General Characteristics of Effective Cross-Cultural Communicators

In addition to the specific communicative behaviors that have been discussed for increasing one’s competence in cross-cultural interactions, extensive literature is available on the characteristics found to be common among those who are successful in cross-cultural environments (Giles & Franklyn-Stokes, 1989). This literature is extremely complex, driven by a multiplicity of sometimes contradictory theories, and complicated by a stronger interest in sojourners’ effectiveness outside the United States rather than their effectiveness in intercultural interactions at home. Even though different researchers and different studies have chosen varying theories, definitions, methodologies, and subjects, several characteristics seem to be shared by people who are effective cross-cultural communicators that are intuitively clear. Communication effectiveness is significantly improved when the service provider

- Respects individuals from other cultures
- Makes continued and sincere attempts to understand the world from others’ points of view
- Is open to new learning
- Is flexible
- Has a sense of humor
- Tolerates ambiguity well
- Approaches others with a desire to learn

Working with Interpreters and Translators

Ideally, enough bilingual-bicultural service providers would be available to pair families with those who speak their language and understand their culture; however, most service systems are far from reaching that ideal. Until more service providers with these skills are available, interpreters and translators will be important resources in human services environments. In fact, in many instances, the service provider or translator may be the family’s only link with the program. His or her effectiveness may determine the range of services that are offered as well as the family’s interest in and understanding of the services. Interpreters and translators who are not well trained or who have a personal agenda in their interactions with families may impede the intervention process.

In this section, the terms interpreter and translator are used interchangeably; however, interpreting is often associated with oral communication and translation with written communication (Langdon, Siegel, Halog, & Sánchez-Boyce, 1994).

In keeping with this book’s emphasis on face-to-face interactions with families, this section concentrates on oral rather than written communication. The following paragraphs suggest strategies for using interpreters and translators more effectively and ways of interacting when a third party (i.e., the interpreter or the translator) is included on the intervention team.

Characteristics of Effective Interpreters

Ideally, an interpreter should be someone who is 1) proficient in the language (including...
specific dialect) of the family as well as that of the service provider, 2) educated and experienced in crosscultural communication and the principles and dynamics of serving as an interpreter, 3) educated in the appropriate professional field relevant to the specific family–service provider interaction, and 4) able to understand and appreciate the respective cultures of both parties and to convey the more subtle nuances of each with tact and sensitivity. “These interpreters are ideal because they not only translate the interaction but also bridge the culture gap” (Randall-David, 1989, p. 31). Aside from such ideal competencies, the interpreter should at the minimum have a basic understanding of the specific nature and purpose of the interaction with the family, the content areas to be addressed, and the relative significance of these content areas in the larger context. He or she should be able to translate information accurately, including important technical terms and the family's own words and true meaning, without omitting, adding, paraphrasing, or otherwise changing the intent or the substance of the message through personal interpretation. In other words, the interpreter should not gloss over details; present his or her own abbreviated summaries; spontaneously respond to the family's questions or comments (particularly those requiring technical knowledge); “soften” or edit information that he or she feels may be difficult for family members to accept; or offer his or her own opinions, interpretations, and advice.

Accurate translation further entails understanding the difference between literal “word-for-word” translation and context translation that correctly conveys the intent of the communication, particularly when selected English words or terms do not have suitable equivalents (Tinloy, Tan, & Leung, 1986). Interpreters also should know how to “guide” the service provider respectfully and assertively with regard to pacing, responding appropriately to family cues and significant verbal and nonverbal responses, and observing various “do's” and “don'ts.” Finally, interpreters should exhibit professionalism in their appearance, sensitivity, and demeanor; their understanding of the importance of honoring family confidentiality; and their obligation to maintain neutrality in their designated role. In other words, they must refrain from pushing the service provider's and/or their own agenda onto the family and from manipulating the service provider or the service agency to respond to the family's perceived needs or expectations in ways that are clinically inappropriate.

Another concern relates to the extent of the interpreter's skills in both languages. Many people have bilingual interpersonal competence that allows them to function in either language in daily life; however, their skills may not be adequate to understand or to explain issues that arise in intervention. Readers who have some competency in another language may recall times when, based on an excellent accent and quick, accurate response, their language competency was overestimated. It is easy to mistakenly assume that people who are fluent in daily life are fully bilingual.

**Using Family Members as Interpreters: Cautions and Concerns**

Given the lack of fully qualified interpreters, intermediaries who are friends or other family members are often used to assist service providers in their interactions with families from different cultural and language backgrounds. Given the qualities described in the preceding paragraphs, the problems that may arise with continued reliance on intermediaries become more obvious. Studies have shown that in medical settings untrained individuals such as friends, secretaries, janitors, or others within the organization who have some bilingual skills and are available to assist in interpreting are predictably unreliable interpreters (Chen, 2006). Even if the individuals are fully bilingual and proficient in the family's native language or specific dialect, communication difficulties and role conflicts may be exacerbated by their personal relationships with the family, their lack of direct training as interpreters,
their relationship with the organization, and their limited knowledge of the content of the material and the issues that are addressed in the translation.

The use of immediate family members and relatives as interpreters is particularly problematic. Parents, primary caregivers, or other significant family members are often reluctant and embarrassed to discuss intimate matters with members of the opposite sex or with younger or older family members. As interpreters, family members, in turn, may wish to censor what is disclosed either to shield the family or to keep information within the family, thus minimizing public shame or stigma. The tendency for parents of recent immigrants to rely on older children as their interpreters often creates significant psychological burdens for the children when they are involved in clinical interactions or formal meetings with professionals who are serving the family and the child with special needs. The role reversals, mutual resentments, and complex family dynamics that can emerge from this process should discourage service providers from using children, regardless of how mature they seem to be, as interpreters or translators.

**Using Nonfamily Members as Interpreters: Cautions and Concerns**

When utilizing nonfamily members (whether interpreters from other agencies or bilingual staff), service providers must be particularly sensitive to the family members’ rights to privacy and their choice of who should serve as an interpreter. Families may be concerned about confidentiality and/or resistant to working with an interpreter who is unacquainted with the family but from their same community. Problems also may arise when the interpreter has a different ethnic background; country or region of origin; immigration history (e.g., first-wave versus second-wave immigrant/refugee); and/or is of a different age, generation, social class, educational level, or gender. Apart from these characteristics, interpreters, like service providers, also present with varying levels of interpersonal skills, sensitivity, reliability, and overall competence and credibility, all of which have a major impact on establishing successful family–service provider relationships.

**Interpreters and Stress**

Unfortunately, the exceptionally “good” bilingual staff or experienced interpreters who are well trained; knowledgeable in various aspects of intervention; skilled; sensitive; reliable; and highly regarded by families, colleagues, and their respective ethnic communities are few in number and also extremely vulnerable to burnout. In their work with immigrant/refugee families who often have experienced trauma, profound loss, hardship, culture shock, and continuing struggles for survival in addition to coping with a child with special needs, interpreters may suffer from related stress, fatigue, and possible over-identification with the family. This is especially true if they share similar personal experiences. Interpreters also must cope with frequent client “transference” as well as potential “counter transference.” This phenomenon occurs when the family focuses its feelings on the interpreter and develops a primary relationship or alliance with him or her in addition to, or instead of, the service provider. The interpreter, in turn, may fulfill his or her needs and wishes by reinforcing the family's dependency and experiencing reciprocal feelings and attachments. He or she also may feel compelled to establish a more personal, protective relationship with the family as an advocate and extended ethnic “family” member who is expected to attend to the welfare of “one of his or her own people” in need of special assistance. These individuals may often feel an accompanying sense of guilt associated with the prospect of ultimately “abandoning” their clients and community because very few, if any, bilingual individuals may be available to “replace” them.
Beyond client-related stresses and obligations, interpreters often face the added pressures and conflicts of working with various service providers who may be overwhelmed, demanding, difficult, impatient, frustrated, culturally insensitive (if not hostile), and generally unwilling or unable to develop closer relationships with non–English-speaking families. These types of service providers may expect the interpreter to be available on very short notice and with little or no preparation for specific types of encounters with families. Interpreters also may be expected to provide their services without compensation, on a voluntary basis, or on their agency’s time (Benhamida, 1988). High demand for their unique skills and pressing needs of the families for whom they interpret challenge the interpreters’ existing work obligations and career advancement opportunities that require additional time, continuing education, and professional training, all of which must compete with the seemingly “obligatory” provision of hands-on services to families. Thus, while attending to families’ needs and their own professional development and responsibilities, service providers must nurture mutually respectful relationships with interpreters and bilingual staff members.

**Interpreter Preparation**

Prior to any interaction with a family that requires interpretation, time should be set aside for the preparation of the interpreter. This time should include a briefing in which the service provider identifies 1) the major goals and purposes of the contact or session with the family, 2) the important points to be made as well as potentially sensitive areas that will be discussed, 3) specific terms that will be used (the interpreter might review and share corresponding word/phrase equivalents or variations in the family’s language), and 4) written documents that will be shown or referred to. The interpreter also may be invited to meet directly with the family before the session to exchange basic background information, establish rapport, and learn what the family wants to know or is hoping for in the meeting.

**Guidelines for Working with an Interpreter**

Experts in the field have suggested a number of guidelines for service providers to follow when working with an interpreter (Hagen, 1989; Langdon et al., 1994; Randall-David, 1989; Schilling & Brannon, 1986). They include the following:

- Learn proper protocols and forms of address (including a few greetings and social phrases) in the family’s primary language, the names they wish to be called, and the correct pronunciation.
- Introduce yourself and the interpreter, describe your respective roles, and clarify mutual expectations and the purpose of the encounter.
- Learn basic words and sentences in the family’s language and become familiar with special terminology they may use so you can selectively attend to them during interpreter–family exchanges.
- During the interaction, address your remarks and questions directly to the family (not the interpreter); look at and listen to family members as they speak, and observe their nonverbal communication.
- Avoid body language or gestures that may be offensive or misunderstood.
- Use a positive tone of voice and facial expressions that convey sincere respect and interest in the family. Address the family in a calm, unhurried manner.
- Speak clearly and somewhat more slowly but not more loudly.
- Limit your remarks and questions to a few sentences between translations and avoid giving too much information or long complex discussions of several topics in a single session.

- Avoid technical jargon, colloquialisms, idioms, slang, and abstractions.
- Avoid oversimplification and condensing important explanations.
- Give instructions in a clear, logical sequence; emphasize key words or points; and offer reasons for specific recommendations.
- Periodically check on the family's understanding and the accuracy of the translation by asking the family to repeat instructions or whatever has been communicated in their own words, with the interpreter facilitating, but avoid literally asking, “Do you understand?”
- When possible, reinforce verbal information with materials written in the family's language and visual aids or behavioral modeling if appropriate. Before introducing written materials, tactfully determine the client's literacy level through the interpreter.
- Be patient, prepared, and plan for the additional time that will inevitably be required for careful interpretation.

Good interpreters are invaluable resources for human services agencies in which many of the service providers do not share families’ languages and cultural backgrounds. Advocating within and outside your organization for an increase in the number and availability of trained interpreters is one way to improve services to children and their families. Developing and maintaining positive relationships with individuals who, through interpreting and translating, can help bridge the gap between families and service providers is critically important for effective cross-cultural communication.