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# Working with Interpreters: A Practice Guide for Psychologists

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# Working with Interpreters: A Practice Guide for Psychologists

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## 1. Executive summary

Interpreting is a highly specialised skill involving precise, effective and timely translation of information from one language to another. Including an interpreter in the psychology setting can be beneficial where the client prefers to speak, or is more fluent, in a language other than the psychologist's primary language, or the client's English skills are assessed to be inadequate for the consultation. It is impossible to provide a high quality psychological service without effective communication between the psychologist and the client.

Working with an interpreter is important for addressing a client-psychologist language barrier, however, there are a range of notable considerations a psychologist may bear in mind prior to commencing work with an interpreter.

- It is important to work with an accredited interpreter who is trained to be impartial, respect confidentiality, accountable and strive for accuracy.
- There are significant ethical, professional and legal consequences to working with an unaccredited interpreter.
- In selecting an interpreter, consider the client's ethnicity, religion, education, literacy, language or dialect, and preference for gender or country of interpreter.
- When working with an interpreter, it is important for a psychologist to consider factors, such as:
  - the possibility that the client may have a pre-existing non-professional relationship with the interpreter
  - pre-session planning and meeting with the interpreter
  - working collaboratively with the interpreter
  - being mindful of the shift in dynamics that the inclusion of an interpreter may bring to the therapeutic setting and how this might be managed
  - appropriate use of psychometric assessment
  - ways in which you might adjust your use of language and communication style in working with an interpreter and
  - how emotional content of the session might impact on the interpreter.

Interpreting services, while important are only part of a more holistic response to a culturally diverse client population. It is important for psychologists to familiarise themselves with culturally appropriate ways of supporting clients from culturally diverse communities.

## 2. Purpose of this document

Interpreting is a highly specialised skill involving precise, effective and timely translation of information from one language to another. The purpose of this document is to provide information for psychologists working in professional partnerships with interpreters. This document is written with the understanding that there is considerable variation in the nature of the work undertaken by psychologists, and with the intention to provide general guidance on the best ways to meet the language needs of the client.

## 3. Why work with an interpreter?

It is likely that most psychologists will work with someone from a culturally and linguistically diverse background at some stage. In psychology settings, clients are required to communicate about difficult experiences and interpersonal relationships which can be difficult to do effectively when using a language in which they are not fluent. Additionally, in the presence of a thought disorder, delirium, dementia, anxiety or depression, the capacity to communicate in a second language is further impaired. The Translating and Interpreting Service (TIS) National, a service operated by the Department of Immigration and Citizenship, suggests that during times of crisis or stress, a person's second language competency may decrease and thus the need for an interpreter may become even more important. Without effective communication between client and psychologist, there will be limitations in the psychologist's capacity to:

- develop a therapeutic relationship
- understand the point of view of the client
- understand the cultural context of the client
- conduct an assessment
- formulate a diagnosis
- reach an agreement on an appropriate psychological intervention plan
- provide psychological intervention and
- monitor and evaluate the effectiveness and any adverse effects of psychological intervention.

If the English language skills of the client are limited, communication between client and psychologist can be assisted greatly by working with a qualified interpreter to translate information from one language to another in a precise, effective and timely manner. Including an interpreter in the psychology setting will be beneficial where the client prefers to speak, or is more fluent, in a language other than the psychologist's primary language, or the client's English skills are assessed to be inadequate for the consultation.

The TIS National recommends that all Australians have the right to access services freely available to English speaking Australians, irrespective of their ethnic background and first language preference. As such, the facilitation of communication through interpreters is important for ensuring equitable and effective psychological service delivery.

## 4. Practical considerations prior to commencing work with an interpreter

### 4.1 Assessing the need for an interpreter

Whilst often a request for an interpreter will come from the client, at other times it may be the psychologist who identifies that an interpreter is required. If the latter is the case, the psychologist might discuss this with the client prior to arranging the interpreter. The psychologist may consider engaging a telephone interpreter for facilitating this discussion with the client. Some strategies to consider in assessing the need for an interpreter are:

- simply asking the client if they want or need an interpreter, and
- asking the client to answer some simple questions or summarise something you have said in their own words.

The psychologist may also provide information about the interpreter service and address any concerns that the client may have about working with an interpreter.

When booking an interpreter the psychologist will need to:

- clarify the appropriate language and dialect. The psychologist should not assume that an interpreter speaks the same language as the client and can understand all dialects.
- consider the client's ethnicity and religion. The interpreter's ethnicity and religion may be important to some clients, particularly if the client has come from a country and/or religious sect where there has been political unrest or conflict.
- enquire whether the client needs a male or female interpreter. The client may be bound by cultural or religious practice or may simply have a preference for an interpreter of a particular gender.

### 4.2 Engaging or working with an accredited interpreter

An accredited interpreter is a trained bilingual professional, who is guided by a code of ethics. An interpreter is trained to be impartial, respect the confidentiality of the person, is accountable and strives to convey equivalence in meaning in their interpreting practice. An interpreter is differentiated from a translator by the fact that interpreters primarily translate one language to another in oral form whereas a translator operates in written format. The National Accreditation Authority for Translators and Interpreters (NAATI) has responsibility for setting and maintaining the standards of interpreting and translating in Australia. NAATI provides the following levels of accreditation for interpreters:

**Table 1. Levels of NAATI\* Accreditation**

Professional Title	Qualifications & Work Setting
<b>Para-professional Interpreter</b>	<ul style="list-style-type: none"> <li>Completed secondary education to year 10 equivalent and proficient in both English and a Language Other Than English (LOTE) and para-professional accreditation by NAATI</li> <li>Qualified to interpret for the purpose of general conversations and non-specialist services</li> <li>Interpreters at this level are encouraged to obtain professional-level training</li> </ul>
<b>Professional Interpreter</b>	<ul style="list-style-type: none"> <li>Completed a Degree or Diploma prior to completion of the professional accreditation.</li> <li>The Professional level of accreditation is commonly the minimum requirement to work in most settings and semi-specialised situations (e.g., banking, law, health and community services)</li> </ul>
<b>Conference Interpreter</b>	<ul style="list-style-type: none"> <li>Completed NAATI approved course</li> <li>Qualified to interpret in complex, technical and sophisticated interpreting settings e.g., international conferences, high-level negotiations and court proceedings.</li> </ul>

\*The National Accreditation Authority for Translators and Interpreters

Some interpreters may have had specialised training for interpreting in mental health settings, particularly those at the professional or conference interpreter standard.

### 4.3 Implications of working with an unaccredited interpreter

In situations where the psychologist is rushed, under pressure or an accredited interpreter is not available, it may appear an attractive, simple and cost effective alternative to utilise family members or unaccredited interpreters. However, psychologists must consider the potential ethical, professional, and legal consequences and significant adverse outcomes of such decisions, including:

- inaccurate translation of the psychologist’s or client’s communication, due to lack of knowledge of mental health terminology
- the possibility of information being withheld or distorted in translation because of family relationships or the emotional/sensitive nature of the issues
- inadequate communication due to lack of knowledge of interpreting techniques
- undermining hierarchical relationships in a family by using children as interpreters for their parents
- undermining the psychologist’s confidence that the necessary information is being communicated appropriately, and
- compromising confidentiality.

These risks can lead to inappropriate clinical decisions being made, for example, over- or under-estimating psychopathology, inappropriate therapeutic interventions or decisions that lead to complaints or litigation. Consequently, it is strongly recommended that accredited interpreters are employed for psychological services.

#### **4.4 Financial support**

A large proportion of psychologists will be working in settings where there is an established procedure for booking and paying for interpreters. For example, in the public education and health systems, services often hold accounts with specific interpreting services. Regarding the private sector, there are currently few federal or state government provisions to fund qualified interpreters for psychologists and other allied health practitioners. There is the option for accessing interpreter services through Access to Allied Psychological Services (ATAPS), however, allocation of funds is determined at the Medicare Local level. If the aforementioned options are not available for your setting, the costs associated with interpreter services will be incurred by the client or the psychologist.

#### **4.5 Allocating appointment times**

It is recommended that psychologists consider allowing additional consultation time when scheduling appointments with a client where an interpreter is involved. A recommended estimate is to double the consultation time, as everything needs to be said twice.

#### **4.6 Setting up the room**

It is important to consider the appropriate seating arrangement for the type of consultation you will be conducting with the client and interpreter. For example, if the session is therapeutic in nature, the psychologist should ensure that the seating is arranged such that a triangle is formed between the client, the psychologist and the interpreter. The psychologist and the interpreter should ideally be equidistant and sitting facing the client. The psychologist will maintain eye contact with the client, not deflecting their gaze to the interpreter. If a carer or family member is present, the chairs could be arranged in a semi-circle; this will ensure that the clinician can speak directly to all parties involved. However, if the purpose of the session is cognitive assessment with formal tests, the client and psychologist should sit opposite each other, with the interpreter sitting at the side of the client.

#### **4.7 The importance of face-to-face (onsite) interpreting**

Onsite, face to face interpreting is usually preferable to telephone interpreting, as it enhances the opportunity to establish rapport in a psychotherapy session. It provides a more personal approach, particularly relevant for more complex and detailed issues, which are likely to be discussed in a counselling context. There is increased opportunity for human interaction and visual cues to be accessed in the session. There may be some situations however, where clients prefer the anonymity and privacy of a telephone counsellor, and in many situations it is the additional cost of face-to-face interpreter services which is prohibitive.

## 5. Considerations prior to commencing work with an interpreter

### 5.1 Ethical considerations

According to the APS Code of Ethics, psychologists who use interpreters should:

- (a) take reasonable steps to ensure that the interpreters are competent to work as interpreters in the relevant context
- (b) take reasonable steps to ensure that the interpreter is not in a multiple relationship with the client that may impair the interpreter's judgement
- (c) take reasonable steps to ensure that the interpreter will keep confidential the existence and content of the psychological service
- (d) take reasonable steps to ensure that the interpreter is aware of any other relevant provisions of this Code and
- (e) obtain informed consent from the client to use the selected interpreter.

### 5.2 Pre-existing non-professional relationships

It is imperative that the psychologist identify if there is a pre-existing non-professional relationship between the client and the interpreter, for example, where the interpreter and client have some shared history, such as having lived in the same community prior to migration. In smaller communities there is a greater likelihood of familiarity between client and interpreter and this brings about risk of breach of confidentiality which may impact on communication dynamics, thus imposing barriers to open and honest communication.

### 5.3 Continuity of care

If the psychologist plans to see the client for a number of sessions, where possible, the same interpreter should be engaged for these subsequent consultations with the client. Repeatedly establishing rapport with new interpreters introduces unnecessary difficulties. By retaining the same interpreter the psychologist is more likely to make ongoing progress with the client. Where a consultation has progressed well and trust has been developed, working with the same interpreter is good practice.

### 5.4 Pre-consultation meeting

The interpreter will be in a better position to accurately interpret if they have a clear understanding of the purpose of the meeting and the role of all parties involved. The psychologist may schedule a pre-discussion meeting with the interpreter before the first session where they can brief the interpreter on the purpose of the consultation (i.e., to obtain information about the client's developmental history, to assess the client's mental health status) and provide the interpreter with an overview of the session (e.g., a description of the activities that will take place such as interviews, discussions and questions). This allows the interpreter to ask questions and clarify terminology. This discussion could occur via telephone.

If the psychologist intends to use a psychometric assessment during the consultation with the client, this should be discussed with the interpreter during the pre-consultation meeting. More information on relevant considerations when using psychometric assessment will be discussed in section 8.

If relevant, the psychologist might brief the interpreter regarding the possibility that content may be distressing, particularly if the psychologist anticipates that there may be discussion of distressing events such as conflict, violence, suicide, self harm or family crisis. The interpreter may be better prepared to manage the traumatic nature of a meeting if they are advised that they might find it upsetting.

## 5.5 Working collaboratively

It may be helpful for the psychologist to spend some time establishing a relationship with the interpreter and collaboratively deciding how they will work together. For example, this may include setting rules on keeping statements short (where possible), delivering statements in segments and allowing the interpreter to interpret everything before a new point is introduced. The psychologist may provide the interpreter with any information that may assist in understanding the context of the situation. For example, the psychologist may inform the interpreter of any behaviours or verbalisations that might be characteristic of a client with a similar presentation. Even if the psychologist and interpreter are only working together as a single-session arrangement, this conversation may still prove valuable, even if only brief, i.e., a few minutes.

## 5.6 Accuracy of Information

In pre-consultation discussions with the interpreter, it is important to stress the significance of accurate communication. Ideally the interpreter provides as exact an interpretation of the content of the interview as possible. The interpreter is required to repeat the questions and responses and try to maintain the same meaning as the original message. However, psychologists need to be aware that some words or phrases often have no direct translation in another language.

Interpreters may need to be forewarned that clients presenting with a thought disorder, flight of ideas, dysphasia or mania may have difficulty expressing a clear line of thought and as a result, the information conveyed may make little sense. In these circumstances, it is necessary for the interpreter to try to translate exactly what is said without trying to make sense of the client's speech, in order for the clinician to observe the effects of the disorder. The interpreter may also convey to the psychologist that it is not possible to meaningfully translate what the client is saying.

## 6. Tips for facilitating effective communication via interpreter

- Speak to the person, not the interpreter, and maintain culturally appropriate eye contact with the client, even when the interpreter is interpreting. When speaking or listening watch the client rather than the interpreter so non-verbal messages can be observed.
- Speak to the client directly using first person "I" and second person "you", rather than "he" or "she", to elicit a more accurate understanding of the words and emotions being expressed.
- Avoid using technical language, metaphors and acronyms.
- Repetition can be effective in assisting understanding.
- Use short, simple sentences.
- Pause after one or two sentences to allow the interpreter to relay the message.
- The psychologist may wish to use diagrams or pictures to increase understanding.
- Ask the client whether you are speaking at an appropriate pace or if any clarification is required.
- Ask for feedback during the consultations to ensure that the client is satisfied with the interpreting process.

- The common therapeutic method of paraphrasing or reflecting back what the client has said so that they feel heard and understood may be problematic when working with the interpreter. The interpreter may think that the psychologist is checking with the interpreter that they have understood or consequently may not interpret what the psychologist has said if they think it does not add any new content. Therefore, if the psychologist chooses to use this technique, it is important that this is discussed with the interpreter during the pre-session briefing.

## 7. Conducting a client consultation with an interpreter

### 7.1 Introductions

- The psychologist introduces him or herself to the client and then introduces the interpreter.
- The psychologist explains that both the psychologist and the interpreter are bound by a code of ethics to maintain confidentiality of the consultation, with the exception of limitations, such as a client's risk to self or other or in the case of a legal request, such as subpoena.
- The psychologist explains to the client the purpose of the consultation, the role of the interpreter and how the consultation will be conducted.
- It is important to create a comfortable atmosphere where each member of the triad feels able to ask for clarification if anything is unclear.

### 7.2 Confidentiality

It is important to respect the professionalism of the interpreter and their own code of ethics, however, the psychologist stresses to the interpreter and the client that all information is confidential. It is essential that the psychologist clearly states that they alone hold clinical responsibility for the meeting and describes the boundaries of confidentiality.

### 7.3 Interpersonal dynamics

The presence of an interpreter alters the dynamics of the therapeutic relationship between the psychologist and the client. Transference and counter-transference reactions can be complex. Potential areas of concern may include:

- The client and the interpreter forming an alliance to the exclusion of the psychologist
- The interpreter and the psychologist forming an alliance to the exclusion of the client or
- Rejection of the interpreter by the client (or psychologist).

A psychologist working with an interpreter will need to be aware of these possibilities and consider the implications of working with an interpreter. Best practice for managing shifts in interpersonal dynamics is to reflect upon them with the interpreter and utilise peer consultation. If the psychologist observed that the interpreter had not connected with the client or was not coping with the content of sessions, it may be appropriate to consider seeking an alternate interpreter.

## 8. Administration of psychometric assessments

Psychologists need to be extremely cautious in the use and interpretation of psychometric tests when working with an interpreter. Assessment instruments and their normative scores are often developed in English speaking populations and they may not have been adapted for the population from which the client originates. Informal translation of an English instrument can change the meaning and difficulty of the items, possibly resulting in inaccurate scores. Formal translation to convey effective equivalence in meaning is a complex process involving interpreters with appropriate mental health training (i.e., professional level). If a psychologist intends to use a psychometric assessment tool, it is recommended that this is discussed with the interpreter during a pre-session briefing.

The following principles aim to improve the validity of scores of psychometric assessment:

- Allow the interpreter time to familiarise themselves with the psychometric instrument and clarify terminology, rather than requesting spontaneous translation during consultation.
- Explain standardised assessment procedures to the interpreter and allocate time to practice standardised administration of the instrument.
- In the debriefing session with the interpreter, discuss whether there were any difficulties with the translation of items, make a note of them and consider the implications on the validity of the results for that item.
- Consider the results in light of the individual's social status, education level, and developmental history when interpreting scores.

Cultural considerations when administering psychometric assessments:

- Refugees from some countries may have had minimal or no formal education, but may demonstrate higher level skills in tasks of daily functioning.
- Consider administering a battery of processes that assess functioning in addition to formal cognitive assessment, as knowledge and skills required by some instruments are heavily reliant on education and experience of the host culture.

Extreme caution should be exercised when considering the use of translated psychometric tests. The psychologist needs to record clearly on the client's file and in the assessment report that the instrument was translated by an interpreter, and what the implications of this may be for the assessment results, including any outcome scores. It may be important to seek supervision from an expert in the area to assist in determining whether the results of an assessment are an accurate representation of the client's abilities.

It is important to be aware that many psychometric tests have standardised administration procedures and are copyright protected and as such, the suggestions above should only be utilised where they will not lead to a breach of these requirements.

It is important to note that it may not always be appropriate to use assessment measures that rely on language when working with a population of culturally and linguistically diverse individuals. Depending on the purpose of assessment, it may be more appropriate to consider non-verbal assessment methods, e.g., Naglieri Nonverbal Ability Test (NNAT), Wechsler Nonverbal Scale of Ability (WNV), Test of Non-verbal Intelligence (TONI).

## 9. After the consultation: debriefing

### 9.1 Psychologists' responsibilities

Prior to commencing work with an interpreter it is important to consider any legal responsibility they may hold to the interpreter regarding the interpreter's psychological wellbeing and requirements for formal debriefing. Usually, this responsibility falls to the agency providing the interpreter. However, it is good practice for the psychologist to look after the interpreter's psychological wellbeing and provide a short, informal debriefing discussion following consultation with a client.

### 9.2 Discussion of process issues

Schedule time with the interpreter after the session to review how you worked together and any other issues relevant to the session. It is important to be mindful of how a detailed discussion between the psychologist and interpreter immediately following the session might appear to the client. Consequently, it might be appropriate for the interpreter to leave the room first and to hold a debriefing session separately.

The debriefing consultation provides an opportunity for the psychologist and interpreter to discuss the quality of the communication and any difficulties that arose during the consultation. It is important to bear in mind that the interpreter is not a mental health professional, and as such this should not be a case discussion. However, it may be helpful to discuss any translation difficulties that have surfaced during the session and their implications for the psychological assessment and ongoing services, and how these can be rectified in future sessions. Furthermore, allow time to ask the interpreter about any relevant cultural factors that should be considered and gather any suggestions for future work.

### 9.3 Discussion of emotional content

Following client consultation, the psychologist needs to be aware that the interpreter may have found certain aspects of the consultation confronting or distressing. Whilst a session is likely to be followed by a brief discussion or debrief, the psychologist needs to be aware of their ethical responsibility for the interpreter's psychological wellbeing and the extent of support they wish to provide in this circumstance. The psychologist may wish to provide the interpreter with some contact details for support services if they feel that the interpreter is at risk of distress and will require support. If the interpreter has experienced some distress, it is important for the psychologist to be aware that this may also impact on the accuracy of interpretation of the client consultation.

## 10. Cultural awareness: Beyond working with interpreters

While the acquisition of the English language for migrants and refugees in Australia is important as it enables full participation in the community, the maintenance of the person's first language is imperative to social and cultural identity and the valuing of a multi-lingual society. Provision of adequate interpreter and translation services are therefore crucial for cultural maintenance and for realising a truly multicultural society.

An important consideration for psychologists working with a culturally diverse population is that language is only one component of effective service provision. Whilst employing an interpreter in service provision is critical, this alone is not enough to work with a multicultural client base. Mental health services need to develop culturally appropriate ways of supporting communities, which requires engagement with migrants and refugees, information provision around help-seeking for mental health problems, and training health professionals in communicating about such issues with diverse communities (e.g., cultural competence, cultural safe practice).

While access to and working with interpreters can be imperative for service access and mental health support, for many communities, counselling is not a familiar or culturally appropriate form of assistance. Interpreting services are only part of a more holistic response to a culturally diverse client group and society.

Research suggests that psychologists must develop an understanding of the client's culture, history, strengths and challenges. Psychologists should also reflect on their own biases and prejudices, explore their beliefs and attitudes towards other cultures, develop an understanding of social justice issues for the client, and develop skills in applying culturally sensitive methods of therapeutic intervention. Culturally competent practice is often developed through discussion of these issues in supervision.

## Appendix A: Continuing professional development

Appropriate training for psychologists working with interpreters can produce improvements in service provision. Psychologists are responsible for ensuring that they have the capability to work with interpreters if they chose to do so. Psychologists seeking CPD opportunities in this area can source resources and online training via their state-based transcultural mental health body.

National	Mental Health in Multicultural Australia: <a href="http://www.mhima.org.au/">www.mhima.org.au/</a>
NSW	Transcultural Mental Health Services, NSW: <a href="http://www.dhi.health.nsw.gov.au/tmhc/default.aspx">www.dhi.health.nsw.gov.au/tmhc/default.aspx</a>
Qld.	Queensland Council of Social Services, Community Door: <a href="http://legacy.communitydoor.org.au/resources/etraining/units/chccom3c/section1/section1topic06.html">http://legacy.communitydoor.org.au/resources/etraining/units/chccom3c/section1/section1topic06.html</a>  Queensland Transcultural Mental Health Service: <a href="http://203.147.140.236//pahospital/qtmhc/default.asp">http://203.147.140.236//pahospital/qtmhc/default.asp</a>
Tas.	Tasmanian Transcultural Mental Health Network: <a href="http://www.mrchobart.org.au/programs/tasmanian-transcultural-mental-health-network-ttmhn">www.mrchobart.org.au/programs/tasmanian-transcultural-mental-health-network-ttmhn</a>
Vic.	Centre for International Mental Health, The University of Melbourne: <a href="http://cimh.unimelb.edu.au/aboutus/centre_profile">http://cimh.unimelb.edu.au/aboutus/centre_profile</a>  Victorian Transcultural Psychiatry Unit: <a href="http://www.vtputp.org.au">www.vtputp.org.au</a>  Centre for Culture, Ethnicity and Health: <a href="http://www.ceh.org.au">www.ceh.org.au</a>
WA	Western Australia Transcultural Mental Health Services: <a href="http://www.rph.wa.gov.au/Psychiatry/">www.rph.wa.gov.au/Psychiatry/</a>

A training DVD on working with interpreters has been produced by the Victorian Transcultural Psychiatry Unit and is available on their website: [www.vtputp.org.au/resources/interpreter-resources](http://www.vtputp.org.au/resources/interpreter-resources)

## Appendix B: Relevant guidelines and legislation

There are legislative requirements to safeguard individuals from culturally and linguistically diverse backgrounds who are prevented by barriers of communication or culture from accessing psychological services. Legal frameworks that advocate for equality of access to health services include:

- Human Rights Act (1998)
- The Mental Health Act (2007)
- The Disability Discrimination Act (2005)
- Race Relations Amendment Act (2000)

The Mental Health Act (5ii) asserts that clinicians providing mental health services must “*take into account the age-related, gender-related, religious, cultural, language and other special needs of people with a mental disorder*”; this section applies to all mental health services funded under the Act, including both clinical and psychiatric disability support services.

Policy documents that advocate for equality of access to health services include:

- The National Standards for Mental Health Services (1997)
- Mental Health Act Code of Practice (2008)
- National Service Framework for Mental Health (1999)
- The APS Code of Ethics (specifically, A1. And B7.)

The National Standards for Mental Health Services states that “*the mental health service upholds the right of the client and their carers to have access to accredited interpreters*” (Commonwealth Department of Health and Family Services, 1997, p. 7). The Department of Human Services Policy (1996, p.15) also stipulates that services “*provide the best use of language services to enhance communication between their staff, the client and their carers.*”

## Appendix C: Finding an accredited interpreter

There are a range of state-based and national organisations that provide contact details for interpreters in your area, some of which are outlined below. Some government organisations provide interpreter services, whilst in a private setting a psychologist would likely need to source an interpreter themselves.

### National services:

National Translating and Interpreting Services (TIS) provides 24 hour translating services via telephone nationally, which can be booked via telephone (131 450) or through the internet: [www.immi.gov.au/living-in-australia/help-with-english/help\\_with\\_translating/](http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/)

National Accreditation Authority for Translators and Interpreters (NAATI) provide a 'Find an Interpreter' service online: [www.naati.com.au/home\\_page.html](http://www.naati.com.au/home_page.html)

### A brief List of state-based services for accessing interpreters or translated information:

ACT	ACT Government Health Information - Interpreter Services <a href="http://www.health.act.gov.au/c/health?a=da&amp;did=10101609&amp;pid=1059446589">www.health.act.gov.au/c/health?a=da&amp;did=10101609&amp;pid=1059446589</a>
NSW	Multicultural Health Communication Service - Health NSW <a href="http://www.mhcs.health.nsw.gov.au/publication_details/5300.asp">www.mhcs.health.nsw.gov.au/publication_details/5300.asp</a>
NT	Northern Territory Translator and Interpreter Services <a href="http://www.dcm.nt.gov.au/strong_community/a_great_place_to_live_and_work/multicultural_affairs/interpreter_services">www.dcm.nt.gov.au/strong_community/a_great_place_to_live_and_work/multicultural_affairs/interpreter_services</a>
Qld.	Multicultural Health - Queensland Health <a href="http://www.health.qld.gov.au/multicultural/default.asp">www.health.qld.gov.au/multicultural/default.asp</a>
SA	Interpreting and Translation Centre - South Australian Multicultural and Ethnic Affairs Commission <a href="http://www.translate.sa.gov.au/">www.translate.sa.gov.au/</a>
Tas.	DHS Interpreter Service <a href="http://www.dhhs.tas.gov.au/service_information/services_files/?a=11327">www.dhhs.tas.gov.au/service_information/services_files/?a=11327</a>
Vic.	Department of Human Services VIC <a href="http://www.dhs.vic.gov.au/for-individuals/housing-and-accommodation/public-housing/living-in-housing/support-services/office-of-housing-interpreter-services">www.dhs.vic.gov.au/for-individuals/housing-and-accommodation/public-housing/living-in-housing/support-services/office-of-housing-interpreter-services</a> Translations Directory - Multicultural Health Information <a href="http://www.healthtranslations.vic.gov.au/">www.healthtranslations.vic.gov.au/</a>
WA	Department of Health WA - Link to translating services <a href="http://www.health.wa.gov.au/services/">www.health.wa.gov.au/services/</a>

## Further reading

The British Psychological Society. (2008). *Working with Interpreters in Health Settings: Guidelines for Psychologists*. Leicester, UK: The British Psychological Society. [www.bpsshop.org.uk/Working-with-Interpreters-in-Health-Settings-P710.aspx](http://www.bpsshop.org.uk/Working-with-Interpreters-in-Health-Settings-P710.aspx)

Centre for Cultural, Ethnicity and Health Website – Tip Sheets for Working with Interpreters: [www.ceh.org.au/our-programs/our\\_programs\\_mghp/problem\\_gambling\\_resources/mghp-using-interpreters](http://www.ceh.org.au/our-programs/our_programs_mghp/problem_gambling_resources/mghp-using-interpreters)

Centre for Multicultural Youth Issues. (2011). *Good Practice Guide: Working with Interpreters*. Melbourne, Australia: Centre for Multicultural Youth Issues. <http://www.cmy.net.au/Assets/1765/1/WorkingwithInterpreters.pdf>

Mental Health in Multicultural Australia Website: [www.mhima.org.au/](http://www.mhima.org.au/)

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National Association of School Psychologists. (2003). *Recommended Practices for Working with Interpreters*. Bethesda: National Association of School Psychologists. [www.nasponline.org/resources/culturalcompetence/recommend.pdf](http://www.nasponline.org/resources/culturalcompetence/recommend.pdf)

NSW Health Care Interpreter Services. (2011). *Guidelines for Working with Interpreters for Counselling and Health Care Staff Working with Refugees*. NSW, Australia: NSW Refugee Health Service, NSW Health. [http://www.sswahs.nsw.gov.au/sswahs/refugee/pdf/Resource/FactSheet/FactSheet\\_14.pdf](http://www.sswahs.nsw.gov.au/sswahs/refugee/pdf/Resource/FactSheet/FactSheet_14.pdf)

Queensland Health Interpreter Service. (2007). *Working with Interpreters: Guidelines*. QLD, Australia: Queensland Government, Queensland Health. [www.health.qld.gov.au/multicultural/interpreters/guidelines\\_int.pdf](http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf)



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