

When is Advocacy not Advocacy?

(When it is countertransference.)

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Goals and Objectives

- ▶ Quick review of aspects of the medical interpreter's Role
- ▶ Understand countertransference
- ▶ Ways to manage countertransference

Agenda

Introductions

Review Goals and Objectives

Case Study

Define Terms

BREAK (about 3pm)

Discuss Cases

Managing feelings

Summarize Take Home Points

Case - Scenario 1

An interpreter is called by a team of physicians, rounding on inpatients in a teaching hospital.

They go see an elderly gentleman. The resident says, “if the blood test results show that indicator **A goes up** and indicator **B goes down**, then we will think about starting treatment in spite of the possible serious side effects.”

In the afternoon the interpreter is called to the same patient with a different resident who said, “if the blood test results show that indicator **A goes *down*** and indicator **B goes *up***, we may start treatment in spite of the possible serious side effects.”



The patient sleepily nods in agreement and closes his eyes as the interpreter interprets the information.

The interpreter noticed that the afternoon doctor reversed the direction of indicators.

The interpreter interpreted exactly what this physician said.

Scenario 1. No intervention

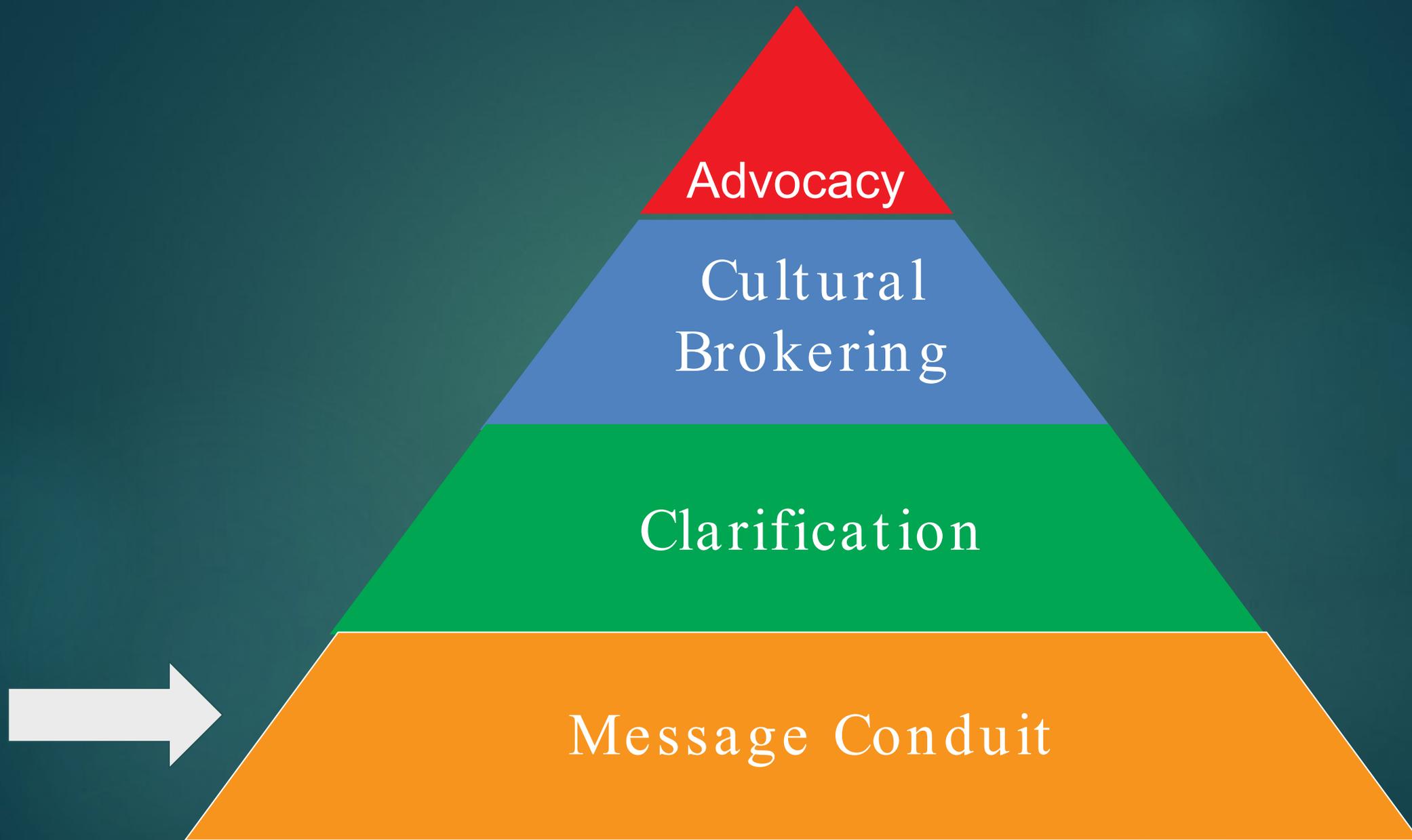
The interpreter conveys what the doctor said without intervening.

- a. What is this interpreter behavior called? Which task, or which aspect of the interpreter role is this?

Scenario 1. No intervention

The interpreter conveys what the doctor said without intervening.

- a. What is this interpreter behavior called? Which task, or which aspect of the interpreter role is this?
- b. Why might this interpreter have chosen not to intervene?
 - i. How might the patient's reaction to the information inform the interpreter's choice?
 - ii. Are there any other facts in this case which may be informing the interpreter's choice? (What are they?)



From *Bridging the Gap: Medical Interpreter Training*
by The Cross Cultural Health Care Program (CCHCP) 1995 Cindy Roat

Cast Study: Scenario 2



The conversation with the physicians in the morning is the same as in Scenario 1,

AND, during the afternoon encounter, the interpreter notices that the resident reverses the direction of indicators saying “if ...indicator **A goes down** and indicator **B goes up**, we may start treatment...

Before interpreting the sentence about the indicators, the interpreter says: “The interpreter would like to clarify, was that ... the treatment might be started if indicator A goes up and B goes down ? Or was it the other way around?”

Scenario 2

a. What type of intervention is this?

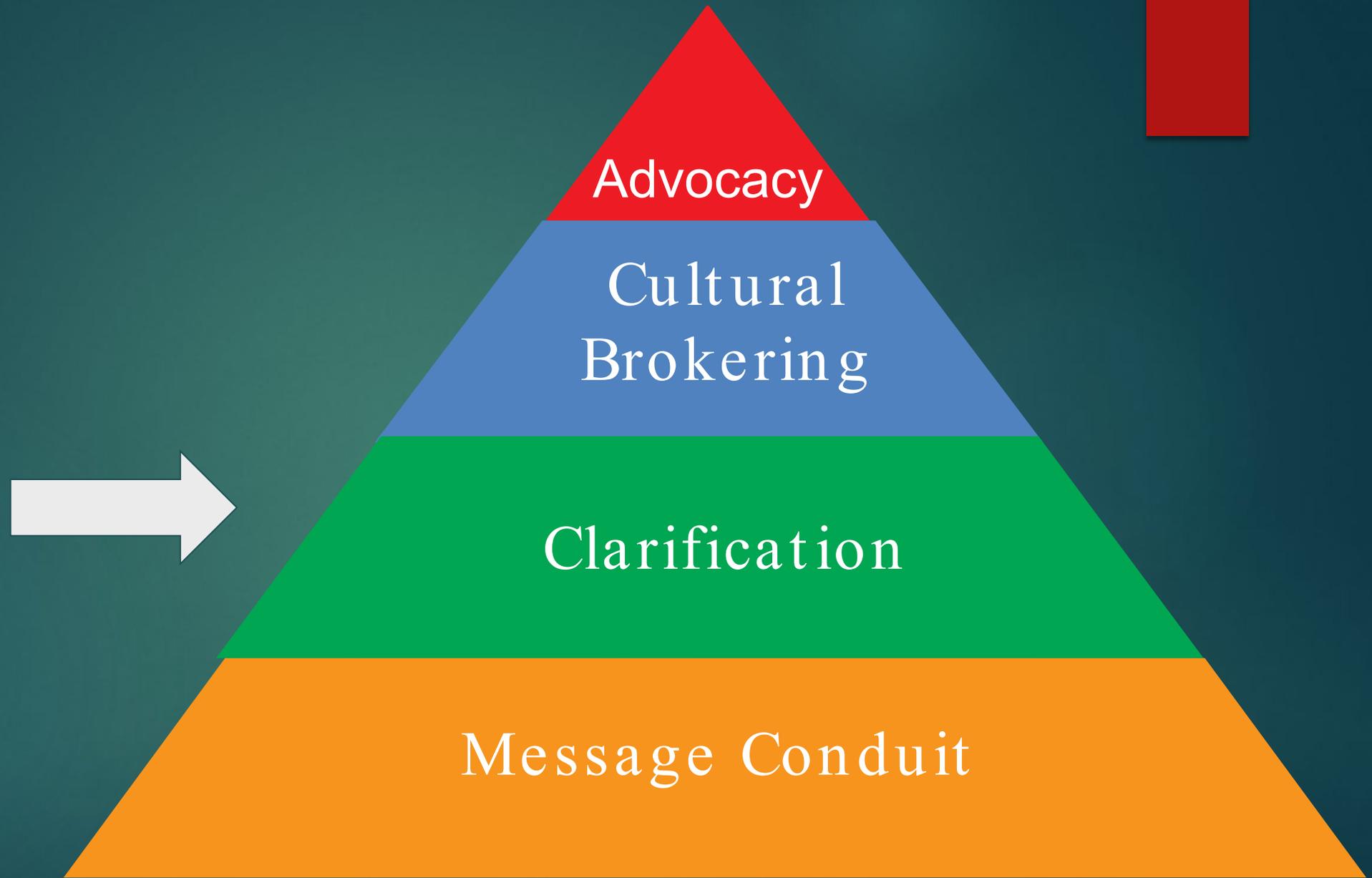
b.

Scenario 2

- a. What type of intervention is this?
- b. Why did this interpreter choose to ask for clarification?
- c.

Scenario 2

- a. What type of intervention is this?
- b. Why did this interpreter choose to ask for clarification?
- c. What if MD says “just say what I said, interpreter.”
What do you do/say?



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Case Study: Scenario 3 - a

Scenario 3-a

The conversations are the same. The interpreter interprets everything as it is said, (with no intervention while in the room). The interpreter and physician go out into the hall *after the encounter* and the interpreter says, “Excuse me doctor, It might be important for you to know, so I should probably share with you ... the physician this morning said it the other way around: “if indicator-A goes **up** and indicator-B goes **down**, they might revisit the idea of starting a treatment in spite of possible serious side effects.” I thought I should let you know; thanks for listening.

Scenario 3-a

- a. Why might an interpreter choose to inform the MD of the discrepancy?
- b.
- c.
- d.

Scenario 3-a

- a. Why might an interpreter choose to inform the MD of the discrepancy?
- b. Why is this done outside the room instead of speaking up during the encounter?
- c.
- d.

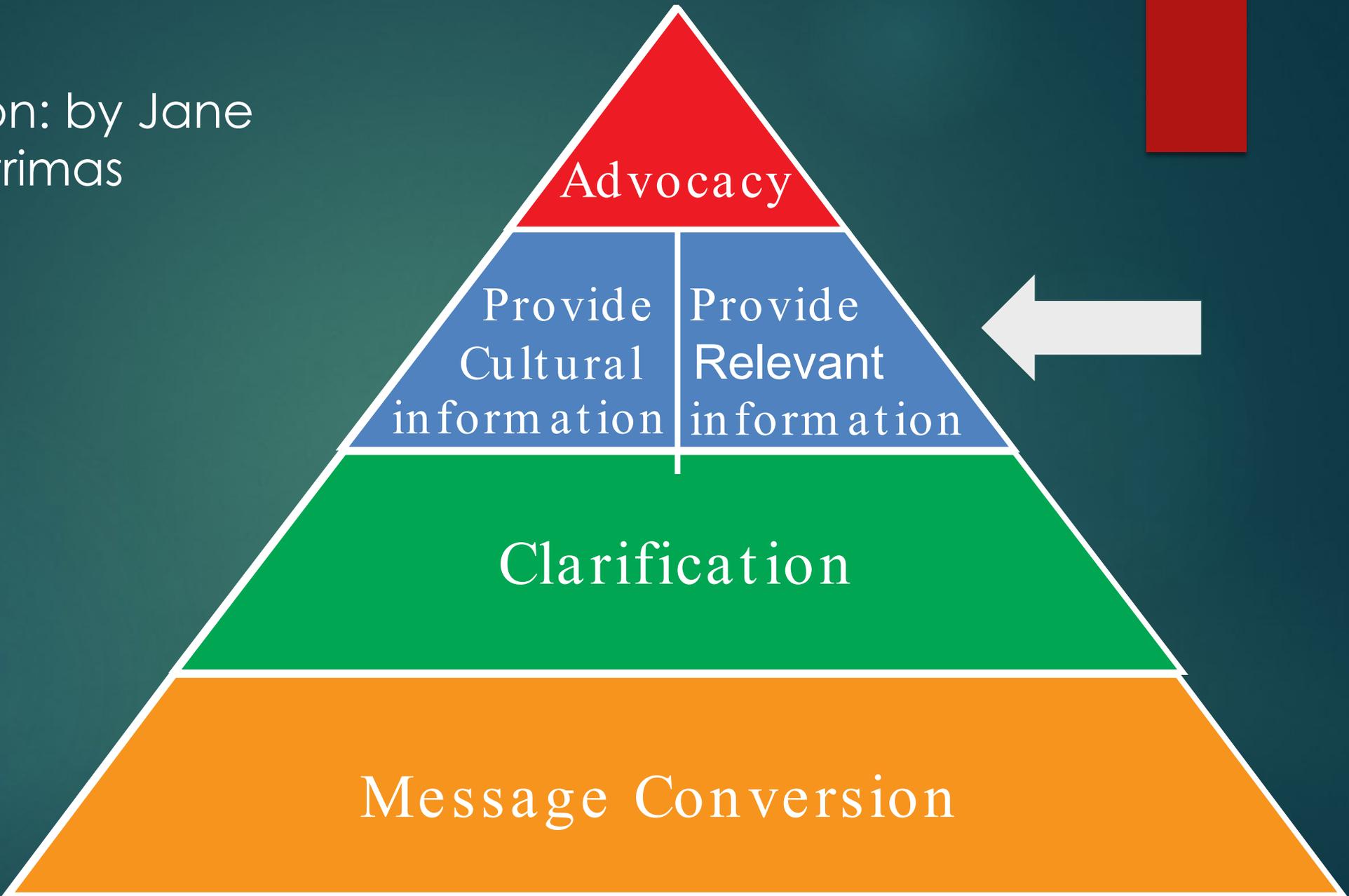
Scenario 3-a

- a. Why might an interpreter choose to inform the MD of the discrepancy?
- b. Why is this done outside the room instead of speaking up during the encounter?
- c. Is there anything in your Standards of Practice (SoP) or Code of Ethics (CoE) that might motivate you to stop after and encounter and speak up like this?
- d.

Scenario 3-a

- a. Why might an interpreter choose to inform the MD of the discrepancy?
- b. Why is this done outside the room instead of speaking up during the encounter?
- c. Is there anything in your Standards of Practice (SoP) or Code of Ethics (CoE) that might motivate you to stop after and encounter and speak up like this?
- d. What type of intervention is this? What might we call this? What part of your role is this called?

Adaptation: by Jane Kontrimas



Advocacy

Provide Cultural information

Provide Relevant information

Clarification

Message Conversion



Case Study: Scenario 3 - b

What would happen if the situation were *slightly* different?

Scenarios 3-b

The morning interview was the same: The doctor said if indicator A goes up **and** indicator B goes down, they might start treatment in spite of the possible serious side effects.

But in the afternoon, the interpreter is called again. A different resident, (who was not there that morning) tells the patient that indicator A did go *down* and indicator B went *up*, so they will start treatment immediately, in spite of the dangerous side effects. The patient sleepily nods in agreement and closes his eyes. *The interpreter notices the afternoon doctor has reversed the direction of indicators.*

Scenarios 3-b

a. How is this scenario different? What are the implications?

b.

Scenarios 3-b

- a. How is this scenario different? What are the implications?

- b. What are the interpreter's options?
What would you do and why?
What sections of your SoP or CoE support your choices?

NCIHC Standard on Advocacy

[NCIHC National Standards of Practice.pdf](#)

ADVOCACY

OBJECTIVE:

To prevent harm to parties that the interpreter serves.

Related ethical principle:

When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.

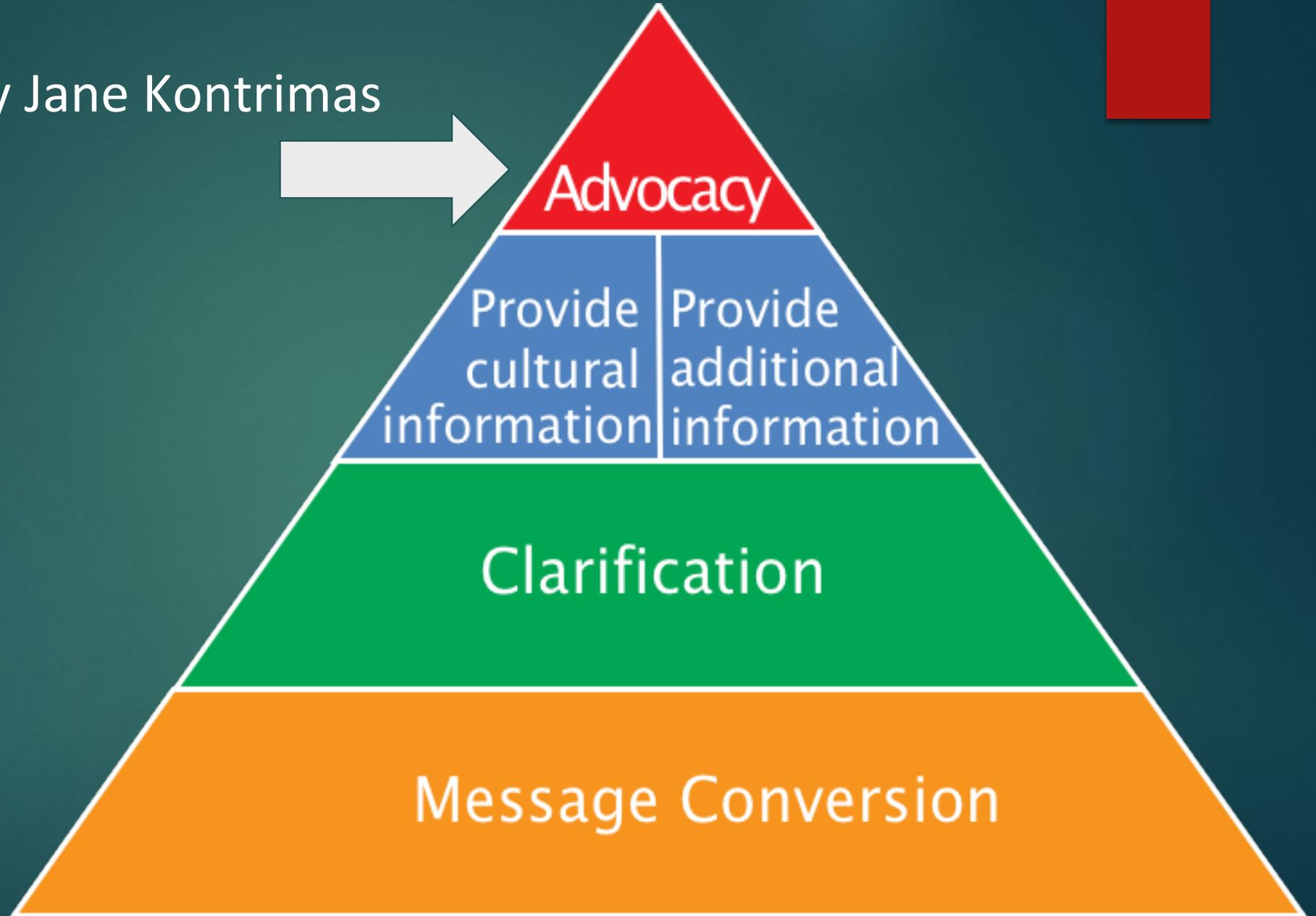
31. The interpreter may speak out to protect an individual from serious harm.

For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked.

32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.

*Adaptation: by Jane Kontrimas



Advocacy...

Most of the time—we do not advocate

Not this

<https://www.inc.com/kevin-daum/6-ways-to-persuade-without-being-pushy.html>



but this

<https://www.canstockphoto.com/presenting-his-arguments-39268795.html>



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Break

10- minute stretch

Reflection



Questions to think about going forward:

1. Why did that case provoke feelings when others don't?
2. Why this patient or provider and not others?

Case Study: Scenario 4

Case

An interpreter is called to a team of physicians, rounding on an elderly gentleman. The resident says, “you are stable, but if **indicator A goes up and indicator B goes down**, we will think about starting treatment in spite of the possible severe side effects.”

In the afternoon the interpreter returns to the same patient with a different resident who said, “you are stable now but if the blood test results show **indicator A goes *down* and indicator -- B goes *up***, we may start treatment in spite of the possible serious side effects.”

Scenario 4



The interpreter follows the resident into the hall after the encounter is completed and says, (in an loud and annoyed tone of voice), "During rounds with the attending this morning, they said it the other way around. They said that if indicator A went up and indicator B went down, then they might start a treatment in spite of the possible side effects, but you said if A went down and B went up you would might start treatment.

I need you to go back in there and tell the patient you got it backwards and apologize for making that dangerous mistake!"

Scenario 4

- a. Do you have any concerns about this interpreter's approach?

Scenario 4

- a. Do you have any concerns about this interpreter's approach?
- a. What assumptions did the interpreter make?

Scenario 4



- a. Do you have any concerns about this interpreter's approach?
- a. What assumptions did the interpreter make?
- a. What is happening here? What might be driving the interpreter's behavior?

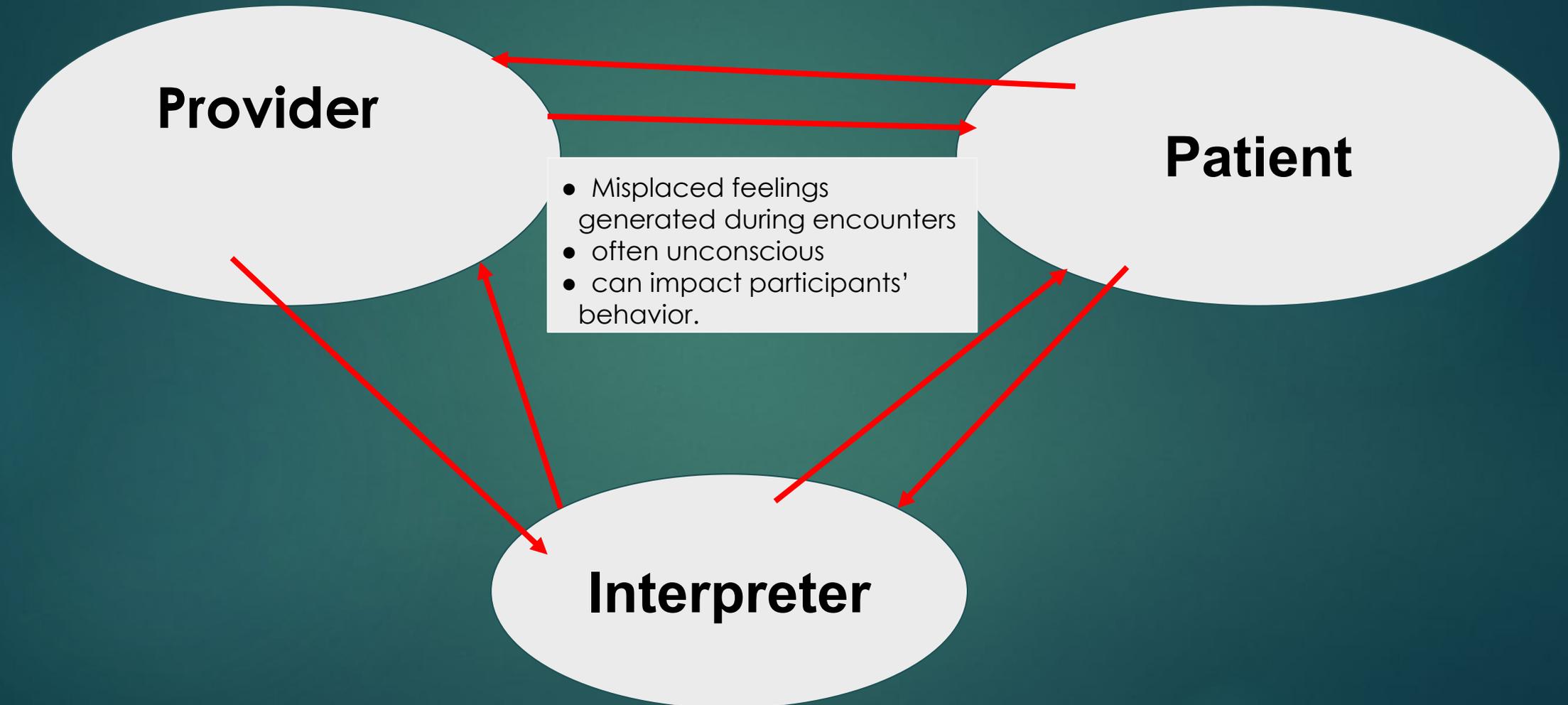
Scenario 4

Interpreter returns to the office and tells interpreter colleagues:
“That resident is incompetent! That resident made such a bad mistake and I needed to follow them out and point it out to them or they would have never known and then I had to make them go back and correct it and apologize or they would have never done it!!! --- I just HAD to fix it.”

So what is

COUNTERTRANSFERENCE?

Transference/Countertransference





Our countertransference can
interfere with our work especially
advocacy.



Becoming aware of our
own
Countertransference

Reflection Review

MEDICAL INTERPRETING STANDARDS OF PRACTICE

Duty C: Ethical Behavior

C-5 Maintain professional distance.

Indicators of Mastery	Rating	Indicators of Lack of Mastery
A. Can explain the meaning of professional distance, and its implications and consequences	1 2 3 4 5	A. Cannot explain the meaning of professional distance, and its implications and consequences
B. Is able to balance empathy with the boundaries of the interpreter role	1 2 3 4 5	B. Is not able to balance empathy with the boundaries of the interpreter role
C. Shows care and concern for patient needs by facilitating the use of appropriate resources	1 2 3 4 5	C. Ignores patient needs or tries to resolve everything for the patient
D. Refrains from becoming personally involved	1 2 3 4 5	D. Becomes personally involved to the extent of sabotaging or compromising the provider-patient therapeutic relationship, thereby misleading the patient as to who the provider is and effectively disempowering the provider
E. Does not create expectations in either party that the interpreter role cannot fulfill	1 2 3 4 5	E. Creates expectations in either party that the interpreter role cannot fulfill
F. Promotes patient self-sufficiency, taking into account the social context of the patient	1 2 3 4 5	F. Encourages and/or creates patient dependency on the interpreter.
G. Monitors own personal agenda and needs and is aware of transference and counter transference issues	1 2 3 4 5	G. Is unaware of transference and counter transference issues

Duty C: Ethical Behavior

C-5 Maintain professional distance.

Indicators of Mastery	Rating	Indicators of Lack of Mastery
<p>G. Monitors own personal agenda and needs and is aware of transference and counter transference issues</p>	<p>1-5</p>	<p>G Is unaware of transference and counter transference issues</p>

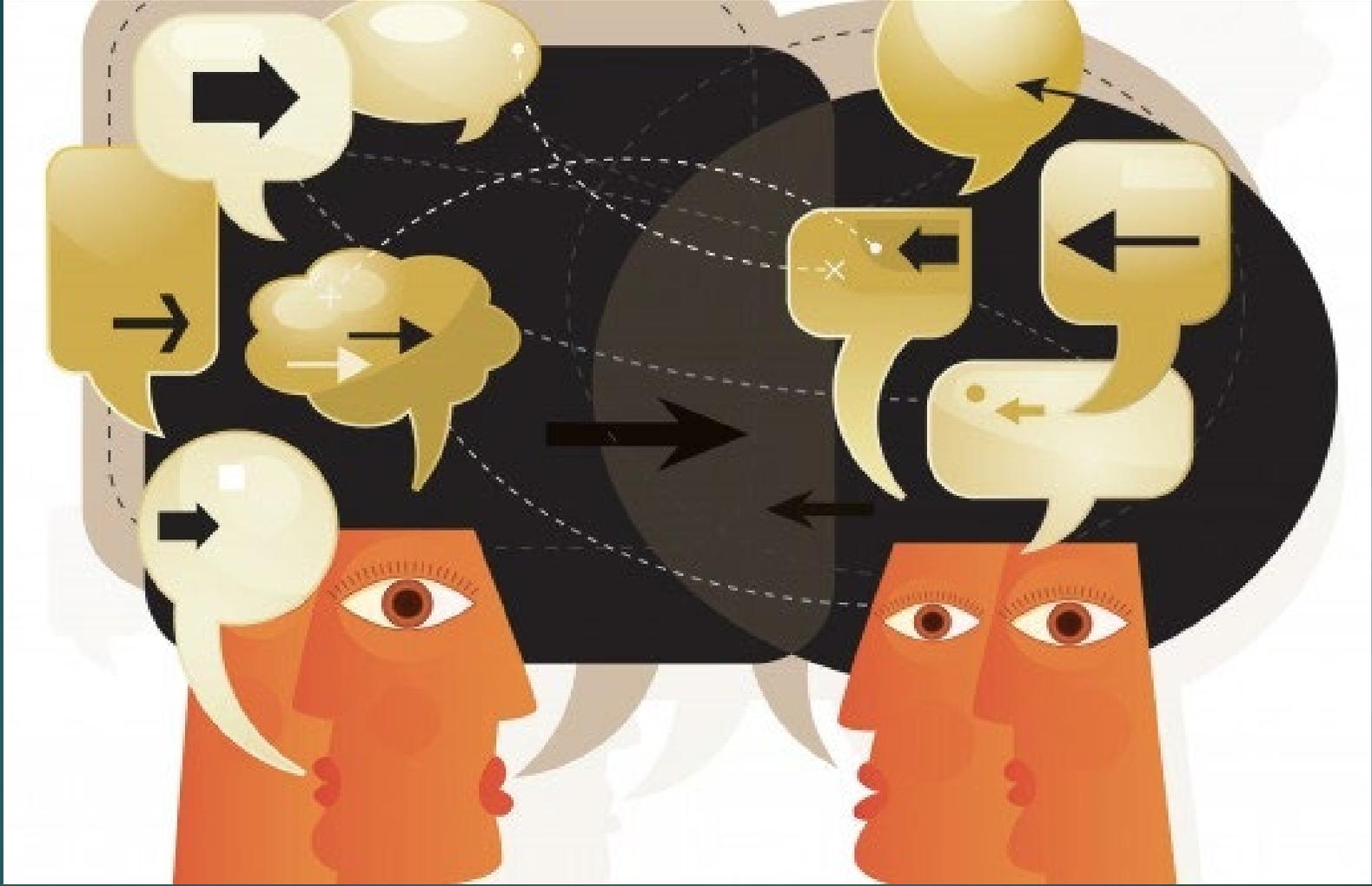
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Duty C: Ethical Behavior

C-5 Maintain professional distance.

Indicators of Mastery

Rating

Indicators of Lack of Mastery

A. Can identify and discuss own personal values and beliefs that may create internal conflict in certain medical situations

Duty C: Ethical Behavior

C-5 Maintain professional distance.

Indicators of Mastery

Rating

Indicators of Lack of Mastery

A. Can identify and discuss own personal values and beliefs that may create internal conflict in certain medical situations

B. Can clearly separate own personal values and beliefs from those of the other parties

B. Projects own personal values and beliefs into the situation and as a result loses the meaning the speaker intended

Duty C: Ethical Behavior

C-5 Maintain professional distance.

Indicators of Mastery

Rating

Indicators of Lack of Mastery

A. Can identify and discuss own personal values and beliefs that may create internal conflict in certain medical situations

B. Can clearly separate own personal values and beliefs from those of the other parties

D. Can acknowledge potential areas of conflict within self and articulate them prior to start of the interview ...

B. Projects own personal values and beliefs into the situation and as a result loses the meaning the speaker intended



Takeaways

Being aware of feelings

We all have feelings and countertransference

We can become aware of our unconscious feelings- countertransference

when we don't it can and often does affect our behavior in ways in which we did not expect or like

