

Spanish Bilingual Assistant

Introduction to Medical Interpreting

Section 8

Interpreting for Children



By the end of this unit:

1. list three strategies health care professionals use when talking with children
2. identify factors that influence how well we understand what a child is saying
3. state three steps to take when you don't understand what a child says
4. compare techniques for interpreting for children and adults
5. describe the role of a child life specialist
6. orally interpret or translate in writing a script for preparing a child for surgery
7. describe an appropriate tone for interpreters when working with a person who is suspected of abusing a child

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**PHOENIX
CHILDREN'S
Hospital**

**Medical
Interpreter Project**

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Children's Mercy Hospitals and Clinics, Kansas City, MO
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Interpreting for Children

Children don't process information the same way adults do. Children have different priorities and needs. Compared with adults, their scope of experience is limited. Children understand things in a literal way. Until adolescence, they are concrete thinkers. Most medical information is abstract, and children don't grasp abstract concepts well. For all these reasons, most adults talk with adults in one way and with children in a different way.

Teenagers may have gained the cognitive skills necessary to understand abstract concepts, but when they're in the hospital they may regress to a younger way of understanding and processing new information. Chronological age is not necessarily an indicator of emotional age or ability to understand.

Speaking and Listening to Children in a Health Care Setting

Children have a right to understand what is being said to them.
Adults have a responsibility to try to understand
what children perceive and what they express.

Being in the hospital is stressful and stress interferes with learning. Many of the techniques we routinely use to communicate with children can be used with teenagers and even adults in health care settings.

Professionals who specialize in pediatrics are trained to communicate in a way that builds trust and helps the patient understand. Truthfulness and clarity are two building blocks of trust and understanding. Understanding more about how these specialized pediatric professionals choose what they say will help you interpret for them better.

Speaking Clearly with Children

Being clear is different from patronizing or "talking down" to a person. Strategies health care professionals use in pediatric settings when they want to speak clearly with children include:

- speaking a little slower
- lowering rather than raising the pitch of voice
- pausing often
- limiting each sentence to only one noun and one verb
- choosing words that are basic rather than technical ("blood doctor" instead of "hematologist")
- choosing what's important to say and leaving out the rest
- relating new information to what the child already knows
- going at the child's pace – not forcing information on the child
- asking permission (when the child has the option to say yes or no)

Understanding What a Child Says

As an interpreter, it's important to convey the whole message, in the sense it was expressed. Observing the strategies and speech patterns used to express the message will help you convey the message in the same tone it was expressed.

In a health care setting, adults have a responsibility to try to understand what children express. Sometimes it's difficult. Here are some factors that complicate how well we understand what a child is saying.

age (about 3 years old and younger)	illness
brain injury	laughter
craniofacial anomaly	mumbling
crankiness	shyness
crying	speech impediment
developmental delay	tiredness
emotions	trauma
genetic condition	willingness to talk with you

This list could go on and on and overwhelm the compassion, empathy, and common sense of even the most dedicated interpreter. How can you be prepared to handle each of these situations? Start with these steps.

1. Say you don't understand.
2. Clarify with the child.
3. If necessary, rely on an intermediary

1. Say you don't understand.

Tell the child and everyone else in the encounter, in both languages.

2. Clarify with the child.

Ask the child to say it again slowly. Only ask once – don't interrogate!

Repeat back what you think you understand and ask the child if that is what he or she meant.

If the child can write, try offering pencil and paper to write the message.

Don't add new questions. This is the job of the person for whom you are interpreting.

If there is a question or comment you think would help, you may suggest it.

3. Rely on an intermediary.

A parent or family member probably understands the child better than anyone else in the room. If the child's parent or someone else clarifies what the child is saying, interpret what he or she said.

With multiple speakers, it may be necessary to clarify whose words you are interpreting.

Here is one way to help everyone understand who is saying what.

Example

Child: Tengo [unintelligible]

Interpreter: ¿Cómo, mijo? ¿Tienes qué? What, honey? You have what?

Child: Tengo [unintelligible]

Mom: Dice que tiene sed.

Interpreter: [holding open hand, palm up, toward mother, to indicate who is speaking] He says he's thirsty.

Nothing is too silly or unimportant to interpret. Everything that is said in English needs to be repeated in Spanish. If the child says something in English, interpret into Spanish for the parents.

Question for Class Discussion

The above factors are mostly intrinsic to the child and play a role in the level of a child's comfort and ability to communicate in an audible, understandable way. The interpreter cannot control this type of factor. There are external factors, on the other hand, that are controllable, such as the level of noise in the room coming from the TV or radio, and distractions such as the video game or computer. These affect the child's attention span and willingness to engage in a conversation. These external factors also can affect how well the interpreter can hear what everyone is saying.

If the TV is so loud it distracts the interpreter or interferes with being able to hear, is it okay for the interpreter to do something about it? What would *not* be okay for the interpreter to do? If the TV is distracting the child but not the interpreter, is it okay for the interpreter to do something about it?

Technique

The national standards of practice were developed with adults in mind. Best practices when interpreting for children need to continue to be explored in ongoing national dialogue that includes many language groups, experts, and the children themselves.

In a children's hospital, most of the time, the interpreter is repeating messages spoken by adults. Interpreting for children also is a daily activity. In terms of practice, the techniques in the chart that follows are based on observations of over forty English/Spanish interpreters who work with children in hospitals.

When you meet the child for whom you will interpret, explain that you are the interpreter, and what that means.

Practice interpreting this greeting into Spanish:

“Hi! I'm an interpreter.

When someone says something in English, I repeat it in Spanish.

When someone says something in Spanish, I repeat it in English.”

Comparison: Interpreting for Children, Interpreting for Adults

Technique	Children	Adults
2 nd Person	informal "tú"	formal "usted"
3 rd Person	Transferring the speech of a person saying "I" to another person is an abstraction most children have not developed the ability to understand. Repeat what was said in the 3 rd person rather than the 1 st person. For example, the doctor says to the child, "I want to talk with you." Instead of saying, "Quiero hablar contigo," the child will understand better if the interpreter says, "El doctor quiere hablar contigo."	generally only used for occasional clarification when there are multiple speakers or for patients who have suffered a trauma or have a psychiatric condition
Consecutive Mode	Listening to two people talk at once can be confusing for a child. For some children it can be downright agitating. Using the consecutive mode almost exclusively is a common practice among interpreters who work with children, at least up until high school, and beyond for those with significant developmental delays.	Interpreters often use the consecutive mode for interview-type conversations (which describes most health care conversations). The mode of interpretation should meet the listener's (not the interpreter's) needs.
Position and Gaze	Some interpreters start from a distance, for example introducing themselves at the foot of the bed. Once they are close, they get physically on the level of the child by sitting, squatting, or kneeling, so they can make deliberate eye contact and avoid towering over the child. These techniques can help the child trust and understand the interpreter. Avoid positioning yourself between the child and parent.	The interpreter decides on position and gaze based on a number of factors. The goal is to support a direct connection between the patient and health care professional. The amount of space, equipment, and people in the room are factors that could influence how the interpreter handles position and gaze.
Direct Communication	Taking a moment to get to know the child and explain the role of the interpreter is consistent with standards for working with adults. What is different for children's hospital interpreters is the amount of direct communication with children, for example, singing songs or telling stories in a child's own language as a measure of comfort during medical procedures. When you interpret, ask the child, "Is that what you're trying to say? Did I get it right?"	Pre-Session Clarifying what the speaker said or means Explaining a cultural concept Intervening (very rare)
Tone	friendly, open, respectful, asking permission (when permission is an option), lower volume, quieter tone, calm, soothing	friendly, open, respectful, asking permission (when permission is an option), professional
Speed	Slow down and be patient. Give the child the chance to do what he or she is supposed to do, whether it be putting away a game or urinating during a VCUG.	Slowing down is a strategy for working with people of other cultures, in the same way respect and formality are. Slowing down does not refer to how fast you speak. Slowing down can mean pausing before entering the patient's room. Another example would be that you think of what you need to say, say it, and then take a breath to give the other person a chance to respond.
Boundaries	Collaborate and don't compete with the other professionals in the room.	

“Sharing Information” vs. “No quiero que se preocupe.”

Have you ever known a family where it was not okay to tell someone bad news? Maybe this was the norm in your own family. Parents are protective and sometimes choose not to share information with their child because they don't want their child to worry. The hospital staff may feel it's important to tell the child what's wrong and what to expect rather than leaving things up to the child's imagination. Who is right? What can be done to bridge this cultural difference?

A good start is a conversation among all the adults, in a separate room away from the child, with a goal of reaching an agreement about what will and will not be revealed to the child. The interpreter's role is not to facilitate the session, but to interpret what everyone says.

Most professionals defer to the wishes of parents who do not want to share information with the child. And most parents, given a little time and space, reach a moment when they decide to share information with their child.

The common ground among everyone can be an agreement not to tell the child any lies. It's better to wait to share information than to tell the child something that isn't true. Undermining the wishes and authority of the parents will not help the child. Truthfulness and protectiveness are values that do not have to be in conflict.

Child Life

The role of a child life specialist is to help children understand what is happening and cope with it. Some of the tools a child life specialist uses are

conversation	rehearsing
pictures	play
props	toys

In order to be certified by the national Child Life Council, a child life specialist must have a Bachelor's degree with related coursework and clinical experience. They have a theoretical preparation in development, the way children play and cope with stress, and family systems. They know how to apply this knowledge and use it as a guide to judge how best to help a child feel less anxiety in health care settings. Many child life specialists also have a Master's degree.

A child life specialist talks with children in a very special way. But before they ever talk, they observe and listen so they can choose what to say. Everything they choose to say is for the benefit of the unique child they are working with, and everything they choose *not* to say also is for the child's benefit.

Before the child life specialist ever starts explaining a medical procedure, typically they prepare. They may start by reading information in the child's chart. Has this child ever been in the hospital? Has she ever had surgery? Has she experienced any traumatic events (divorce, death of a pet, death of a loved one...)? Has she had any recent major life events (new house, new baby, birthday, new pet...)? The child life specialist also may try to get to know the parents' situation. Are they feeling stressed? Supported? What are their jobs? How is their relationship? After this preparation, the child life specialist enters the room to work with the child.

Script for Interpreter Practice

Marisol Gets Ready for an Appendectomy

Marisol, who is five years old, came to the hospital last night with pain in her abdomen. Jennifer is the child life specialist who has come to teach Marisol what to expect, how to be more comfortable, and what the doctors will do to help her body get better.

Jennifer

Hi! I'm Jennifer and I work with Child Life. Part of my job is to make sure you have fun while you're here, and part of my job is to help you understand when you have any kind of tests done. We have all kinds of fun things. We have a play room. It's a place where you can go to paint, color, or listen to music. There's Play-Doh and games, too. And you know what? If you don't really feel like going to the play room, your mom or dad can go in and get something for you or I can go in and get what you like and bring it to you. Do you know why you're here?

Marisol

Me duele la panza.

Jennifer

I'm going to talk with you about what the doctors are going to do to help you. Does anything else hurt?

Marisol

No.

Jennifer

The doctors need to help your tummy feel better. I'm coming in here today because I also want to talk with you about something you're going to have done. What you're going to do is go downstairs with your mom and dad. You're going to a special place in the hospital and you're going to have something that's called surgery.

First the doctors will help you go to sleep. They do this by putting special medicine in your IV. Do you know what an IV is? An IV is something they put in your arm or hand and it helps you get water and medicine. It's a very small tiny straw that stays in your hand with tape and BAND-AIDS®. The straw is the size of a straw that a baby doll would drink out of. It's very, very small. It will come out! It will not stay in your hand forever.

The other way they might help you go to sleep is with a mask. Do you want to see what the mask looks like? It fits over your nose and your mouth. It's soft. It usually smells like bubble gum or strawberries. Special air comes through this hole and you take deep breaths. I'll put the mask on this doll and show you. You breathe in [*inhales*] and you get very sleepy. The air is going to make you sleep.

While you're sleeping, the doctors are going to make your tummy better. You're not going to feel a thing! You won't feel anything because you'll be sleeping. When they're done they will

stop giving you the special air and help you wake up. Your tummy might be sore but they will give you medicine to help make it feel better.

Mommy and Daddy will come and be with you when you're waking up. Then you will come back up to your room.

Would you like to see a picture of the room you're going to? There's a monitor that looks like a TV and it helps the doctors take care of you while you're sleeping. There are big lights and the lights don't touch you. They're just really good lights that will help the doctor see.

Mommy and Daddy will wait for you while you're in the room.

Do you want to see the mask that we talked about earlier? Do you want to feel it and touch it?

Marisol
No.

Jennifer
Can Mommy or Daddy feel it or touch it?

Marisol
No.

Jennifer
Okay. I'm going to leave this here and if you want to play with it later you can.

When bad things happen

Ask any children's hospital interpreter what the hardest encounters are. Most put abuse at the top of the list. When something bad happens to a child, everyone hurts.

When you see the worst in someone else, it's time to bring out the best in you.

Show the child friendliness, compassion, empathy, and respect.

Most kids don't want pity! Generally children need – and want – routine, predictability, and safety. They feel safe when the adults around them are in control of themselves. If you're interpreting and notice that you are not in complete control of your emotions, get control. If you can't get control of yourself, take a break. If you still can't, get another interpreter. Do what is best for the child.

If you meet the suspected abuser, be polite.

We never have the whole picture! There's a philosophy, "innocent until proven guilty." It's more than just an old saying. It's one of the core elements of our free society. Interpreters strive to be non-judgmental. Even if the person is guilty of a crime against a child, don't feed into negativity. When you don't respect a person's actions, polite behavior toward every human is a sign of dignity on your part and makes you stronger.

Never ask the child about what happened unless you've been told to ask.

Hospital social workers often defer to skilled forensic interviewers to talk with the child and family about what happened. Police departments and child protection agencies commonly ask hospital social work departments *not* to conduct such interviews because it could skew or change the child's or family's testimony. Being interviewed by someone who is not qualified could cause trauma instead of healing and damage the credibility of testimony.

Ask your supervisor about what to do if a police officer asks you to interpret.

In hospitals, the Risk Management department can provide direction. Some hospitals do not want their employees to interpret for anyone who is not part of the hospital staff. If this is the case, the police officer needs to rely on other options to interview the child. They could send a bilingual officer, bring their own interpreter, or use an over-the-phone interpreting service. When you've been told not to do something, don't get trapped by thinking you are the only one who can help and therefore must break the rule. Think creatively! Find solutions.

91 Wishes for the Children of the World

Hi Kids!

Do you ever wonder what people wish for you? We did. So we asked the people at our hospital! We asked kids, doctors, nurses, moms, dads, families, friends, people who work here... *"What is your wish for the children of the world?"* A lot of them said the same thing, like "love," and "happiness," and "peace." And a lot of them told us something no one else thought of. We made this list just for you. We wish it will make you feel loved, happy, and peaceful!

- ♥ all are happy & healthy
- ♥ All children are able to live their dream.
- ♥ always be healthy and innocent
- ♥ amor y paz
- ♥ be happy, be loved
- ♥ Be proud of your roots!! Remember where you came from.
- ♥ better schools
- ♥ bienestar
- ♥ cariño
- ♥ children can learn what love is
- ♥ comida
- ♥ culture
- ♥ Different cultures make the world go around!
- ♥ disfruten su niñez
- ♥ diversity
- ♥ educate them & love them
- ♥ education
- ♥ every kid could be free
- ♥ Feed them!
- ♥ for all the kids in the world to be happy!
- ♥ freedom
- ♥ give comfort
- ♥ give every one good education and good health
- ♥ good health
- ♥ good health for all
- ♥ happiness
- ♥ happiness in every sense
- ♥ happiness!
- ♥ happy
- ♥ happy, healthy and safe
- ♥ harmony
- ♥ health
- ♥ health & happiness
- ♥ health improvement
- ♥ healthcare
- ♥ I wish for peace and happiness
- ♥ I wish no one would hurt or abuse children.
- ♥ I wish that all children feel loved.
- ♥ I wish that every kid could be free.
- ♥ imaginary games
- ♥ kindness
- ♥ know their history
- ♥ live a happy life!
- ♥ lo mejor
- ♥ Lo que más me hace feliz de un niño es mirar su inocencia, como sonrien, mirar como juegan.
- ♥ Love
- ♥ loving parents
- ♥ My hope for children would be that children be open minded and celebrate their differences and culture. You are unique!
- ♥ My wish for all the children would be no more suffering (no hunger, no illnesses).
- ♥ My wish is they don't have to be ill or injured.
- ♥ no obesity
- ♥ no one is judged by where they came from
- ♥ none will be abused or neglected
- ♥ patience
- ♥ peace
- ♥ positive self esteem
- ♥ prosperity
- ♥ raised in a happy God-loving home!
- ♥ Reach for the stars and never give up!
- ♥ respect
- ♥ safe and happy
- ♥ salud
- ♥ salud para los niños
- ♥ salud y ningún tipo de sufrimiento
- ♥ sanity
- ♥ sonrisas
- ♥ spend more time with parents
- ♥ that all are given great care / respect at all ages
- ♥ that they will all get better
- ♥ the joy of being fully loved!
- ♥ the right to grow up in a democracy
- ♥ their laughter
- ♥ they never suffer from hunger
- ♥ to always be loved and always laughing!
- ♥ to appreciate everything they have in this country
- ♥ to be happy and never be sick!
- ♥ to be healthy, happy & be raised in safe environment
- ♥ to be warm and well loved
- ♥ to come up with cures for cancer so kids do not have to suffer
- ♥ to fulfill their dreams! and to be happy!
- ♥ to have fun
- ♥ to have good parents and childhood
- ♥ to have happy and healthy lives
- ♥ to have lots of love always
- ♥ to know love and happiness
- ♥ to know true joy, peace and love
- ♥ to listen to the priest
- ♥ to understand, accept, and respect each other and appreciate their differences
- ♥ tolerance
- ♥ understanding
- ♥ world peace

Spanish Bilingual Assistant

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ARS LONGA, VITA BREVIS

This book is dedicated to the memory of my mentor and friend, a great translator, Marc Calegari, S.J., and to the memory of my daughter, Miriam Hernández Rayes, who was beautiful beyond any words in my vocabulary.

Barbara Rayes, 2004



Maricopa County
 Medical Interpreter Project
 TOWARD A HEALTHIER STATE...



Ask a Doctor

Medical information changes all the time. The medical information in this book isn't supposed to take the place of a doctor's medical advice. If you have a medical question, ask your doctor.

Ask a Linguist

Our collective lexicon has never seen such rapid growth and change. Words come and go, languages change and die, and people affix new meanings to old words all the time. This book is meant to serve as a guide to study medical interpreting for people who speak English and Spanish. The information in this book doesn't include everything a person might hear or need to know in order to interpret in a health care setting. Linguists are language experts. If you have questions about language, ask a linguist.

We Asked the Experts

The Maricopa County Medical Interpreter Project is grateful to these national experts in the fields of interpretation, translation, teaching and testing. Each person shared willingly and contributed thought-provoking insight to improve medical interpreter training in Arizona during a round-table discussion on February 27 & 28, 2003.

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for Children's Hospitals

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Texas Children's Hospital
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From admission to discharge, whether the encounter is short or long, they help people understand each other. They teach and support their colleagues and anyone else fortunate enough to know them.

We are grateful for the perspective, feedback, and service of the translators and interpreters at Phoenix Children's Hospital.

Patty Becke	Vangie Morales
Eva Carrillo	Sandra Muñoz
Judy Cohen	Kendall Mark Nunley
Jorge Coronado	Jorge Pérez
Millie Donaldson	José Rexach
Ron Ellsworth	Cecilia Rocha
Patsy Encinas	Ricardo Rodríguez
María Figueroa	Rosana Sartirana
Elizabeth Fimbres-Estrada	Harry Sasson
Claudia Franco-Nevárez	Isabel Serna
Cecilia Igualt	Xiomara Smith
María Teresa Martínez	Vicky Yépiz
Maritza Martínez	Carlos Valle
Jorge Masuello	Taty Vilaplana
Gloria Mendoza	Trinh Mai Vu

**Sally Moffat, Director
Irma Bustamante, Manager
Barbara Rayes, Coordinator**

Preface

The instruction we find in books is like fire. We fetch it from our neighbours, kindle it at home, communicate it to others, and it becomes the property of all.

-- Voltaire (1694 – 1778)

Everything comes from somewhere. But this class comes from *everywhere*. It was born in over twenty-two Spanish-speaking countries around the world, in fifty states of the U.S., in the hearts of people who try to connect cultures, in the broken hearts of patients and families who needed an interpreter but didn't have one. Now you are part of this program, too, and what you do with it is all up to you.

Timeline

This class began in 1984 with Spanish classes for English-speaking doctors and nurses. It was taught by María de Montaña at Maricopa Medical Center in Phoenix, Arizona. The University of Arizona contributed funding and expertise. By 1989, an educational psychologist and specialist in adult education, Dr. Alicia Alvarez, was hired to set up a program to train bilingual employees to interpret. The program consisted of medical information in English and Spanish, and won awards for Innovation and Cultural Competence from the National Association of Counties. Maricopa Medical Center expanded the program to include hiring dedicated staff interpreters. By 1997, Irma Bustamante was teaching the program at Maricopa Medical Center and Phoenix Children's Hospital. By 1999, she was teaching at other institutions as well, including Good Samaritan Regional Medical Center. That same year, Gricelda Zamora González, just thirteen years old, died of appendicitis at a local hospital. She had served as her family's interpreter during her illness.

Compassion

The community responded to Gricelda's death with grief and compassion. St. Luke's Health Initiatives focused efforts on increasing the quality and quantity of medical interpreters in the greater Phoenix area. Elizabeth McNamee brought SLHI expertise and funding, joining Nita Francis of the University of Arizona with Irma Bustamante and Barbara Rayes of Phoenix Children's Hospital. In 2001 the Maricopa County Medical Interpreter Project was born. During the three-year, grant-funded project, hundreds of interpreters were trained. This book became a community-based training manual. Twenty-eight instructors and language coaches were trained. At the time of publication, Arizona's colleges and universities are working together to implement the program as a for-credit course that leads to undergraduate credit and degrees.

You are the bows from which your children as living arrows are sent forth... Let your bending in the Archer's hand be for gladness; For even as He loves the arrow that flies, so He loves also the bow that is stable.

-- Khalil Gibran (1883 – 1931)

You are flying into a new trajectory, carrying a flame of knowledge. Your career was borne of pain and of love. You will be present at birth and death, and at the mundane moments of vomiting and headaches.

How wonderful that you will be there.