



Speak Your Mind

Supporting interpreters for counselling and
therapy in Bristol

Evaluation Report

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Jane Shackman

jane@shackmanellen.co.uk
www.shackmanellen.co.uk



SHACKMAN ELLEN
Training & Consultancy in Trauma, Crisis and Victim Support

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Preface

In the Spring of 2007 four West of England organisations engaged with counselling and therapy – the Bridge Foundation for Psychotherapy and the Arts, the Bath Centre for Counselling and Psychotherapy, Childtime and Womankind – in partnership with Refugee Action (Bristol) were awarded a two-year grant from the Lloyds TSB Foundation for England and Wales Collaborative programme. The grant was for an innovative and path-breaking project - *Speak Your Mind* – aiming to support the needs of interpreters.

Counselling for BME groups in general, and for refugees and asylum seekers in particular, is complex as a consequence of the interplay of social, emotional and cultural factors. This complexity is increased when interpretation is involved. Interpreters often find themselves fulfilling (or partially fulfilling) a number of roles - translator, interpreter, advocate or co-counsellor.

In Bristol and Bath interpreters received little support in reconciling and filling these roles. Each of the five partner organisations had made some effort to meet the needs of interpreters, but their efforts were inevitably limited, confusing, and often overlapping. Through the Interpreters' Forum, Refugee Action had produced Guidelines for Interpreter Use, but there was limited advice/materials available relevant to interpreters themselves. Indeed we were unaware of any systematic support to interpreters elsewhere in the South West.

Two years on *Speak Your Mind* has formally finished. Our commitment to evaluation has been recognised as a good practice case-study in a Lloyds TSB internal assessment of their Collaborative Programme and the evaluation report, independently commissioned from Jane Shackman, follows.

As far as resources allow, our intention is to maintain a modest but focussed programme of work in support of interpreters. The main message from two years work, however, is that it is the responsibility of those who fund the delivery of services which involve an element of interpretation to make provision for interpreter support. Without such provision the quality of service offered to those whose access to services is dependent on an interpreter is likely to suffer. A *Guide to Best Practice* appendix at the end of the evaluation report sets out what can be done to support interpreters and work with them in a positive way.

On behalf of all the partner organisations, (regrettably Childtime has closed down), I would like to express our gratitude to Lloyds TSB Foundation for England and Wales for supporting this work, and to all those who co-operated with the project, above all the many interpreters with whom we talked and worked.

Murray Stewart
Chairman of the *Speak Your Mind* Steering Group,
March 2010

Executive summary

Background to Speak Your Mind

Speak Your Mind was a 2-year collaborative project (2007 – 2009) originally involving five Bristol based organisations: BCPC (Bath Centre for Psychotherapy and Counselling), The Bridge Foundation for Psychotherapy and the Arts, Childtime, Refugee Action and Womankind. They had experience and knowledge of work with asylum seekers and refugees and understood the complexity of providing counselling to this client group, especially when working with interpreters.

To address the support and training needs of interpreters they established Speak Your Mind, a collaborative project whose broad aims were:

- To develop a support and training structure for interpreters involved in therapeutic work with Black and Minority Ethnic clients, predominantly refugees and asylum seekers
- To create a more effective shared use of interpreters
- To build on their existing good working links.

Aims of Speak Your Mind: outputs and findings

The evaluation looked at the specific aims of Speak Your Mind, how far they were achieved and the outputs of the project.

To establish and provide a shared system for recruiting, allocating, training and supporting interpreters

The shared system that was established was regarded as useful. A part-time co-ordinator was appointed who created and maintained a list of approximately 56 interpreters covering a wide range of languages. Constructive suggestions were made to enhance and strengthen the usefulness of the interpreters list. Training was provided for interpreters and therapists in separate groups and jointly. Support and supervision were offered in a variety of ways.

Two useful documents were produced: the *'Confidentiality undertaking by interpreters'*, and a *'Working agreement between interpreter and therapist.'*

To assist in the work of the Interpreter Users' Forum

The Interpreters Users' Forum, established and co-ordinated by Refugee Action, was disbanded early on during the Speak Your Mind project. To address the gap this left, Speak Your Mind organised and delivered an informative and successful 'dissemination seminar' at the end of the project

To develop and offer a training and development programme for interpreters

Six training sessions were delivered, some separately to interpreters and therapists and some jointly, with forty people attending overall. The training was varied and interactive and the sessions were highly regarded as relevant and useful. Interpreters and therapists learnt about each other's work, roles, difficulties and approach and this helped develop good working relationships.

To establish a support structure for interpreters engaged in counselling and therapy

SYM offered support and supervision to interpreters in a variety of ways: individual contact with the co-ordinator on a drop-in basis, email contact, a facilitated supervision group and Facebook. Individual therapists offered pre-session briefings and post-session debriefings and

support to interpreters. Despite Speak Your Mind offering support and supervision in a variety of ways, take up was generally low. Reasons for this were explored, one of the key ones being that attendance was unpaid and being available for paid work was a higher priority for interpreters.

To encourage interpreters to enter the counselling/therapy professions

Speak Your Mind gave interpreters information and encouragement to enable them to learn more about counselling and therapy training courses. Speak Your Mind contacted training organisations to see what extra support they could offer interpreters in accessing or participating in their courses. A small number of interpreters expressed interest, but take up was low for a number of reasons including cost and length of training. Thought was given to establishing a mentoring system in the future.

Additional outputs

There were three additional outputs that served useful functions:

1. *'A Guide to Best Practice'* sets out the complexity of counselling and therapy with asylum seekers and refugees when working with interpreters. It clearly highlights specific areas of good practice to minimise potential challenges and enable therapists and interpreters to work effectively together as professional colleagues. This document also has wide applicability for statutory and voluntary agencies.
2. Speak Your Mind delivered a dissemination seminar at the end of the project, which described the background, work and findings of the project. The seminar presented lessons for best practice and ideas for future developments. The evaluation of the seminar indicated that it was a successful, relevant and informative event. It led to greater awareness of the work and benefits of the project and the implications of this work for statutory and voluntary services.
3. Speak Your Mind wrote a proposal on *'Mentoring interpreters and trainee therapists from Black and Minority Ethnic Groups'*. The key aims of mentoring would be to offer guidance and support to interpreters interested in therapy training, including advice about the different courses and support through the initial years of training.

Project management and collaboration

Speak Your Mind appears to have been well managed by the small and committed steering group and the funding was effectively and responsibly managed. There was good collaboration between the organisations at all stages of establishing and running the project, each valuing the expertise of the others. Working together on Speak Your Mind enhanced existing good working relationships between the organisations and is likely to have built strong links for future collaborative work.

Considerations for interpreters and therapists working together in a therapeutic setting

It was not within the remit of the evaluation to address this. Nevertheless dilemmas and ideas about the working relationships between interpreters and therapists came up frequently and some pertinent issues were raised that may be useful for Speak Your Mind to consider in any future work. Working together was often positive and enriching, with interpreters and therapists learning from each other.

Issues that were raised included the importance of pre- and post-session meetings, the extent to which interpreters should also be 'cultural interpreters', the benefits of some element of choice of interpreter by the client, and the role, challenges and differences of therapy with asylum seeking and refugee clients.

Reflections on related issues

Some additional issues came up that were not specific to the aims or outputs of Speak Your Mind and therefore not part of the evaluation terms of reference. However, consideration of these is likely to strengthen any future project proposal, funding bid and/or collaborative work with other agencies.

Client involvement

It was not possible to access any clients for evaluation purposes which does leave a gap in evaluating the impact or success of the project, in terms of the clients' views. Any future developments would benefit greatly from client involvement, input and feedback at all stages of setting up and running a project.

Interagency links and collaboration

Building up links with statutory and other voluntary agencies was not one of the primary aims of Speak Your Mind and would have taken time and resources the project did not have. However, the interest in Speak Your Mind generated by the dissemination seminar at the end of the project indicated that they may have welcomed more contact earlier on. This could have led to greater collaboration and contributed to earlier thought and discussion about how to sustain Speak Your Mind as a distinct project and/or integration into mainstream services.

Take up of service and integration into mainstream work of Speak Your Mind organisations

The quality of the service offered by Speak Your Mind interpreters and therapists working together was high, but the take up and number of therapy sessions was relatively low in some of the organisations. This raises questions as to the viability of the project continuing in its present form. Work with asylum seekers and refugees was offered as distinct workstrands. If this work had been more fully integrated into the mainstream work of the organisations as a whole this may have helped with sustainability of the Speak Your Mind service.

Health and safety of interpreters

There are likely to be specific issues for interpreters who are from the same communities as clients. They may face particular pressures if it is known they are interpreting in sensitive areas such as domestic violence, child or adult safeguarding or female genital mutilation. They may be 'blamed' for disclosing sensitive information to UK services or implicated in decisions that are subsequently made. They also need to be covered by organisations' own insurance policies.

Options and ideas for future developments

Different ideas for future developments were suggested:

- Further dissemination (reports, articles, websites)
- Integration into main-stream services and/or joint project between Speak Your Mind organisations and statutory agencies (possibly by broadening the client category to 'working with clients who are emotionally distressed')

- Continuation of training activities (perhaps by delivery of training event once or twice a year for interpreters and health and social care professionals working together)
- Continuation of support and supervision for interpreters (with more enquiries to interpreters about their needs, pay for attendance, mentoring)

Recommendations

Any future developments for Speak Your Mind are likely to have more impact and greater sustainability, if the project were to continue in fuller collaboration with other, principally statutory, agencies. The recommendations for Speak Your Mind build on this approach:

Integration into main-stream services and/or joint project between Speak Your Mind organisations and statutory agencies

Explore with statutory agencies the possibility of integrating Speak Your Mind approach, lessons learned and good practice into main-stream services and/or the interest and viability of establishing a distinct joint project.

Dissemination

Explore the various avenues for dissemination of the work of the Speak Your Mind project, 'A Guide to Best Practice' and the evaluation findings

Training

Design and deliver a once or twice yearly training event for interpreters and health and social care professionals working together, drawn from a wide range of statutory and voluntary agencies.

Support and supervision

Highlight the need for therapists to support interpreters at the time of client interviews, by providing full pre- and post-interview meetings and paying for this extra time. Explore with interpreters their needs for support, and make further enquiries before continuing with the facilitated supervision group.

Mentoring

It is likely that only a very small number of current Speak Your Mind interpreters might be interested in a mentoring scheme. Therefore Speak Your Mind to explore whether other interpreters might be interested in joining a mentoring scheme (those working for statutory or other voluntary agencies doing similar work, or registered with Bristol City Council Translation and Interpreting Service).

The interpreters list

Decide how the current list could be updated, stream-lined and maintained. Decide whether access to the list can be opened out to other agencies.

Further funding

Follow up of most of the above recommendations would have funding implications, and would require that Speak Your Mind explore further funding opportunities. The current interpreters list and shared use, training and support of interpreters could be maintained on a voluntary basis, but in the longer-term this is likely to be difficult to sustain.

I. Background to Speak Your Mind

Speak Your Mind (SYM) was a 2-year collaborative project (2007 – 2009) originally involving five Bristol based organisations: BCPC (Bath Centre for Psychotherapy and Counselling), The Bridge Foundation for Psychotherapy and the Arts (lead organisation), Childtime, Refugee Action and Womankind. This reduced to four when Childtime lost its funding early on during the project. More details about the organisations are provided in section 5.

The organisations had experience and knowledge of working with asylum seekers and refugees. They were aware of the complexity of providing counselling to this client group because of the interplay of social, emotional and cultural factors, and how this complexity increased when an interpreter was involved. They recognised that the interpreter's role in counselling and therapy is a complex, demanding, skilled and sometimes stressful one. The interpreter may find themselves fulfilling, or partially fulfilling, a number of roles. In addition, clients may be recounting emotional stories of fear, terror and torture, which might on occasions be close to an interpreter's own experience.

Each of the organisations had their own processes of recruiting, training and supporting interpreters, some of whom worked for more than one of the five organisations. None of the organisations had the resources on their own to develop a more comprehensive system of training and support.

The five organisations therefore decided to work collaboratively on the SYM project. The broad aims were:

- To develop a support and training structure for interpreters involved in counselling and therapy work with Black and Minority Ethnic clients, predominantly refugees and asylum seekers
- To create a more effective shared use of interpreters
- To build on their existing good working links.

SYM submitted a proposal to Lloyds TSB Foundation for funding of £46,914. The main costs were for a part-time co-ordinator and the provision of training and support for interpreters. The budget included costs for an external evaluation.

The project commenced in November 2007, with a period of time then spent advertising for and recruiting a suitable co-ordinator and further project planning, before the work got fully underway. The project completed in November 2009.

2. Evaluation methods and interviewees

The evaluation was conducted by carrying out individual and phone interviews with steering group members, interpreters, therapists, other personnel from the SYM organisations and individuals from other agencies. Questionnaires were sent to interpreters and therapists, and all documents were read.

The following were interviewed in person or by phone:

- SYM co-ordinator
- Bridge Foundation: Director, Business Manager, Trustee and member of steering group,
- Womankind: member of steering group
- Refugee Action: Deputy Manager, Development and member of steering group (2 people)
- BCPC: Director of the BCPC Asylum Project and steering group member
- Childtime: steering group member
- Consultant, trainer and steering group member
- Interpreter group supervisor and psychotherapist in the NHS and voluntary sector
- 6 interpreters
- 6 therapists
- NHS: Health Visitor, clinical psychologist (North Bristol NHS Trust), Primary Mental Health Specialist (North Bristol NHS Trust), Primary Mental Health Specialist (AWP), member of Bristol Children and Young Peoples' Services Joint Commissioning Team
- Bristol City Council: co-ordinator, Bristol City Council Translation and Interpreting Service, Principal Equality Officer

Contact was made with as many interpreters and therapists as possible via the steering group members. In addition a letter requesting an interview, with a short questionnaire attached, was emailed to approx 40 interpreters on the Interpreters' list (1 reply) and to 10 therapists (no replies).

The following documents were read: the co-ordinator reports, steering group minutes, consultant/trainer reports (internal), Refugee Action documents on working with interpreters, BCPC asylum seekers and refugees project annual report November 2009, the proposal to Lloyds TSP, training evaluation forms and all other documents supplied by the steering group.

3. Aims of Speak Your Mind: outputs and findings

This section sets out the aims of SYM, the outputs of the project, how far the aims were met and raises additional issues for consideration that arose from the evaluation.

3.1 To establish and provide a shared system for recruiting, allocating, training and supporting interpreters

Outputs

A part-time co-ordinator was appointed for 12 hours a week. He created and maintained a list of approximately 56 interpreters covering a wide range of languages. He developed a registration form which contained details of interpreters' languages, qualifications and training. It included whether they had been CRB checked, whether they felt they needed any support or training as an interpreter and if they would be interested in joining a support group. The co-ordinator contacted interpreters he already knew, used other contacts he had and placed advertisements in community organisations. Therapists from the organisations passed on to him details of interpreters they had previously worked with.

Therapists were able to access this list directly via the internet (protected access) or they could contact the co-ordinator direct to make a specific request. The co-ordinator added new interpreters to the list and up-dated it when he was given information about changes in interpreters' details.

A *'Confidentiality undertaking by interpreters'* was produced for SYM interpreters and BCPC produced a *'Working agreement between interpreter and therapist.'*

Training was provided for interpreters and therapists in separate groups and jointly. This was reinforced by *'A Guide to Best Practice for counsellors and psychotherapists working with interpreters'* which was written for therapists and interpreters working together. Support and supervision were offered in a variety of ways. These aspects of the project are covered under their separate aims.

Findings

This shared system was regarded as useful and helpful in many respects, with the organisations sharing information, ideas and responsibilities. The list of interpreters served a useful function and therapists interviewed were happy with the system of finding suitable interpreters. As one therapist commented: *'SYM has made a difference, it is quicker and easier to find an interpreter.'*

The pay rate for interpreters was consistent amongst the organisations and was around £30 an hour plus travel expenses. However, this did not include travel time, or the extra time interpreters gave to pre- and post-interview meetings with therapists or attending training and supervision.

There were some challenges in keeping the list fully updated. Attempts to contact interpreters for the evaluation and the low response to the evaluation letter and questionnaire, suggest that some contact details were out of date and/or interpreters were not actively enough engaged in the project to feel a sense of being part of it. It was not the

co-ordinator's task, and nor would he have had time, to regularly contact interpreters to enquire about changes in their contact details or availability. Consequently changes were not made to the list unless interpreters informed the co-ordinator, and they did not always do so. In addition, sometimes therapists did not pass on to the co-ordinator the names of interpreters they knew prior to SYM even though they continued working with them.

The irregularity and infrequency (for many interpreters) of the sessional work meant it was harder to generate a sense of being 'SYM interpreters': the suggestion that *'more nurturing of the group might have worked better, see what they were getting out of it, what they wanted from it, to make them feel a part of it'* would have taken time and resources the project did not have, especially with a large pool of interpreters.

Despite this, the interpreters list was very useful and could be further strengthened by taking into account some other factors and constructive comments that were raised in the evaluation.

- Of the approximately 56 names on the interpreters list, many appeared not to have been used. This could have led to interpreters feeling demotivated or unsure why they were not being booked. It is difficult to predict the languages that will be needed and there are advantages to having such an extensive list, but more rigorous selection is likely to have had benefits: a more easily managed, smaller pool of core interpreters, enhanced communication and perhaps more of a group identity and sense of belonging.
- Inclusion of more background information about interpreters, for example their ethnicity, which clan or group they came from, which dialect they spoke, whether they had a particular interest in therapeutic work and how often they were used by SYM could have been helpful for therapists in selecting an interpreter. A thorough selection procedure for interpreters, including language checks, would enhance the usefulness of the list.
- It was not the co-ordinator's responsibility to carry out any monitoring and evaluation of the use and work of interpreters, nor would he have had time in his allotted hours. Therefore there were no central records kept of the use of interpreters and any issues arising. However a shared monitoring and evaluation process in managing and updating the interpreters list would mean that feedback about performance and learning needs could have been identified and acted upon.
- The *'Confidentiality undertaking by interpreters'* was an important form and would have benefited from wider distribution as several therapists and interpreters had not seen it. BCPC's *'Working agreement between interpreter and therapist'* was a useful document and the other organisations could have benefited from seeing and possibly adapting it for their own use.
- It was suggested a brief written summary of SYM and its aims would have been useful for interpreters when they were first registered on the list. This could have given greater clarity about what being on the interpreters list entailed in terms of benefits and obligations. Together with a full briefing about the nature of the work, the training, support and supervision available and the likelihood that the work would be irregular and could not be guaranteed would prepare the interpreters well for what to expect.

3.2 To assist in the work of the Interpreter Users' Forum

Outputs

The Interpreters Users' Forum was established and co-ordinated by Refugee Action but it was disbanded early on during the SYM project. To address the gap that this left, SYM delivered a 'dissemination seminar' at the end of the project. This is covered in section 4.1

Findings

The Interpreter Users' Forum had been attended by a varied group of people in Bristol who worked with interpreters, giving them the opportunity to share ideas and advice about this aspect of their work. However, Refugee Action, the agency leading on this initiative was unable to continue with this because of a lack of resources and time, and the Interpreter Users' Forum was disbanded early on in the life of SYM. The dissemination seminar that SYM delivered at the end of the project to address this gap was highly successful and led to greater awareness in other agencies of issues and best practice when working with interpreters. Further details are provided in 4.2.

3.3 To develop and offer a training and development programme for interpreters

Outputs

Six training sessions were planned and delivered, two (full-day) introductory sessions for interpreters, two (full-day) introductory sessions for therapists, one (full-day) joint training for interpreters and therapists and one (half-day) advanced joint training for interpreters and therapists. A final training for interpreters and a further advanced joint training session were both cancelled due to low take up.

Clear and informative advance publicity material was produced. Evaluation forms were distributed after some of the sessions to gather feedback. Reading lists were provided and certificates of attendance were issued.

Findings

Forty people attended training overall. Those interviewed who attended the training sessions spoke highly of them. They served an important function in informing and familiarising interpreters and therapists about each others' work, roles, difficulties and approach and helped develop good working relationships.

'It was good to come together with other interpreters and talk about best practice. The training gave me an insight into the therapist's world and to understand complex issues.'

The content of the sessions was carefully thought out and well presented, with a variety of experiential activities and exercises including skills practice. The evaluation forms evidenced that the content was regarded as very good and relevant and the feedback from participants was positive. One therapist said: *'The joint training was great, it was all about 'interpreting' each other, it was fascinating and also good to meet other therapists.'*

The training sessions appeared to comprehensively cover many of the issues affecting therapists and interpreters working together. For example some interpreters interviewed mentioned discussing and puzzling over the use of 'silence' in therapy, how to manage this themselves and convey its meaning to clients.

The evaluation noted that issues of power, status and discrimination were not explicitly addressed in training, although these are relevant to the division of work between therapists and interpreters and for their work together with the client group of asylum seekers and refugees.

Over time the numbers attending training reduced slightly and two final sessions were cancelled due to lack of participants. This may have been because there were no new interpreters or therapists requiring training or because those previously trained felt satisfied with previous training and did not require more. One further factor for interpreters was that they were not paid to attend training and sited this as a reason for being unable to attend; their priority was to be available to take on paid work. Those interpreters whose names had not been added to the interpreters list did not hear about the training sessions.

Recruiting local NHS staff to attend the training proved difficult, but agencies in Wales (the police, Welsh Assembly and therapists) showed a high interest.

3.4 To establish a support structure for interpreters engaged in counselling/therapy

Outputs

SYM offered support and supervision to interpreters in a variety of ways: individual contact with the co-ordinator on a drop-in basis, by phone or by email, and Facebook. Individual therapists offered pre-session briefings and post-session debriefings and support to interpreters. A supervision group was established and facilitated on a voluntary basis by an NHS psychotherapist and supervisor, who was already active in working with the SYM organisations. The group ran between March and September 2009.

Findings

SYM worked hard to offer support and supervision in a variety of ways. The support offered to interpreters was appreciated, but take-up was generally low. Facebook appeared to be popular with some, which suggests they appreciated this more informal and social contact. One interviewee suggested:

'Perhaps run a support group every three months, where it's more of an 'event', with presentations, and partly social, maybe with food.'

An NHS psychotherapist and supervisor offered to facilitate a supervision group because she recognised the demanding nature and stressful content of the work for interpreters and the fact they did not have sufficient opportunity to reflect on the impact of the work on themselves. The supervision group aimed to give interpreters the time and space to explore and reflect on many different aspects of their work. Issues that were raised and discussed in the group included:

- Complex feelings about the work, what the therapist was, or was not, doing, issues about 'who was in charge', if and when an interpreter could intervene and the times when the interpreter felt excluded
- Strong feelings for the client and their situation, and the interpreter being left with their own feelings of sadness, confusion and sometimes anger
- Complex setting and role, where the thoughts, feelings and interactions of all concerned needed to be taken into account
- Role of the interpreter when the client (and sometimes the interpreter) did not understand the language or process of therapy
- Struggles over confidentiality issues, fears for client safety or feelings of responsibility for the client
- Developing interest in and enjoyment of the work

One interpreter commented:

'It was useful to talk about things confidentially, about things that came up for me in the sessions...and the things that remain with you afterwards. It was good to have a separate space to discuss (these things).'

The supervision group ran for 7 sessions. Six interpreters attended the first session but numbers reduced after that, and 3 of the sessions had no attendees. SYM sent a questionnaire to all interpreters to find out whether they had a need for support and supervision, knew about the support and supervision available and if there were barriers in attending the group. One reply was received.

One key reason for poor attendance was because it was unpaid. Therapists generally pay for their own supervision and attend in their own time and the assumption appears to have been made that interpreters would attach the same value to supervision and be willing to attend in their own unpaid time. However, even for those valuing what supervision offered, the priority for freelance interpreters was getting paid employment. There were additional reasons for the low take-up cited by interpreters and therapists:

- A different perception, understanding and value attached to the use and purpose of 'supervision.' For some it may have connotations of managerial audit, a way of a superior or manager overseeing and 'checking up' on work, and therefore with a monitoring and accountability function rather than a supportive and developmental function
- The time of week of the group meeting did not suit everyone, although it would be difficult to meet everyone's availability
- Working with therapists was not the sole or even main work for many interpreters and therefore supervision for this particular aspect of their work was not prioritised
- Some interpreters may not initially see or understand the impact of the emotionally demanding work on themselves, and therefore not recognise the need for or benefits of support and supervision
- The format of the group meetings may have been too formal for some. There were suggestions of combining more social aspects to the meetings
- Alternatively, the supervision group may require selection of a smaller selected group of those interpreters who have particular interest in working with therapists and are getting sufficient work in this area

SYM recognised that the interpreters did not have a coherent or collective identity as 'SYM

interpreters.’ Many had other work commitments and interpreting was only a small part of their lives. SYM also highlighted *‘the need for interpreters to be supported in the moment by therapists in the pre-session and post-session briefings, rather than therapists (only) relying on the provision of external support for their interpreter colleagues.’* (SYM internal report, September 2009). The evaluation findings support this approach of thorough briefing before each session and debrief and support after each session.

3.5 To encourage interpreters to enter the counselling/therapy professions

Outputs

SYM encouraged interpreters to learn more about counselling and therapy training courses. A questionnaire was sent to them to gather information about the training that might interest them and what support would help.

SYM made contact with local counselling and therapy training organisations (Sevenside, the Group Analytic Training, the Family Therapy Training, BCPC and counselling courses at University of Bristol and University of West England). SYM obtained details of these courses and enquired how access to them could be made easier for potential trainees from SYM and whether the training organisations might be able to offer additional support to interpreters.

SYM also made contact with a number of Black and Minority Ethnic therapists to enquire about their experiences of training and what sort of support would have been useful to them, to inform ideas about the best ways to offer support to interpreters thinking of becoming counselling or psychotherapy trainees.

Findings

One interpreter had already done an ‘introduction to counselling’ course, one interpreter is currently attending an introductory course and one interpreter has expressed an interest in finding out more about counselling courses.

9 interpreters expressed an initial interest in entering the counselling/therapy profession, but the majority did not follow this up, despite the best efforts of SYM to provide information and advice. The following were reasons given by interpreters and agencies for the low take up:

- The high costs of doing psychotherapy training
- The extensive time commitment to training whilst also having to earn a living
- Interpreters were interpreting in many different fields of work and did not have an exclusive interest in working in the therapeutic field
- Counselling and therapy was a profession that was not necessarily familiar or seen to be a viable profession

The majority of the counselling and therapy training organisations contacted were supportive of ideas to support interpreters in their introductory courses. SYM initially had an idea for these training organisations to collaborate to provide an initial orientation training for interpreters, but this was not followed up due to lack of interest from interpreters. Thought was given to establishing a mentoring system in the future, which is considered in section 4.3

4. Additional outputs

4.1 A Guide to Best Practice for counsellors and psychotherapists working with interpreters

SYM produced this guide to address issues specific to this work. This is a useful and informative document which seems equally applicable for other statutory and voluntary agencies working with interpreters. It is included in full as Appendix A. In summary it covers:

- **An introduction as to why guidelines are so important in this work**
These guidelines address the need to understand the complexity of therapists and interpreters working together and the need to support interpreters who are engaged in this emotionally demanding work. They inform us how a culture of respect and humanity can more easily be created if we come to terms with the fact that there are three people in the room albeit in different roles. These guidelines may help therapy 'to be a real human encounter.'
- **Training, supervision and support for interpreters**
Where possible it is good if therapists and interpreters have some training in working with each other so that they come to understand how each other work and why they work as they do. On-going support and supervision for interpreters is really important and needs to be highlighted and supported by therapists and their organisations.
- **Induction to the work for interpreters**
Even when training has been provided, interpreters need induction from each therapist they work with, so they understand how the therapist works, the language they use and the sorts of interventions they may make. This may include the use of silence or the use of words that cannot easily be interpreted. A fuller briefing before the first session about the forthcoming work should include practicalities, term of contract, pay and confidentiality issues. A good induction provides a good basis for the on-going work of therapist and interpreter as professional colleagues.
- **Pre and post-session meetings between therapist and interpreter**
Therapists need to bear in mind that interpreters usually do not have support or supervision in this emotionally demanding work. A short meeting before each session helps ensure the therapist and interpreter are ready to work together. A debrief meeting after each session is important to discuss any relevant issues, thoughts or feelings aroused during it. As well as being supportive, this also helps the therapist and interpreter understand any emotional, language or cultural issues that have come up in the session.
- **The wellbeing of the interpreter**
Therapists have a mental health training and generally receive supervision: interpreters most often do not. It is the therapist's responsibility to care for the wellbeing of the interpreter. They might help them access further support and mentor them in their careers as interpreters working with complex mental health and emotional issues.

- **Finding interpreters**

Where possible, it is beneficial to have access to a list of interpreters who are trained and/or experienced and interested in working with therapists. Once a relationship has been established with an interpreter it is beneficial to work with them again.

- **Summary of points to enable therapists and interpreters to work effectively together**

These points summarise best practice in working with interpreters.

It is possible that other key issues could be incorporated into this document, in particular that interpreters should be paid to attend training, pre-session briefing, post-session debriefing and/or supervision sessions.

4.2 Dissemination seminar

SYM held a dissemination seminar at the end of the project in November 2009 and invited a number of other agencies. SYM described the background, work and findings of the project. The seminar included a conversation between counsellors and therapists working together and round table discussion of delegates. The seminar concluded by presenting lessons for best practice and ideas for future developments.

About 40 people attended and the evaluation of the seminar indicated that it was a successful, relevant, enjoyable and informative event.

'I enjoyed and benefited from the day. The chance to network was really valuable and meeting with organisations working with refugees. We need to know what's on offer from voluntary organisations.'

'It was fantastic hearing from the interpreters what their job is like, and the complications, and how well supported they were.'

The seminar led to greater awareness of the work and benefits of the SYM project and the implications of this work for other statutory and voluntary services. Some participants noted that there were few representatives from the statutory services present, particularly senior managers, and felt that without their support change and development would be more difficult.

4.3 Mentoring proposal

SYM wrote a proposal for future work entitled '*Mentoring interpreters and trainee therapists from Black and Minority Ethnic Groups*'. The key aims of mentoring would be to:

- Offer guidance about the various pathways into the profession, eg help find opportunities for voluntary work in counselling and mental health organisations
- Guidance on the therapy training courses best suited to the candidate's personal qualities and education
- Support through the initial years of training, eg supporting their early written work, being a confidential listening post for experiences of exclusion and discrimination

The mentors themselves would be carefully selected from within the SYM agencies and also possibly from other therapy or training organisations. The proposal is included in full as Appendix B.

It seems likely that only a very small number of SYM interpreters would be interested in this scheme at this time, however there might be interest from interpreters working for other statutory agencies doing similar work or from the pool of interpreters registered with Bristol City Council Translation and Interpreting Service.

5. Project management and collaboration

SYM appears to have been smoothly and well managed by the small and committed steering group. They met every two months with the project co-ordinator and were efficient at identifying and carrying out necessary tasks. The project co-ordinator produced a report for every meeting and minutes were recorded. This has left a very good record of the development and work of SYM. The funding was effectively and responsibly managed by The Bridge. One steering group member commented:

‘There was good participation and attendance, an agenda and minutes, it was methodical. It was a small project well managed with small resources.’

The collaborative organisations were all well established and each valued and respected the expertise that the others brought to the project: BCPC offers training in counselling and psychotherapy, and also operates a grant-funded project to provide free therapy to asylum seekers and refugees. The Bridge has worked since 1983 to offer counselling services for individuals, children and families. Childtime (at the start) offered child and family counselling, and had a dedicated project working with refugee children and their families. Refugee Action has worked for many years in reception, resettlement and community development with asylum seekers and refugees. Womankind (Bristol Women’s Therapy Centre) offers cost effective individual and group clinical services, including a dedicated service for refugee and asylum seeking women.

There appeared to be good collaboration between the organisations at all stages of establishing and running the project. Working together on SYM enhanced existing good working relationships between the organisations, and is likely to have built strong links for future collaborative work.

6. Considerations for interpreters and therapists working together in a therapeutic setting

The evaluation was not tasked to address this, but thoughts, dilemmas and ideas about the working relationships between interpreters and therapists came up frequently in interviews. Some pertinent issues were raised that may be useful for SYM to consider in any future or similar work, leading to a fuller understanding of what contributes to interpreters and therapists working most effectively together for the benefit of clients.

Working together was often a very positive and enriching experience for therapists and interpreters, each learning from the other:

'A good interpreter made it possible to create an element of safety in the therapy sessions...on one occasion a young lad said at home he'd be talking to elders (about his problems) and somehow the interpreter made it possible for us both to become the elders to this young person.'

Briefing before the session and debriefing and support after the session were regarded as very useful, particularly by interpreters, and this was recommended in *'A Guide to Best Practice'* and during training sessions. Ideally this should have been in paid time.

Therapists often tended to ask interpreters for information about the client's country, cultural or political background. Whilst on occasions this might have been appropriate, too often this can serve to disempower the client. Being asked themselves about their culture and background, including the political situations in their home countries, gives clients a voice and ensures accuracy. As one interpreter stated:

'I didn't come from the same culture as the client and I discussed that... I pointed out that could be an advantage so that the therapist asks the client about their own culture instead of asking the interpreter.'

Interpreters may inadvertently make assumptions or generalisations about a client's background. Although not coming from the same country as the client, one said: *'A lot of what the client said was about the civil war, which the therapist didn't know anything about. I did have to explain the bare details of my own accord.'*

The lack of client choice of interpreter was raised. Some therapists and interpreters spoke about issues of trust and mistrust between interpreter and client; on occasions a client would be uneasy with an interpreter because of shared country, ethnicity or background, whilst for other clients this created a strong bond. This indicates that it is important as far as possible to give clients some say or preferences in the choice of interpreter. This then raises the issue of how choice can be offered to clients without risk of offending the interpreter already interpreting for them.

One suggestion from the dissemination seminar was to use a telephone interpreting service for the initial therapist/client meeting, where the client's preference of interpreter could be discussed and taken into account. Fuller discussion about the pros and cons of working with interpreters from the same country, background and ethnicity as the client might also be useful.

Interpreters sometimes had a special role and bond with clients and needed to be careful of their boundaries: *'I am their medium of contact. I replace their father, their brother, their community. One client cried when they heard me speak their language.'* Another said: *'we do give just a little extra help outside sessions (to clients), it's common courtesies...but we shouldn't be given too much leeway to intervene.'* Therapists at times felt 'left out' and had to find ways to maintain their management of the therapy sessions.

Overall, therapists and interpreters found creative ways to work together to try to meet the needs of clients:

'Language is not the main thing – being, sensing, intuition, body language, using all your senses.'

'The involvement of interpreters changed my work. I learnt of the unimportance of therapy and the importance of other people.'

The evaluation threw up some interesting questions from interpreters and therapists about the role of therapy for asylum seeking and refugee clients, as for many of them *'talking therapies are not common.'* Questions were raised as to how far therapy was identified as a need by clients, whether therapy was relevant, what kind of therapeutic approaches might be most appropriate and how therapy models could be modified to be more culturally appropriate. Exploring this was outside the scope of this evaluation, and indeed was not an aim of the project, but the comments recorded here might usefully contribute to the discussions that doubtless the organisations have had and will continue to have about this issue.

Some therapists talked of working differently with their asylum seeking clients: one therapist commented that *'the work doesn't fit traditional western models...psychological help is not clients' first port of call, they need social and legal help first'*, and another said: *'I have different boundaries, I am more flexible, I write letters and reports, I try and show them how society works.'*

Two interpreters commented:

'Therapy is the western way, people don't want to talk about traumatic experiences, they want status and practical things. They accept things that have happened and get on with life.'

'The client kept saying to me – you know what it's like, what's the point in talking about the torture and rape? And then she went on to more practical aspects of organising her life.'

Some interpreters commented that clients stayed in therapy because they thought it would help them gain their asylum status in the UK:

'On the other side the clients were not taking it seriously as they were not aware of any therapy or counselling, they answered those questions hundreds of times. They were only taking an interest in it for their immigration case, they were more interested in getting their legal status.'

One therapist also acknowledged this: *'The hope for their 'papers' keeps people going – when they get their status the real therapeutic work begins.'*

It was not possible to hear clients' views on the usefulness and meaning of therapy to them, or the effectiveness of therapists and interpreters working together, which does leave a gap in the evaluation.

This, coupled with the issues raised by therapists and interpreters, suggests that there might be scope for two related areas of future research: firstly to examine and evaluate the relevance and effectiveness of therapy for asylum seeking and refugee clients, and secondly to examine and evaluate the differences in outcomes and effectiveness when providing therapy with an interpreter.

7. Reflections on related issues

Some additional issues came up in the evaluation that were not part of the evaluation terms of reference as they were not specific to the aims or outputs of SYM. Nevertheless, consideration of these is likely to strengthen any future project proposal, funding bid and/or collaborative work with other agencies.

A. Client involvement

It was not possible to access any clients for evaluation purposes (no details provided and agency concerns about confidentiality). This leaves a considerable gap in evaluating the impact or success of the project, in terms of the clients' views. Any future developments would benefit greatly from client involvement and input. Ideally this would first happen when setting up a project, and further consultation, feedback and evaluation from clients as the project progresses would help shape and develop it at all stages. More demographic data about the likely numbers, countries of origin, backgrounds or gender of potential clients and analysis of their needs would also be beneficial.

B. Interagency links and collaboration

The dissemination seminar at the end of the project proved to be successful and valued, and generated interest in SYM's work. Many delegates had not previously heard of SYM or the training it offered, which indicates there was the potential to establish firmer links with statutory and voluntary agencies in the wider community earlier on. The evaluation recognises this was not one of the primary aims of SYM and would have had considerable time and resource implications.

Nevertheless, in terms of the sustainability of the project, earlier recognition by other agencies of the importance of SYM might have contributed to earlier thought and discussion about how to sustain SYM as a distinct project and/or integration into mainstream services. It is likely that more extensive links and collaboration with agencies such as Avon and Wiltshire Partnership, North Bristol NHS Trust, Primary Health Care Trust, CAMHS, Social Care and Bristol City Council Translation and Interpreting Service might have had fruitful outcomes, but establishing these would have been time-consuming and painstaking work.

C. Take up of service and integration into mainstream work of SYM organisations

The quality of the service offered by SYM interpreters and therapists working together appeared to be high, but the take up and number of therapy sessions was relatively low, which raises questions as to the viability of the project continuing in its present form. The numbers of therapists working with interpreters during the SYM project were:

- 10 - BCPC (19 clients)
- 2 - The Bridge (6 clients)
- 2 - Womankind (13 clients)
- 2 - Childtime (no client figures available)

Some therapists commented that even if an interpreter was good, once clients' English was sufficient some chose to continue therapy sessions without an interpreter. BCPC's asylum seekers and refugees project annual report (2009) noted that *'the number of interpreters used by therapists in the project has fallen this year. Previously about half of our clients*

made use of an interpreter. This year, of the 26 clients seen only 10 needed an interpreter. We think this is because we are seeing more clients who have leave to remain and have been in Bristol long enough to learn English sufficiently.'

BCPC, The Bridge and Womankind offered this service as a distinct workstrand, with a certain number of therapy hours funded to work specifically with asylum seekers and refugees. The evaluation raised a question as to how far SYM was integrated and embedded, or not, into the mainstream work of the organisations as a whole. Again, this was not stated as a specific aim of the project but consideration of this might have led to this high quality service becoming part of mainstream work and helped with sustainability. It could also have helped all therapists feel connected to others.

(D) Health and safety of interpreters

Interpreters who come from the same communities as clients face some specific issues. They often have a prominent position in the community and are easily recognisable. There may therefore be safety issues for them if it is known they are interpreting in sensitive areas such as domestic violence, child or adult safeguarding, or female genital mutilation. They may be 'blamed' for disclosing sensitive information to UK services or implicated in decisions that are subsequently made. Full discussion of these issues might better prepare both interpreters and the organisations to deal with these kinds of potential difficulties or pressures.

Regarding insurance for interpreters, it is important that interpreters are covered by the organisations' own insurance policies.

8. Options and ideas for future developments

Various ideas for future developments were suggested by the four SYM organisations, as well as the external individuals interviewed. The existing steering group may be in a position to follow up some of these activities, whilst others are likely to require follow-up funding. Options and ideas fell into the following broad categories, any or all of which could be considered by SYM.

Further dissemination

- Write up accessible report and/or articles about SYM for publication in relevant journals.
- Put relevant information and links to the evaluation report (and any other report or articles written) on SYM agency websites
- Get links onto other key websites
- Bristol Children and Young Peoples' Services Joint Commissioning Team have offered the possibility for SYM to have a page on the Bristol Partnership website which could include links to relevant other pages and SYM documents such as A Guide to Best Practice.
- It would be important to keep interested agencies informed of the key findings in the evaluation report and any future plans. These agencies could include those that attended the dissemination seminar and other key statutory and voluntary agencies that provide emotional support to clients.

Integration into main-stream services and/or joint project between SYM organisations and statutory agencies

Some of those interviewed expressed the view that the SYM remit could be broadened to include work with a wider range of agencies and a wider group of clients, ie *'those who are emotionally distressed,'* as the interpreting/co-working principles are similar. There would seem to be two main options:

- Continuation of SYM in some way as a distinct project, developing and increasing links with external agencies and Bristol City Council Translation and Interpreting Service
- Integration of SYM-type service into main-stream statutory services: those mentioned as potentially having an interest in developing their work with interpreters were: CAMHS (Children and Adolescents Mental Health Services), AWP (Avon and Wiltshire Partnership), North Bristol NHS Trust, other Adult Mental Health Services, Primary Health Care Trust, Social Care (particularly in relation to safeguarding children and Female Genital Mutilation work), CAFCASS (Children and Family Court Advisory and Support Service) and Educational Psychology services

Further funding would be required for the project to continue in some form. If neither of these options seem feasible, the question was raised whether SYM could enable external agencies to 'buy into' or in other ways be able to access the SYM list of interpreters.

Training

- Explore whether there is interest in on-going training events, within the four SYM organisations and/or to include others from external agencies in the community
- Design and deliver a training event once or twice a year for interpreters and health and social care professionals working together

Support and supervision for interpreters

- The supervision group facilitator has offered to re-start this group on a voluntary basis. It would seem prudent that more enquiries are made to interpreters in advance to ascertain their needs and most suitable and effective ways for support/supervision to be offered. Funding would need to be sought to pay for interpreters' attendance.
- Each agency to take on more support of interpreters they work with: therapists offering more time to interpreters before and after sessions for briefing, debriefing and additional support. This time for interpreters would need to be paid for.
- Interpreters could be invited into a therapist's own supervision session when they have worked together with a client and if relevant
- Mentoring by each agency to assist interpreters towards counselling/psychotherapy training, although cost and length of training are likely to remain issues

9. Recommendations

The following recommendations pick up some of the above ideas for future developments. One possibility might be for SYM to apply for funding to continue work as a distinct collaborative project between the four existing organisations, perhaps with greater emphasis on increasing and building links with statutory services. However, this evaluation indicates that whilst the project was successful in meeting most of its aims, a relatively small number of interpreters, and therefore clients, benefited from SYM. Any future developments are likely to have greater impact, with greater sustainability and further reaching consequences, if the project were to continue in fuller collaboration with other, principally statutory, agencies.

Integration into main-stream services and/or joint project between Speak Your Mind organisations and statutory agencies

SYM to explore with statutory agencies the possibility of integrating SYM approach, lessons learned and good practice into main-stream services and/or the interest and viability of establishing a distinct joint project.

Dissemination

SYM to explore the various avenues for dissemination of the work of the SYM project, A Guide to Best Practice and the evaluation findings

Training

SYM to design and deliver a once or twice yearly training event for interpreters and health and social care professionals working together, drawn from a wide range of statutory and voluntary agencies.

Support and supervision

SYM to highlight that therapists should support interpreters at the time of conducting client interviews, by providing full pre- and post-interview meetings with interpreters. Interpreters would need to be paid for this extra time. A continuation of the facilitated supervision group is likely to benefit from further discussion with interpreters prior to re-commencing, selecting from a smaller group of interpreters who express a primary interest in therapeutic work and ensuring funding is acquired to enable interpreters to attend. Obtaining interpreters' input would be valuable to ascertain how they think their support needs could best be met.

Mentoring

It seems likely that only a very small number of current SYM interpreters might be interested in a mentoring scheme at this time. Therefore SYM could explore whether interpreters working for statutory or other voluntary agencies doing similar work, or interpreters registered with Bristol City Council Translation and Interpreting Service might be interested in joining a mentoring scheme.

The interpreters list

SYM to decide how the current list could be updated, stream-lined and maintained. It could be tightened up with more rigorous selection of interpreters and monitoring of the usage of interpreters. SYM to decide whether other agencies can have access to the list and how this

would be arranged. The interpreters have provided a professional service to the SYM organisations, and other agencies, and therefore clients, could benefit from the good work that has been developed. Currently the interpreters list is being maintained on a voluntary basis by the previous co-ordinator, but this is unlikely to be sustainable and a decision needs to be made regarding maintaining the list in the longer-term.

Further funding

Follow up of most of the above recommendations would have funding implications, and would require that SYM explore further funding opportunities. The current interpreters list and shared use, training and support of interpreters could be maintained on a voluntary basis, but in the longer-term this is likely to be difficult to sustain.

10. A final word

It was a privilege to work on this evaluation and I would like to thank everyone I interviewed most sincerely for their willingness to answer my questions so openly and fully.

It is a credit to the work of everyone involved, that the aims of SYM were met to a large extent. The project generated awareness, interest and development in collaborative work between therapists and interpreters and how to make this most effective. Other agencies were interested in the work of SYM and the lessons learned by SYM are equally applicable to those other agencies, in particular those working with clients who are in emotionally distressing or difficult situations.

The final word belongs to one of the interpreters:

'SYM did an excellent job from the human point of view. This work introduces and creates ground to create a community. Refugees often feel 'outside' with other agencies, this project makes refugees feel there are places where they can feel safe, and can help them forget their grief.'

Appendix A:



A Guide to Best Practice for counsellors and psychotherapists working with interpreters

Introduction

Working with an interpreter involves the unusual situation of having a third party in the room. At first sight this situation may seem to breach confidentiality of the work and the special intimacy of the consulting room in which a therapeutic relationship is fostered. In order to maintain the primacy of the therapist/client relationship, it is tempting to regard an interpreter as a sort of machine who makes the two intelligible to each other, or a conduit through which conversation flows back and forth in a mechanical translation process, and therefore they are largely ignored as another live human being in the room. However, a culture of respect and humanity is more easily created if we take into account that there are three people in the room, albeit with different roles. We therefore do not advocate practices such as not making eye contact with the interpreter or never speaking directly to them. It may be necessary sometimes to talk to the interpreter to check out how they understand what they are being asked to interpret. Furthermore, the dynamic in the room inevitably changes with the presence of the interpreter and this more complex dynamic can often usefully be commented on and incorporated into the work. Sometimes the client may form a stronger alliance with the interpreter than with the therapist. This can be reflected on in supervision and then worked with in the consulting room.

Those using interpreters often worry that their words are not being accurately interpreted. Our view is that an accurate interpretation of the English can only be worked towards rather than achieved. In the to and fro of the therapeutic dialogue misunderstandings can be struggled with and worked out, just as happens when one language is shared.

In the light of the above here are some guidelines for good practice in working with interpreters which may help to make the therapy a real human encounter:

Training/supervision/support

Where possible it is good if therapists and interpreters have some training in working with each other so that they come to understand how each other work and why they work as they do. On-going support and supervision for interpreters is really important and needs to be highlighted and supported by therapists and their organisations.

Induction to the work for interpreters

Even when training has been provided, interpreters need induction with each therapist they work with, so interpreter and therapist understand more intimately how each other works, the way that language will be used and the sorts of interventions the therapist may make. This may include the use of silence, staying focused in a painful area with difficult emotions, or the use of words that cannot easily be interpreted. It is also vitally important for the therapist and interpreter to meet together before the very first session with a client for a fuller briefing about the work ahead, including practicalities, term of contract, pay and confidentiality issues, which will provide a good basis for their on-going work as professional colleagues.

Pre and post-session meetings between therapist and interpreter

Therapists need to bear in mind that interpreters usually do not have support or supervision in this emotionally demanding work. A short meeting before each session is vitally important to ensure that the therapist and interpreter are ready to work together. A debrief meeting after each session is also of critical importance to discuss issues, thoughts or feelings aroused during the session. As well as being mutually supportive, this also helps the therapist and interpreter understand any emotional, language or cultural issues that have come up in the session and also begins the task of understanding the counter-transference/co-transference themes that will have emerged between the three of them, therapist, interpreter, and client.

The wellbeing of the interpreter

Therapists have a mental health training and generally receive supervision: interpreters most often do not. It is the therapist's responsibility to care for the wellbeing of the interpreter. They might help them access further support and mentor them in their career as interpreters working with complex mental health and emotional issues.

Finding interpreters

It is best to have access to interpreters who are trained or experienced in working with therapists. Once a relationship has been established with one interpreter it is obviously beneficial to work with them again if that becomes possible. An ideal situation is not always available and sometimes the only interpreter who is able to do the work is a friend or family member of the client. This is by no means best practice and should be avoided if possible. Clients who are unable to speak English may well be people who are coping with great stress and need help quickly so it is sometimes necessary to relax rules before finding something more appropriate. Once a relationship of greater trust with the therapist is established it is often much easier to introduce a trusted and independent interpreter.

Summary to enable therapists and interpreters to work effectively together

This best practice can be summarized in the following guidelines:

- ❖ Therapist and interpreter should meet before the session with the client to get to know each other and to try to develop trust. In this initial session they should (1) think through any particular language issues (2) try to find an agreed and assured way for the interpreter to convey the client's mood and emotions, and (3) consider how they will work together with pauses and moments of silence in the session.
- ❖ There will be important emotional 'trigger issues' for all interpreters and therapists: share and discuss these with each other as far as your developing trust allows.
- ❖ It will be helpful for the interpreter to share their assumed knowledge of the client's cultural and political situation with the therapist. The therapist however, should also brief themselves about the culture, politics and history of the client's country of origin, and should not rely on the interpreter as the sole source of country information.
- ❖ Ideally, the interpreter should have no contact with the client other than during the therapy session. If this is not possible, the interpreter and therapist should have an open minded discussion and reach an agreement about any contact the interpreter may need to have outside the therapeutic setting.
- ❖ Consider confidentiality issues, these may differ for both therapist and interpreter.
- ❖ Be clear with each other about the terms of contract and payment and payment for any 'extra' time and duties involved in work with the client.
- ❖ Both interpreter and therapist should be clear about the time commitment and set appointments up in a way that honours the time involved for each of them.
- ❖ Come to appreciate together the shared experiences of therapy as an internal journey. At best the interpreter will be curious and try to understand and learn the therapist's methods. Equally, the therapist should mentor the interpreter and develop their understanding of the therapeutic process.
- ❖ Always debrief after the session and share the feelings aroused during the session, also consider transference and countertransference, language, and cultural issues and any other important themes that emerged for either interpreter or therapist or both.
- ❖ Remember that the therapist is a trained mental health professional and as such has responsibility for the mental well being of the interpreter.
- ❖ If the interpreter feels undue distress, they should seek help and guidance with these from the therapist. The therapist should try to hold an awareness of the distress an interpreter may experience and be prepared to help them with avenues of help and support.

Appendix B:

Mentoring interpreters and trainee therapists from Black and Minority Ethnic Groups

Rationale

Interpreters offer the potential to be part of the next generation of therapists. As interpreters they have unique access to the therapeutic process, and through this an insight into what therapy can achieve, its potentials and limitations. Many are inspired to train themselves. The majority are from BME groups, and although many have a high level of education, this has often been gained outside the UK and are they are therefore unfamiliar with the UK education system of how to gain access to the therapy profession and of the long, often arduous and complex process and how train as therapists.

In the process of opening up the therapy profession to interpreters it also seems advantageous to offer the same opportunity to other people from BME groups, to create a helpful critical mass who can be supported by mentoring.

Although open to BME people therapy training courses vary in their appeal to people from BME groups and in their ability to support them adequately. Mentoring would work alongside courses but independent of them with the key intention being to support trainees to fulfil their potential whatever training course they chose to follow.

Key Aims

The key aims of mentoring would be to:

Offer guidance about the various pathways into the profession, these might include help in finding opportunities for voluntary work in counselling and mental health organisations.

Guidance on the therapy training courses best suited to the candidate's personal qualities and education.

Support through the initial years of training. This might take the form of enabling the candidate to find their voice when they are in a minority on a training course; supporting their early written work and signposting them toward further help if required; being a confidential listening post for experiences of exclusion and discrimination, and potentially being an advocate.

The Ideal Mentor

Would be a person who has completed training as a therapist; someone who is broadminded about the pathways into training, so someone who isn't necessarily bound to see their route into the profession or their type of training as necessarily the ideal model; a person with a broad view of the different therapeutic modalities and trainings; a person who can be sympathetic to the experience of people from BME groups and with the potential to be a determined and effective advocate; someone with good judgement who can both support and challenge candidates; someone able to collaborate with training courses and in a position to create opportunities for their trainee.

The Mentoring System

Mentoring

Mentors would aim to meet trainees about once a term, amounting to three or four times over the course of a year.

Selection of Mentors

Mentors could be self-selected from among therapy organisations, and supported by their organisations to do the mentoring work but free to work independently. Organisations might be committed to the scheme for the sake of the professional good it offers, i.e. opening up the profession to diversity. In addition to mentors coming from organisations they could also be recruited from independent therapists in private practice.

Matching Mentors and Trainees

The mentoring group could be made known to trainee therapists who would be free to select a mentor from the group. Trainees might want to meet several mentors before coming to a decision about whom to work with. Similarly mentors may well want to meet trainees for an initial consultation to decide if they can work together fruitfully.

Mentoring Encouraging Collaboration

Mentoring would work most effectively if it facilitated collaboration between mentors and organisations, and enabled mentors to network and collaborate in finding opportunities for trainees.

Supporting mentors

Mentors would aim to meet together once a year to support each other and to facilitate the work and its take-up by trainees, training courses and organisations.

Speak Your Mind

October 2009