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Occupational Therapy Across Languages: Working With Interpreters to Ensure Effective and Ethical Practice

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ABSTRACT

Being able to communicate across languages is essential to providing safe, quality care to clients with limited English proficiency (LEP) and to meeting our legal and ethical responsibilities as occupational therapy practitioners (OTPs). Working with professional language interpreters is the primary way for most practitioners to effectively collaborate with clients with LEP. However, very few OTPs receive training in working with interpreters, and interpreters remain underused in practice. This article provides contextual information and practical skills for working with interpreters in occupational therapy.

LEARNING OBJECTIVES

After reading this article, you should be able to:

1. Identify the legal, ethical, and safety concerns associated with language barriers and inadequate use of professional interpreters.
2. Select evidence-based recommendations for providing language services in occupational therapy settings.
3. Describe practice skills for working with language interpreters, including remote (phone or video) interpreters.
4. Recognize the role of occupational therapy providers in advocacy for interpretation and translation services.

BACKGROUND

Limited English Proficiency (LEP)

Approximately 8% of the U.S. population has LEP (Zong & Batalova, 2015). *LEP* is defined as difficulty speaking, understanding, and/or reading in English. Occupational therapy practitioners (OTPs) may encounter clients with LEP in all regions and practice settings. Working with such clients requires skill at cross-language communication, including using professional interpreters. Effective communication is essential to the client-centered underpinnings of occupational therapy practice.

Legal Context

Federal legislation, including the Civil Rights Act (Title VI), requires that persons residing in the United States be provided with equitable access to federally funded services, regardless of national origin or language spoken (Mirza & Harrison, 2018). Occupational therapy services can be considered federally funded when reimbursed by Medicaid, Medicare, or a health insurance plan purchased in the Affordable Care Act marketplace. Services funded with federal grants are also subject to this requirement. Some states have additional laws requiring interpretation and translation services in health care (Mirza & Harrison, 2018). The Joint Commission includes language and communication recommendations in accreditation standards (Lo, 2011).

Client Health and Safety

Language barriers can pose a major safety risk in health care settings (Lion et al., 2013; Martinez & Leland, 2015). Research indicates that clients with LEP experience adverse events at higher rates and with greater severity than English-speaking clients, and these adverse events are more likely to be the result of communication issues (Divi et al., 2007; Joint Commission, 2010). Despite the legal requirements granting clients the right to interpretation services, interpreters remain underused in health care (Lindholm et al., 2012; Schenker et al., 2011). Underuse of professional interpreters means that many clients with LEP experience health

care encounters through an untrained or family interpreter, or with no interpreter at all. Untrained interpreters, including family members and untrained bilingual staff, have also been shown to compromise clinicians' ability to evaluate client safety and symptom severity (Mirza & Harrison, 2018).

Client Centeredness

Without adequate language services, clients with LEP cannot effectively communicate preferences and concerns and collaborate in occupational therapy treatment. The *Occupational Therapy Practice Framework: Domain and Process* (3rd ed.; *Framework*, American Occupational Therapy Association [AOTA], 2014) designates "collaboration between practitioner and client" as central to occupational therapy's process (p. S10). Clear communication is central to such collaboration.

The following sections provide OTPs with best practices for working with clients with LEP, and in particular with language interpreters.

IMPORTANCE OF PROFESSIONAL INTERPRETERS

Using professional interpreters is the primary way for most practitioners to safely collaborate with clients with LEP. Bilingual providers can treat across the languages in which they are proficient without the use of an interpreter, but given the lack of diversity in the occupational therapy workforce (AOTA, 2015a) and the vast number of languages spoken in the United States, it is likely that even bilingual providers will need to use interpreters at times. Although about 64% of individuals with LEP speak Spanish (Zong & Batalova, 2015), a very wide variety of languages are spoken by the remaining 36%. United States census data indicate that more than 350 different languages are spoken in homes in this country (U.S. Census Bureau, 2015).

Working with professional interpreters is thus a key skill for all OTPs. Using professional interpreters has been shown to improve care for clients with LEP (Karliner et al., 2007). Consistent availability and use of trained interpreters is linked to decreased readmissions and length of stay for clients with LEP (Karliner et al., 2017; Lindholm et al., 2012).

Who is a Professional Interpreter?

Professional interpreters are individuals with a high degree of proficiency in English and a client language, who have received specialized training in interpretation (Harrison, 2016). Health care interpreters undergo specialized training in medical terminology, best practices for interpreting in specific settings, and professional ethics. Professional interpreters may be available in person, by phone, and/or through videoconference, depending on your work setting. In some settings, multiple kinds of interpreters are available, and you and the client may select the type of interpreter that works best for you.

Untrained Interpreters

Not all bilingual people are qualified to serve as medical interpreters. In many settings, it is common to use bilingual aides, students, receptionists, or other providers as ad hoc interpreters. Using untrained or ad hoc interpreters comes with risks. Research suggests that communication errors, including those with clinical significance, are more common in sessions that used an untrained (rather than professional) interpreter (Flores et al., 2012; Nápoles et al., 2015). Providers and clients also tend to report less satisfaction with communication in sessions with untrained interpreters (Mirza & Harrison, 2018).

Family members are commonly used as ad hoc interpreters. Clients have the right to refuse an interpreter, just as they have the right to refuse other aspects of their care. However, you, as OTPs, have the responsibility to offer a professional interpreter for every session, even when family is present. If the client declines a professional interpreter, you may educate them on their right to an interpreter and explain that professional interpreters are considered best practice when OTPs and clients do not speak the same language.

Family interpreters may be used when the client refuses professional interpretation. According to one school of thought, family members may be motivated to become active participants in the health care of clients with chronic conditions when allowed to interpret, especially during routine follow-up appointments where the content and intensity of communication is low. In such situations, health care organizations should offer training and assessment for family interpreters to ensure their linguistic proficiency and set guidelines for situations where use of family interpreters is permissible (Hsieh, 2016). When using untrained or family interpreters, it is crucial to be alert for miscommunications, role conflicts, and safety issues (Harrison, 2016). Children under 18 should not be used as interpreters (Harrison, 2016).

Assessing Your Own Non-English Language Skills

If you are a provider with non-English language proficiency, you should evaluate your proficiency in your non-English language before treating clients without an interpreter (Harrison, 2016; Regenstein et al., 2013). Many providers feel comfortable making small talk or ordering a meal in a non-English language, but they may struggle to accurately transmit technical information needed for therapeutic communication.

Formal assessment. When possible, a formal assessment of a provider's non-English language skills is recommended. Health care organizations can support language assessment by purchasing formal clinical assessments (Regenstein et al., 2013) or by hiring staff interpreters to observe and evaluate clinician skills (Andres et al., 2013). If assessment is not offered through your workplace, some universities and cultural organizations (such as the Alliance Française or the Cervantes Institute) offer free or low-cost assessments online or over the phone. These assessments may be advertised as placement tests for taking classes. Formal certification programs also certify non-English language fluency, such as the DELF/DALF for French speakers (Centre International d'Études Pedagogiques, 2015) and the DELE for Spanish speakers (DELE, 2015). Such standardized, formal assessments can help you decide whether your level is sufficient for treating in your non-English language.

Informal assessment. If you are unable to undergo formal assessment, we recommend a rigorous informal evaluation.

Such an evaluation should allow you to verify whether you can communicate key aspects of an occupational therapy session in your non-English language.

For example:

- Practice explaining an intervention in your non-English language to a friend or family member who is fluent in that language. For example, if you commonly do mirror therapy, work to explain the rationale, instructions, and home program for mirror therapy. Ensure that you are able to provide sufficient detail in your non-English language to allow the client an understanding similar to that of an English-speaking client. If you are able to explain the basics, but unable to give the full background, consider whether a professional interpreter could provide a more equitable experience for a client with LEP.
- Practice writing a client handout in your non-English language to describe a common home exercise program or explain post-surgical precautions. Include all the details you would share on an English handout. Have a friend or family member who is fluent in the non-English language check your handout to see whether it is adequate.

Treating in your non-English language. If you evaluate your proficiency in your non-English language and deem that you speak fluently enough to safely treat in that language, research indicates that clients report high levels of satisfaction and understanding when receiving care from a provider who speaks their language (Dunlap et al., 2015). Be alert for "red flags" of possible miscommunications, including unexpected emotional client responses or confusing replies (Andres et al., 2013). Such red flags may signal a need for help from a trained interpreter.

What about "medical Spanish"? Many workplaces offer short "medical Spanish" programs to teach their staff basic greetings, medical words, and phrases in Spanish. Although these programs are often appealing to administrators and staff, research indicates that they can have a negative effect on care for clients with LEP (Diamond & Jacobs, 2010). Medical Spanish programs are typically short and do not provide adequate instruction to allow someone to become fluent in Spanish. However, after taking such programs, staff may overestimate their language skills and be less likely to call a professional interpreter (Mirza & Harrison, 2018).

Although many providers prefer to "get by" (Diamond et al., 2009) with limited Spanish skills rather than call a professional interpreter, doing this can make sessions less client-centered and less safe. Using a professional interpreter is the best practice for practitioners who have some Spanish skills but are not fully fluent/bilingual.

Although we do not recommend short language training programs as a substitute for using professional interpreters, we do see a benefit to providers learning a little bit about client languages for rapport building. It can be a kind and culturally sensitive gesture to greet the client in their own language. However, after a greeting, we recommend relying on the professional interpreter for the content of the session, rather than continuing with your limited second language skills. You can even learn how to say, "I only speak a little of this language, so now I'm going to call an interpreter."

Throughout the session, if you'd like to show interest in the client's language to build rapport, you can ask the client and interpreter to teach you a few phrases together. These phrases will not serve as a substitute for an interpreter, but research indicates they can make clients feel that you have an interest in their culture and background (Mirza, Miller, et al., 2018).

Considerations for pediatric practice. Some providers may speak a second language well enough that they believe they can get by (Diamond et al., 2009) treating a young child in their second language, since children tend to have a less sophisticated vocabulary than adults. Or sometimes a child may speak English fluently but their parent does not. However, parent education and participation is a crucial component of pediatric intervention. If you are able to communicate a bit with the child but not adequately explain interventions and home programs to the parent, it is crucial that you call an interpreter. We recommend that an interpreter be present for the entire session when the parent and/or child have LEP, so that the parent and child can ask questions and collaborate throughout the session.

GENERAL SKILLS FOR WORKING WITH INTERPRETERS

Practitioners may be intimidated or frustrated by working with interpreters, and most occupational therapy programs provide little or no education on how to do so. However, working with interpreters is a skill that can be improved with training and practice. In fact, research indicates that even short trainings can meaningfully improve clinicians' knowledge, confidence, and skills for working with interpreters (Harrison & Mirza, 2018; Ikram et al., 2015).

This section aims to provide you with some basic skills to improve your abilities to work across languages with interpreters. First, consider the following general recommendations for working with interpreters (Harrison, 2016):

- Look at the client when you are speaking. It is appropriate to also look at the interpreter at times, especially if they are having difficulty hearing you, but be sure you are also looking at the client. The client should feel they are part of the entire conversation.
- Slow down and use shorter sentences. Speaking for too long can make it very difficult for the interpreter to remember all of your words. Pause between sentences to give time to interpret. Additionally, allow pauses to permit client processing and response time.
- Use simple, client-friendly language, which will be easier to interpret than medical jargon. Offer examples of what you mean. If you repeat key concepts, rephrase them in different ways so the interpreter can explain in different words too. Work on communicating one idea at a time rather than giving a lot of information at once.
- Give context when possible. Remember, occupational therapy might be new to both the client and the interpreter.

- Always be careful to keep everyone (interpreter, client, and yourself) informed of everything that is said in the room—avoid side conversations!
  - When the client and the interpreter seem to be having a side conversation without you, it is appropriate to ask, "Can you please interpret for me what is being said?"
  - Avoid having side conversations with the interpreter. Side conversations can make clients feel left out and anxious. If you do need to have a side conversation, notify the client beforehand by saying something like, "I am going to ask the interpreter about _____. We will tell you about our conversation when we are done." Afterward, summarize for the client. Such asides are sometimes helpful to clarify miscommunications or cultural questions, but the client should always be updated.

We have used our research and clinical experiences to create a mnemonic that summarizes our best tips for working with interpreters (Harrison, 2016; Mirza, Harrison, et al., 2018). When working with interpreters, remember to BE A FRIEND:

B: Begin the session with a **briefing** with the interpreter and client to explain the role of occupational therapy and set expectations for communication. You can also ask the interpreter and client about their preferences or concerns. Even a few minutes for a briefing helps improve communication.

E: Engage throughout the session. Listen actively and observe body language and facial expressions. Be vigilant about keeping everyone informed. If you sense confusion or miscommunication, assertively address this issue in the moment. Speak up and ask, "Has everything been interpreted?" or "Do you think I'm understanding everything?"

A: Avoid "Americanisms." Certain colloquial phrases, slang, expressions, or idioms may be difficult to interpret. For example, directly saying, "She was feeling sick" is clearer than saying "She was feeling under the weather." Instead of saying, "I want to make sure we're on the same page," it is clearer to say, "I want to make sure we agree."

F: Be **flexible**. Flexibility and creativity are very helpful when working across languages. You may need to be open to changing your communication style depending on the client or the interpreter's preferences. This may mean standing in a different place, speaking in shorter sentences, rephrasing, or allowing the client to speak some English.

R: Use **reflective** statements and repeat back what you're hearing from the client to verify that you are understanding correctly. You can use phrases such as, "I am hearing ____. Is that correct?" or, "Let me make sure I understand: I heard ____." In addition, encourage the client to reflect their knowledge back to you using teach-backs. Ask the client to rephrase key concepts in their own words, or demonstrate their understanding.

I: Illustrate your words with visuals, handouts, gestures, and facial expressions.

E: Give **examples** to better explain what you are saying and ask the client for examples to better understand what they are saying. This technique is especially useful for abstract or new ideas, and it can also help when you or the client are confused. You and the client may also try rephrasing your message to give the interpreter a different way of saying it.

N: Notify the interpreter of key vocabulary or concepts you will be using. Discuss the meaning of new, technical, or particularly important terms to help the interpreter think of possible translations. For example, if you need the client to understand the concept of "left neglect," you may need to explain this to the interpreter in advance. Highly specific occupational therapy terms will likely be new to both interpreters and clients.

D: Debrief at the end of the session with the interpreter and client to discuss what went well with the communication and/or what needs to be improved in the future. You can ask the interpreter and client whether they think you missed anything or are confused about anything. This may only take 2 or 3 minutes, but it can enhance your long-term communication with the client and improve your skills for the future.

The most important take-home message is to be active and assertive about clinical communication. We notice that providers often believe that interpreters are mostly or even completely responsible for the effectiveness of communication in the session (Mirza, Miller, et al., 2018). Although the interpreter's role is certainly very important, clinicians are also responsible for ensuring effective communication. You have the power to change how the communication is unfolding, and you may sometimes need to intervene to improve the interaction. Speaking up when you notice a miscommunication can be intimidating, but it gets easier with practice.

REMOTE INTERPRETERS

Many settings are turning to phone and video interpretation services to meet clients' language access needs. Remote interpretation services are a cost effective and practical option (Jacobs et al., 2011), as they allow quick access to a wide variety of languages without having to pay an in-person interpreter to stay on site. There are both benefits and challenges to using remote interpreters in occupational therapy. If your site offers you a choice of interpreting services, it is useful to be strategic in scheduling your preferred type of interpreter for each client's needs (Harrison, 2016).

Benefits of Remote Interpretation

Some clients may prefer remote interpreters for privacy purposes (Harrison, 2016). In small communities or small language groups, clients sometimes know the person working as an interpreter at your work site. In these cases, a remote interpreter will be outside of the local community, and will most likely be unknown to the client. During certain activities, clients could also prefer a remote interpreter over having an additional person in the room (e.g., during catheterization or bathing, for modesty purposes).

For occupational therapy providers, remote interpreters are often the quickest option. Whereas an in-person interpreter might need to be scheduled in advance, phone and video (e.g., through

FaceTime) interpreters are often available on demand. This can make remote interpreters particularly useful for last-minute schedule changes, or in settings without a fixed schedule (such as acute care). Remote interpreters are also often available in far more languages than in-person interpreters, making them particularly useful for clients who use less-common languages.

Challenges of Remote Interpretation

Remote interpreting can sometimes be challenging for clients with certain cognitive or hearing impairments (Harrison, 2016). For some clients, it is difficult to understand what is happening when they hear an interpreter's voice over the phone or when an unfamiliar piece of equipment is used in therapy. In addition, clients who are hard of hearing may have a very difficult time with phone interpreters when they cannot see the person's mouth. Using video could be an option for such clients, or try scheduling an in-person interpreter if possible.

Specific Skills for Working With Remote Interpreters:

- Ensure that you know where the equipment is kept, including backup equipment in case something malfunctions. Make sure you know the procedure for calling and requesting an interpreter, and practice this procedure. If you have students, ensure that you teach them too.
- Be mindful of what a video interpreter is able to see. Ensuring they have a good view of you and the client will enhance their ability to understand what is going on and transmit information accurately.
- Remember that a phone interpreter can't see where you are, and the video interpreter likely has a restricted view. Provide context about who you are, where you are, and what you are working on in the session (Harrison, 2016).
  - For example, paint a picture of the scene you are in: "I'm an occupational therapist. I'm here now with the client. We're in the client's room and he is sitting on the edge of his bed. Today, we will be working on dressing."
  - Provide visual descriptions of unfamiliar objects or processes that the interpreter cannot see. For example, you may need to explain a movement ("We are standing up from the bed and going to a chair a few feet away," or "I am putting the child on a big swing") or explain a piece of equipment ("I am handing the client a sock aid, which is a plastic object with two strings that they will be using to put their socks on"). Giving visual context will help the interpreter choose the appropriate words.
  - Be assertive and intervene if you think there is a communication breakdown. If you're confused, or the interpreter or client seems confused, address it directly. Try saying, "I don't feel like we are understanding each other. Why do you think that is?" (Harrison, 2016). Often, the interpreter will have an idea of what is causing the miscommunication.
- During toileting, bathing, and dressing, be aware of privacy options for video interpretation. Some video interpretation equipment has a "privacy mode," where the video can be turned off to protect client privacy. You can educate the client about this function so they can ask for it.
- Get creative about options for moving around with existing equipment. For example, you may be able to put the phone on speaker mode and clip it to your clothes during a hands-on transfer. Try to find ways to move, transfer, and work hands-on with clients with LEP as you do with English speakers, whenever possible, to provide equitable care.
- If the existing equipment doesn't work well for occupational therapy sessions, advocate for better equipment that allows movement and hands-on work with clients. You might ask for mobile phones with headsets or smaller, more portable video equipment.
- If you have multiple options available, ask the client about their preference. Some clients might prefer a certain kind of interpreter, gender, or dialect.

PROCESS OF OCCUPATIONAL THERAPY

Therapeutic Use of Self

Communication is critical to therapeutic use of self. Communication allows you to learn about the client, offer empathy, respond to questions, address concerns, and build rapport. Specific strategies can help you enhance therapeutic use of self when working with interpreters.

Building relationships. Sometimes providers report that they have more difficulty building a therapeutic relationship with clients through an interpreter (Brisset et al., 2014). Given the added time required for interpretation, some providers forego the rapport building "small talk" conversations they would usually have with an English-speaking client (Mirza, Miller, et al., 2018). Research also indicates that sometimes providers' attempts at rapport building—for example, through jokes and stories—get lost in translation (Mirza, Harrison, Chang, et al., 2017). These jokes or anecdotes may be difficult to interpret into another language. Or sometimes an interpreter might think these phrases are not essential and intentionally leave them out (Mirza, Harrison, Chang, et al., 2017). Although it can be challenging to build rapport across languages, this is a vital part of the therapeutic relationship and thus crucial to providing an equitable occupational therapy experience. Take time to chat about the weather, learn about a client's life, and check in about day-to-day emotions, just as you would with English speakers.

Rapport building offers an opportunity to practice being assertive with interpreters about the importance of interpreting everything you say. If you suspect that a rapport-building anecdote or question did not get interpreted, it is appropriate to politely ask the interpreter, "Were you able to interpret what I just said?" It may also be helpful to directly address this preference with the interpreter by explaining that building rapport is important to you, so you need them to interpret everything, not just medically relevant information.

Offering empathy and emotional support during interpreted sessions can also pose a challenge to therapeutic use of self. Interpreters may sometimes need prompting to interpret small empathic phrases such as, "That must be hard," or "I under-

stand." Directly and politely instructing the interpreter about the importance of such phrases can be very appropriate (Mirza, Harrison, Chang, et al., 2017).

Other specific strategies can help with offering emotional support across languages:

- Be alert to client body language and nonverbal reactions. It may be challenging when a client becomes emotional or tearful while speaking in a language you don't understand. Exercise patience while waiting for the interpretation. Additionally, work to be present with your own nonverbal cues while waiting. If a client is tearful and emotional, you can offer a tissue and use empathic facial expressions and gestures while they are speaking, even if their words have not yet been interpreted.
- Practice remaining attentive even while waiting for your own responses to be interpreted. It can be tempting to turn away to grab supplies, write something down, or otherwise occupy yourself while waiting for the interpreting. However, especially during emotionally charged conversations, work to keep your body language, eye contact, and facial expressions engaged with the client while they are hearing your words through the interpreter. Working with interpreters can require patience. However, interpretation time is not idle waiting time; rather, it offers an opportunity to work on your nonverbal rapport and trust building.

A triadic relationship. Many providers approach the role of the interpreter as a sort of language machine who should process one language into another verbatim, with no added information or interaction in the therapeutic relationship (Hsieh et al., 2013). However, research and clinical experience has led us to believe that it is more productive to acknowledge the presence of the interpreter as a third contributing member of the therapeutic relationship than to work to make their presence invisible (Mirza, Harrison, Chang, et al., 2017).

First, the presence of an additional person—whether the person is a family member, aide, or interpreter—inevitably changes the session, regardless of any work practitioners do to minimize their role. Second, interpreters' expertise can be extremely helpful in ensuring that communication goes smoothly. When a miscommunication is happening, it is useful to directly address this with the interpreter, person-to-person, rather than continuing without acknowledging their effect.

When you are confused by something happening with the client, it can be useful to ask for the interpreter's perspective on the communication. When clients have aphasia, are confused, or otherwise communicate non-normatively, the interpreter's explanation can be crucial to understanding the client's situation. Although interpreters cannot offer a therapeutic evaluation, their insight into how the person is communicating in their native language can be vital in informing your own assessment. Asking the interpreter about a communication issue is often appropriate, but such asides should always be explained to the client afterward.

Cultural brokerage. In addition to bringing a great deal of expertise about communication, interpreters also often bring an in-depth understanding of a client's culture. Many interpreters are bicultural, and others have picked up cultural knowledge over their time working with clients of various cultures. Interpreters sometimes take on the role of a culture broker and offer cultural insight that can improve the quality of your therapeutic interventions and relationship (Hsieh, 2016).

If you have a concern about making a cultural faux pas, it can be appropriate to ask the client and interpreter for advice. Although the client is the first expert on their own culture, interpreters can often offer additional information or further explain the client's response, given their bicultural understandings. Sometimes, an interpreter might intervene to prevent you from making a cultural misstep (Mirza, Miller, et al., 2018). The interpreter's cultural knowledge can be a valuable asset in enhancing cultural sensitivity and building your relationship with the client.

Although it can be useful to ask for the interpreter's insight into cultural and communication issues, you should set boundaries with the interpreter if they begin to offer medical or therapeutic advice to the client. The interpreter brings a great deal of expertise, but their role does not include offering interventions or education to the client independent of you. Be assertive in asking the interpreter to interpret any side conversations they have with the client, so you can be aware if they are adding any information that you did not tell the client yourself.

Fostering trusting relationships. When acknowledging the role of the interpreter in a three-way/triadic relationship, practitioners need to work to build rapport and trust with the interpreter. Briefing the interpreter about your expectations and engaging when you have concerns, as previously described, can help build trust with the interpreter and allow smoother communication.

It is also vital to be attentive to the relationship between client and interpreter. The interpreter is largely responsible for the client's ability to speak with you, and thus it is essential that the client trusts that the interpreter is conveying their messages accurately. Occasionally a client may have a personality conflict or lack of trust in an interpreter. If you sense a strain in the client–interpreter relationship, you should address this rather than letting a potentially harmful situation continue. It may sometimes be possible to ask the client and interpreter what is happening, but if you need to request a different interpreter so the client can explain their issue, make this a priority for the next session.

Although professional interpreters undergo training in working with various clients, sometimes an interpreter is uncomfortable with the client based on client factors (e.g., the client is of a different sexual orientation or religion) or uncomfortable with session content (e.g., sexuality or catheterization). As an OTP, you have an important role in ensuring that the client feels safe and comfortable with the person interpreting their words. Monitoring the client–interpreter relationship within your sessions can be especially vital when a client has insisted on a family interpreter, as family conflicts may sometimes interfere with clinical communication. If you sense that a family conflict is negatively affecting therapy, you can explain to the client that you would prefer a professional interpreter in the future.

Evaluation

Communication is crucial during evaluation, as a clear understanding of the client's story will allow the occupational therapist (OT) to develop an intervention plan that is client centered and occupation based.

Occupational profile. In sessions with a language barrier, the occupational profile is often not fully developed because the OT is unable to get detailed, thorough responses. Using a professional interpreter at this stage helps to gain a clear understanding of the client's roles, routines, and valued occupations.

Analysis of occupational performance. Communication with the client will allow the OT to better understand which occupations are important to evaluate, and how the client usually performs those occupations. For example, in a dressing evaluation in the hospital setting with a language barrier and no interpreter, you may note that a client does not put on their socks or shoes. Without communication, you may understandably assume that the client is unable to do these tasks because of the new impairment or injury for which they are seeking services. However, it is also possible that the client did not perform these tasks before their admission. Perhaps they have a family member who helps them with shoes and socks, or they usually wear only slip-on shoes at home. Clients may also have particular ways of doing an occupation or certain activities based on their culture. Without an interpreter, it will be difficult to determine the client's usual way of doing things and design your intervention plan accordingly.

Assessments. Formalized assessments present unique opportunities and challenges when working with clients with LEP. Some assessments are available in many different languages. The Montreal Cognitive Assessment (MoCA), for example, is available in 46 different languages (Nasreddine, 2005). When a translated version of the assessment is available, the client and interpreter should both be given a copy. Having a copy of the assessment whenever possible will allow the interpreter to use the exact phrasing used in the standardized version, which will maintain its accuracy.

With assessments that are freely available online, such as the MoCA, it is even possible to have a phone or video interpreter pull up a copy of the translated assessment to use during remote interpretation. Whenever possible, it is useful to send assessments to the interpreter in advance so they can familiarize themselves with the assessment process and terminology.

It is still possible to use assessments that do not have standardized translated versions to inform the OT's intervention planning. However, it should be noted in the medical record that a different language was used so the assessment results may not be comparable to those conducted in English.

When using an interpreter during assessments, it is useful to instruct them about the importance of not assisting or cuing the client (Harrison, 2016). Some interpreters may naturally feel uncomfortable when they see a client struggling with an assessment task and may assist the client with a small hint. It is appropriate to inform the interpreter in advance that you need to see the client perform the task without assistance. If you notice the interpreter adding additional cues, gently correct them in the moment so this action does not continue through the assessment. If the interpreter has feedback after the assessment about what they think was challenging for the client (e.g., if they noticed the client had difficulty understanding speech in their native language, or the assessment is not culturally relevant), it is appropriate to discuss this after the assessment and interpret the conversation to the client.

Intervention

The BE A FRIEND strategies can be used throughout the occupational therapy process. Although communication is crucial to all aspects of occupational therapy intervention, we will focus on a few aspects of the intervention process that are particularly relevant.

Education. Whether educating about a client's condition, new adaptive equipment, a home program, or activity modifications, OTPs need to communicate effectively to educate the client and/or family member(s). Working on communicating more clearly can help you collaborate more effectively with all clients, not just those with LEP.

Some clients may be having difficulty communicating because of hearing problems, cognitive deficits, fatigue, low health literacy or education levels, or medication side effects. Many best practices for working with interpreters—such as slowing down, avoiding technical terms, giving examples, and using visuals—also improve communication for English-speaking clients (Harrison, 2016).

Educational materials. It is best practice to have commonly used handouts translated into your setting's most common languages. Handouts with visuals can sometimes be used across languages if it is not necessary to understand text. We do not recommend using Google Translate for informal translation, as it can result in serious mistranslations.

Monitoring client response. Communication is key to monitoring client response to intervention and being alert to any safety issues. Inadequate communication with clients can lead to missing their complaints or warning signs of dangerous reactions to occupational therapy interventions, such as a spike in blood pressure, shortness of breath, or increased pain. One study described an instance in which a therapist missed possible warning signs of autonomic dysreflexia because of an unaddressed language barrier (Martinez & Leland, 2015). Even when the client's response does not represent an urgent safety issue, OTPs should be able to communicate with the client to see whether they are confused, bored, or enjoying the intervention. Effective use of professional interpreters can ensure adequate monitoring of client response.

Advocacy. Advocacy is a key intervention strategy outlined in the *Framework* (AOTA, 2014). OTPs can play an important role in advocating for better interpreting and translation services in their practice setting (Harrison, 2016). This may begin with educating your employer and/or colleagues about their legal responsibilities and best practices for working across languages. You could have a one-on-one meeting with a supervisor, organize an in-service, or host a journal club using this article.

Your advocacy might also extend beyond your workplace—for example, by advocating to policymakers for better reimbursement for interpreting services. Practitioners can also advocate for better institutional resources for interpreters, including training specific to particular settings, and support for common challenges, such as vicarious trauma (Mirza, Harrison, Bentley, et al., 2017).

Self-advocacy. OTPs can also play a role in educating clients about and assisting clients with self-advocacy around language access issues. The *Framework* identifies self-advocacy as a form of intervention for OTPs (AOTA, 2014). Practitioners can educate clients about their rights to interpreters in health care. Practitioners can also assist clients in self-advocacy by helping them role-play requesting an interpreter. Practitioners may also equip clients with handouts that they can use to summarize their rights to interpreters, or scripts that they can use during advocacy.

For one of our research projects, we created "Interpreter Request" cards—small business cards that state, "I am requesting an [insert language] interpreter" on the front and have an explanation of client rights to interpretation services on the back (Suarez-Balcazar et al., 2019). Clients can present these cards in situations where they need an interpreter, which can be especially helpful for clients who have difficulty advocating for themselves verbally.

Outcomes

As discussed in the evaluation section, effective communication is essential for understanding the client's perspective and accurately conducting assessments. Using an interpreter is especially important during discharge evaluations and planning to accurately evaluate client progress, answer client questions, receive client feedback on the intervention process, and incorporate client preferences and input into the discharge plan.

Ethics

Effective communication across languages is vital to ensuring ethical practice. The *Occupational Therapy Code of Ethics and Ethics Standards (2015)* describes six principles and standards of conduct for occupational therapy practitioners: (1) beneficence, (2) nonmaleficence, (3) autonomy, (4) justice, (5) veracity, and (6) fidelity (AOTA, 2015b). Communication and interpretation is particularly relevant to the first four of these enforceable standards (Harrison, 2016).

- **Beneficence**: Effective communication and interpretation are vital to ensuring the safety and well-being of clients. Addressing language barriers enhances your ability to deliver services that are client centered, occupation based, safe, and effective.
- **Nonmaleficence**: The principle of nonmaleficence explains that OTPs must not harm clients. Unmet language needs create a safety risk. Providing appropriate language services thus minimizes OTPs' risk of harming clients.
- **Autonomy**: OTPs must respect and promote client rights to self-determination. Effective communication and interpretation are essential for clients to understand treatment options, provide informed consent, communicate preferences, and make choices.
- **Justice**: Practitioners must work to ensure equitable delivery of occupational therapy services. When providers do not appropriately use language services, they may provide suboptimal care to the client. One U.K.-based research study found that rehabilitation providers sometimes even avoided working with clients with LEP (Taylor & Jones, 2014). When persons with LEP are not given equal access to occupational therapy services, or when they receive lower quality services than English-speaking clients, this creates an unjust situation.

Learning to consistently and effectively communicate across languages by using language interpreters can help OTPs uphold their ethical responsibilities.

CONCLUSION

Clients with LEP often face barriers to receiving equitable, safe, and client-centered care. Effective use of professional interpreters is the recommended means of addressing language barriers for most occupational therapy providers. Providers have legal and ethical obligations to ensure adequate communication with clients with LEP. OTPs can enhance their skills for working with interpreters through education and practice.

SUGGESTED ACTIVITIES

1. If you have two bilingual friends or coworkers who are willing to help you, set up a simulated clinical encounter to practice explaining a difficult component of an occupational therapy session. One bilingual friend will play the role of the interpreter, and the other will act as the client. Ask the person in the client role to only respond to information in the non-English language. Work to explain an occupational therapy activity, such as donning socks with a sock aid. Get feedback on how to improve your communication (Harrison & Mirza, 2017).
2. Make a handout for a home program or other form of client education. Use simple language and visuals to illustrate the concepts. Use Microsoft Word to check the reading level (you can select an option in the Spelling and Grammar check to show Flesch Reading Ease and Flesch-Kinkaid reading level when you spell check). If you do not have Microsoft Word, you can also check readability of text for free on several websites, such as www.readabler.com. See whether you can get the reading level down to 5th grade. The Joint Commission (2010) recommends that educational materials be written at or below the 5th grade level, which will make handouts more comprehensible to clients and easier to translate.

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Final Exam

Article Code CEA0719

Occupational Therapy Across Languages: Working With Interpreters to Ensure Effective and Ethical Practice

To receive CE credit, exam must be completed by July 31, 2021.

Learning Level: Intermediate

Target Audience: Occupational Therapists and Occupational Therapy Assistants

Content Focus: Occupational Therapy Domain: Skills: Communication/Interaction; Occupational Therapy Process: Interventions; Professional Issues: Globalization, Diversity

1. Occupational therapy providers are legally required to provide interpreters for clients with limited English proficiency (LEP):

- A. In certain U.S. states only
- B. In any setting that accepts Medicaid, Medicare, federal grants, or insurance purchased on the Affordable Care Act marketplace
- C. For the most common language in their area only
- D. In any setting that employs more than five providers

2. You work at a clinic that serves a diverse client population. Which of the following should be seen as best practice for ensuring individuals with LEP have access to your services?

- A. Train staff in "medical Spanish."
- B. Hire bilingual receptionists who can also help with interpreting from time to time.
- C. Ensure professional interpreters are available for all sessions.
- D. Give all staff access to Google Translate or similar mobile translation applications.

3. You are working with a Polish interpreter and are having a miscommunication with the client and/or interpreter. The client is not responding how you would expect, and you're confused about what they are missing, but you've been trying to communicate this same thing for a few minutes. What is the best practice in this case?

- A. Apologize for the difficulty, and move on to the next activity or topic.
- B. Say the same thing again, but more slowly.
- C. Politely ask for a different interpreter.
- D. State aloud that you're not understanding, and directly ask the client and interpreter about the issue.

4. During a dressing task, you made a comment about the weather that the interpreter did not interpret to the client. What is the best way to address this?

- A. Move on since this information is not essential to treatment.
- B. Rephrase the comment and say it again.
- C. Ask the interpreter to interpret your comment to the client.
- D. Use gestures to communicate directly to the client.

5. Use of remote (phone or video) interpreters may be particularly challenging for certain clients, including:

- A. Those who come from a small language community and who may have prior relationships with local in-person interpreters
- B. Those who speak less-common languages
- C. Clients who have hearing impairments or certain cognitive deficits
- D. Clients who are scheduled last-minute and need an interpreter on demand

6. When working with phone interpreters, it is especially important to:

- A. Provide context about where you are and describe the visual aspects of the session.
- B. Speak quickly to minimize time lost in translation.
- C. Minimize movements and transfers, staying seated near the phone whenever possible.
- D. Provide only information that is absolutely necessary for the session (reduce small talk).

7. What piece of federal legislation mandates that language interpreters be made available in health care settings to individuals with LEP?

- A. The 14th Amendment of the Constitution
- B. Title VI of the Civil Rights Act
- C. Title XVIII of the Social Security Act
- D. There is no such federal legislation.

8. How might occupational therapy practitioners promote self-advocacy about interpretation for clients with LEP?

- A. Educate clients about their right to interpretation in health care, and practice a script for asking for an interpreter.
- B. Encourage clients to teach some of their language to their health care providers.
- C. Educate clients about the importance of bringing a family member with them to all sessions to ensure they have access to an ad hoc interpreter.
- D. Assist clients in identifying and using translation apps and online resources.

9. Which of the following is true about clinicians with some non-English language proficiency?

- A. Bilingual clinicians do not need to practice working with language interpreters.
- B. Clinicians with any level of non-English language proficiency should treat without an interpreter whenever possible to improve client satisfaction.
- C. Clinicians with non-English language proficiency should have their language skills evaluated before treating clients in a non-English language.
- D. Clinicians should avoid using limited non-English language skills to greet clients.

10. When working with interpreters, it is appropriate to:

- A. Avoid directly confronting the interpreter when miscommunications happen during a session.
- B. Talk with the interpreter before and after the session to set expectations about communication and get feedback about session communication.
- C. Allow the interpreter to offer therapeutic tips from other occupational therapy sessions they have observed.
- D. Interact with the client only and treat the interpreter as an invisible language machine.

11. You have noticed that several of your colleagues are not using interpreters during their sessions with Spanish-speaking clients with LEP. Instead, they rely on gestures and a few words of Spanish. What action(s) should you take?

- A. Educate your colleagues or supervisor about the importance of professional interpreters and legal responsibilities. Consider organizing a training or a journal club.
- B. Refer your colleagues to a local "medical Spanish" program.
- C. Do not interfere with other providers' therapeutic techniques—it is up to each provider whether they choose to use interpreters or not.
- D. Ask your colleagues to take the time to translate their client education handouts with Google Translate and/or use Google Translate to supplement their communication.

12. You are meeting with your supervisor to advocate for improved interpreting and translation at your worksite. Which of the following facts would be useful to share with your supervisor?

- A. Research shows that clients with LEP should always bring a family member with them to work as a family interpreter.
- B. Safety, legal, and ethical risks are associated with inadequate interpreting services.
- C. Interpreters can offer useful medical insight.
- D. At work sites where Medicaid and Medicare are accepted, providers are expected to offer language interpreters for Spanish only.

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