verbal communication, the interpreter must be sensitive to the nonverbal communication which contributes to as much as 70 to 80% of a successful interaction. An interpreter needs to navigate comfortably between two verbal and nonverbal worlds. In some cultures, women and men do not shake hands, in others persons avoid eye contact as a sign of respect, and in others laughter is a sign of embarrassment and not amusement (Cheng, 1998; Langdon & Cheng, 2002; Hwa-Froelich & Westby, 2003).

**Cultural:** In collaborating with a speech-language pathologist or an audiologist, the interpreter must be knowledgeable of the mores of both cultures, of medical beliefs and child rearing practices, family relationships, educational expectations as well as understanding of various disabilities and their impact on health and education. For example, in some cultures the role of each parent is more defined: the mother is the one to do the basic upbringing of the child, but final decisions regarding intervention and follow-up rests on the head of the family. In other instances, advice provided by a male specialist may have more power than one provided by a female. Asking personal questions may not be appropriate until the person feels more at ease interaction with the client or his/her family. In other situations, advice may be better received when provided by an older person. If the interpreter is older than the speech-language pathologist or the audiologist, the family may trust the interpreter more than the speech-language pathologist or the audiologist.

In some cultures parents feed their children even though the children are capable of feeding themselves. Children are served specific portions instead of having their choice and portions of food served. Some parents may not expect their children to speak in complete sentences until they are older, still other parents do not view the need to interact with their child because the child does not “speak” yet.

The role of interpreters collaborating with speech-language pathologists or audiologists is often very difficult because their role fluctuates depending on the situation. Although interpreters should translate messages accurately and faithfully, their knowledge of two cultures and languages needs to be appreciated and utilized appropriately by their collaborators. Interpreters serve as cultural brokers and their roles may not always be neutral. Thus, their roles and responsibilities must be clearly defined for a given situation. (Cheng, 1998).

### **FACILITATING THE PROCESS**

Proficiency in two languages and training to be an interpreter does not necessarily mean that the individual is prepared to work in all possible situations demanding interpreting services. It is different to work with an interpreter to negotiate communication during a medical examination or during litigation. Although some of the principles are the same, each situation necessitates following a certain protocol and the knowledge of specific terminology. It is necessary that any person working with an interpreter allow sufficient time to brief or prepare for a given assignment, that the speech-language pathologist or audiologist be present during the interaction with the client/parent, and that time be allotted to debrief or review what occurred during the interaction. This process referred to as Briefing, Interaction, and Debriefing or BID is discussed in greater detail in Langdon & Cheng, 2002 and Langdon, 2002. Specific suggestions are offered below:

***Suggestions for agencies that hire interpreters for speech-language pathologists or audiologists include:***

- Determine level of oral and written language proficiency of the interpreter/translator in both languages.
- Train in protocol used in assessing and working with clients with various speech, language and communication disorders.
- Learn to use specific professional terminology.
- Practice in working with clients of specific ages.
- Train in administration and scoring of specific tests.
- Provide ample time for the speech-language pathologist to meet before and after each interaction, even though the particular team has worked together before.
- Train in ethical conduct and confidentiality.
- Award a special certificate and professional recognition.

***The following suggestions were made by interpreters who collaborated with speech-language pathologists to facilitate the process (Langdon, 2000b).***

- Provide clear and concise explanations,
- Demonstrate empathy, patience and knowledge.

- Emphasize what the client can do well.
- Don't rely on the interpreter to "reinterpret" what is said by the speech-language pathologist because something was not stated clearly.

*Suggestions for the speech-language pathologist and interpreter team include (Langdon & Quintanar, 2003).*

- Receive training on how to work effectively with an interpreter.
- Establish rapport with the parent or family member.
- Consider cultural beliefs.
- Check for understanding.
- Address information directly to the parent or family member.
- Be sensitive to verbal and non-verbal communication.
- Follow the BID process.
- Adhere to specific roles
- Ask the parent or family member to evaluate the process.
- Continue training.

The importance played by interpreters in bridging communication with individuals from different languages and cultures in various contexts should be acknowledged especially in vital situations such as in medical, allied-health and judicial contexts. If interactions are not adequately mediated, we run the risk of a misdiagnosis, which, in some cases, may have fatal consequences. The suggestions offered in this brief article can be followed in any country of the world where individuals who speak different languages are in contact. In addition, these suggestions may be implemented in the daily work of speech-language pathologists as well as audiologists.

**Note:** The content of this paper is nearly identical to the one that was submitted in the fall of 2003 to a journal to be translated and published in Holland. Permission to reprint in a slightly different version has been requested.

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**FIGURE 1  
THE INTERPRETER'S MULTIPLE FUNCTIONS**

**Situations**

**Parent and Family Interviews and Conferences**

**Client Observations**

**Testing and Assessments**

**Intervention/Counseling**

**The Interpreter Bridges Communication between**

**Speech-language  
Pathologists/  
Audiologists**

**Families of various compositions  
and educational backgrounds**



**Various educators  
General education teachers  
Physicians and other health professionals**

**Clients and patients of  
various ages, abilities,  
and levels of formal  
education**

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