Appendix E - 1: State Disaster Behavioral Health Coordinator

Nebraska maintains a pool of qualified employees ready to assume the role of Nebraska State Disaster Behavioral Health Coordinator. It is recommended that at least 5 people be identified and familiarized with the role of the State Disaster Behavioral Health Coordinator to ensure the role is covered in the event of a disaster. The role will be assumed on a day-to-day basis by a person designated by the Behavioral Health Division Administrator.

Qualifications

- Considerable knowledge of the State Behavioral Health delivery system
- Knowledge of Disaster Behavioral Health concepts and applications
    - Experience in behavioral health disaster response preferred, but not required

Roles/Responsibilities

- Serve as state behavioral health liaison to Regional disaster behavioral health contacts, state emergency service/disaster agents, state bioterrorism efforts, and federal disaster agency staff
- Represent the agency in the State Emergency Coordination Center if needed
- Coordinate the administrative tasks listed in Appendix B on behalf of the Nebraska Division of Behavioral Health

Appendix E - 2: Regional Disaster Behavioral Health Coordinator

Each Regional Behavioral Health Authority in Nebraska will identify locally appropriate strategies to maintain a pool of qualified personnel ready to assume the role of Disaster Behavioral Health Coordinator for its coverage area. It is recommended that at least 5 people be identified to serve in this role should disaster occur to insure that the role is covered. The role will be assumed on a day-to-day basis by a person designated by each Regional Program Administrator.

Qualifications

- Knowledge of Disaster Behavioral Health concepts and applications
    - Experience in behavioral health disaster response preferred
- Considerable knowledge of local behavioral health resources
- Considerable knowledge of the State Behavioral Health delivery system

Roles/Responsibilities

- Serve as regional behavioral health liaison to local behavioral health contacts, county emergency service/ disaster agents, local public health departments, and the State Disaster Behavioral Health Coordinator
- Represent the Regional Behavioral Health Authority with area Emergency Management
- Coordinate administrative tasks listed in Appendix B for their coverage area

Appendix E - 3: Risk Consultants

A statewide pool of behavioral health professionals with competency in risk/threat assessment and risk communication will be identified jointly by the Division of Behavioral Health, Nebraska State Patrol, and Nebraska Health and Human Service System Public Information Officers. These professionals will assume the role of consultant[1] to Nebraska officials when needed.

Two specialties have been identified that potentially involve the need for pre-identified, competent consultation:

1. The first is for potential psychological consultation with law enforcement, public officials, or public information officers as threats or risks are identified. Consultation involves assessing and making recommendations about managing the threats and their psychological implications.

   Qualifications for threat/risk assessment consultants
   - Experience in threat/risk assessment and management
   - Current Nebraska licensure as a psychologist, psychiatrist, mental health practitioner
   - Experience working with law enforcement

   Roles/Responsibilities
   The person(s) in this role may be asked to consult in the following areas:
   - Assist emergency planners and responding agencies in assessing and responding to threats

2. The second is for expertise in the area of communicating risk and using content and context to communicate effective, consistent messages that encourage compliance and calm.

   Qualifications for risk communication consultants
   - Considerable knowledge of risk communication principles
   - Current Nebraska licensure as a psychologist, psychiatrist, mental health practitioner
   - Experience functioning in a consultative role with government

   Roles/Responsibilities
   - Review and comment on prepared messages with mental health content
   - Consult at the request of the PIO on message development or delivery before, during, or following a disaster
   - Provide consultation to public officials as requested
   - Work closely with the State Disaster Behavioral Health Coordinator and NE HHS Public Information Officer to monitor information from behavioral health responders in the field, with a goal of quickly identifying trends and concerns that can be brought to the attention of Public Information Officers

Risk Consultants are pre-identified to serve alongside the State Disaster Behavioral Health Coordinator and augment that function as required. The placement of the Risk Consultant with the State Disaster Behavioral Health Coordinator will facilitate initial communication with the NE HHSS Public Information Officer.

Footnotes

1 The role of consultant is to offer professional advice within the scope of licensure and competence of the practitioner. This is not an official paid position and will generally be occupied by volunteers or state employees.

Appendix E - 4: Behavioral Health Emergency Response Team (BHERT)

A pool of state-employed behavioral health professionals is identified to serve on a Nebraska Behavioral Health Emergency Response Team, when activated.

The purpose of the Nebraska Behavioral Health Emergency Response Team (BHERT) is to support local behavioral health disaster response capabilities when needed by:

- Conducting community psycho-social impact/needs assessments,
- Providing support for state operations affected by disaster (such as Regional Centers or Correctional facilities)
- Other duties as assigned by the Nebraska Emergency Management Agency (NEMA).

Qualifications

Basic physical requirements ensure that all team members are able to navigate disaster sites, rapidly gather and communicate information as part of a community needs assessment, and contend with hardship conditions that often accompany deployment in response to a disaster. Members should be able to walk unaided, lift 30 pounds, see and hear within a normal range (vision/hearing correction to normal range is acceptable), and have no medical restrictions on everyday activities. Applicants must also be at least 21 years old, willing to travel across the state, possess a valid Nebraska Drivers' License. Background checks may be required.

To serve as a clinical content expert during a response, a team member must have experience in the provision of disaster behavioral health services. They must also possess full Nebraska licensure (not provisional) in their clinical specialty.

Roles/Responsibilities

Team Leader

Team leaders are active BHERT members identified as team leader for each deployment according to the qualifications and experience needed to complete the mission as assigned. Responsibilities include:

- Maintain responsibility for all team activity and assignments during deployment
- Communicate with the NDHHS State Disaster Behavioral Health Coordinator during deployment
- Assist NDHHS State Disaster Coordinator with team member selection & notification
- Communicate and coordinate with local behavioral health response representatives
- Serve as the primary incident command contact for BHERT during deployment
- Transition responsibilities to local officials as soon as possible
- Maintain documentation for team deployment

Team Member

Team members are identified and screened prior to being eligible for deployment. Deployed team members represent clinical and administrative specialty areas required to meet mission objectives. Responsibilitites include:

- Carry out duties related to specialty area as assigned by team leader during deployment
- Document deployment activities
- Coordinate deployment activities with local behavioral health response representatives
- Participate in readiness activities including training, exercises and team meetings
- Participate in post-deployment activities including operational debriefings and after-action reporting
- Attend demobilization services for team members returning from deployment as requested by the NDHHS State Behavioral Health All-Hazards Disaster Coordinator or his/her designee
- Serve as a team leader if requested

There are several different roles assigned by the team leader that will be filled by BHERT **team members**, depending on the requirements of the specific incident:

1. Behavioral Health Risk Communication Specialist

   Description
   Behavioral health and public information professionals with competency in risk communication.

   Qualifications
   - Considerable knowledge of risk communication principles
   - Experience functioning in a consultative role
   - Excellent oral and written communication skills
   - Extensive knowledge and experience creating disaster messages

   Primary Roles/Responsibilities
   - Prepare, review and comment on prepared messages with mental health content
   - Consult at the request of public information officers, public officials, or hotline coordinators on message development or delivery before, during, or following a disaster
   - Provide consultation to public officials as requested
   - Work closely with the rest of the NBHERT team to monitor information from behavioral health responders in the field, with a goal of quickly identifying trends and concerns that can be brought to the attention of public information officers
   - Provide consultation to officials responsible for state-run hotlines related to disaster

2. Disaster Behavioral Health Trainer

   Description
   This is a person who can either present or prepare local resources to present educational material related to disaster behavioral health. Typically educational content will be for hotline workers, behavioral health responders or affected community members.

   Qualifications
   - In-depth knowledge of disaster behavioral health concepts
   - Ability to train diverse audiences in psychosocial aspects of disasters/ emergencies
   - Excellent oral and written communication skills
   - Competency in content of training areas

   Primary Roles/Responsibilities
   - Provide just-in-time training to disaster behavioral health responders
   - Provide disaster behavioral health training for hotline workers
   - Prepare local personnel to present relevant training
   - Facilitate educational community forums related to stress management, coping or disaster reactions

3. Administrative Specialist

Description

The administrative specialist may perform a variety of administrative functions. Team members in this function may be called upon to consult regarding management issues in behavioral health organizations, create or acquire documents, to assist with set up of operations, or track deployment of disaster behavioral health response activities.

Qualifications

- Knowledge of Nebraska behavioral health infrastructure
- Knowledge and expertise related to administrative processes required to coordinate disaster behavioral health response.
- Demonstrated knowledge of administrative processes related to Nebraska behavioral health systems or facilities licensed or operated by the state of Nebraska
- Excellent oral and written communication skills
- Knowledge and expertise in administrative forms and procedures
- Knowledge of federal emergency management agency crisis counseling program requirements
- Detail-oriented

Primary Roles/Responsibilities

- Work closely with other NBHERT members to track activities, compile information and transmit information to state disaster coordinators
- Work closely with managers of behavioral health agencies to assess organizational needs related to the disaster

4. Clinical Expert

Description

Clinical experts consult regarding specific services needed by special populations. They may also assist with the design of services or programs for specific populations.

Clinical experts may represent one or more of the following specialty areas:

- Substance Abuse
- Spiritual Care
- Critical Incident Stress Management
- Mental Health

Specialty areas may include sub-specialty populations such as children, elderly, racial/ethnic groups, developmentally disabled, methadone consumers, etc.

Qualifications

- Current license/certification (not provisional), as recorded by the Nebraska Department of Health and Human Services
- Knowledge of Nebraska behavioral health infrastructure
- General knowledge of disaster behavioral health structures in Nebraska
- Experience and knowledge of clinical interventions and strategies required as part of a disaster behavioral health response
- Excellent oral and written communication skills

Primary Roles/Responsibilities

- Provide clinical consultation as needed after a disaster

Appendix E - 5: Key Characteristics/Abilities of Response Personnel

Disaster behavioral health work is not a vocation suited to all people. To complicate matters, individuals who have qualities that make them thrive as responders immediately after a disaster may not possess qualities and skills required when providing services during the long term recovery stage. Often, once the community begins the long process of recovery, response personnel need different qualities and skills than were needed during the immediate response.

Overall, the key personal characteristics and abilities of those who are particularly suited for disaster work are:[1]

- Mature
- Knowledgeable about how systems work
- Tolerates ambiguity well
- Empathetic
- Shows positive regard for others
- Sociable
- Flexible
- Calm
- Genuine
- Good listener

The recruitment and selection of professional and paraprofessional disaster response personnel should also take into account the demographics of the disaster-stricken location (including ethnicity and language), and the phase of the disaster. Note that workers selected for disaster response and recovery work should not be so severely impacted by the disaster that their responsibilities at home or their emotional reactions will interfere with participation as responders in the program, or vice versa.

Immediate Response Phase [2]

In the immediate response phase of disaster, an "**action orientation**" is important. Workers who do well with crisis intervention do well in this phase. Personnel who have worked in emergency services in a local mental health center or a hospital emergency room are frequently well-suited to this phase of disaster work.

There are going to be some people who cannot tolerate and do not function when exposed to the sights and sounds of physical trauma. These staff members should obviously not be asked to provide mental health services at the scene of injuries or in first aid stations, emergency rooms, or morgues. This does not mean they cannot participate in disaster response, as there are many other roles that these individual may fill.

Long-term Response Phase

Long-term behavioral health disaster programs, covering the period from about one month to one year post-disaster, are different in nature and pace from the immediate response. During this phase, immediate services are beginning to shut down and locating disaster survivors becomes more difficult and thus mental health workers need to be adept and creative with outreach in the community.

Additional qualities required by staff during this phase include:

- Patience
- Perseverance
- Tolerance for slow, non-immediate results of one's work

Footnotes

[1] Adapted from: National Institute of Mental Health (2002). *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices.* NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office.

[2] Adapted from: Myers, D. (1994). *Disaster response and recovery: A handbook for mental Health Professionals.* Rockville, Maryland: Center for Mental Health Services.

Appendix E - 6: Scope of Licensure for Nebraska Behavioral Health Professionals

Refer to Nebraska licensing laws[1] for complete information about the scope of licensure for behavioral health professionals. Registered Nurses and Advance Practice Registered Nurses may specialize in psychiatry and may also serve in the role of behavioral health professional. This licensure discussion does not address these medical professionals. The following is a very brief differentiation of the licensed behavioral health professionals in Nebraska.

Psychiatrists – Medical Doctors, M.D. or O.D.; Can prescribe medication, diagnose and treat major mental illnesses, and supervise other behavioral health professionals

Psychologists – Ph.D. or Psy.D.; Can diagnose and treat major mental illnesses, and supervise other behavioral health professionals

Licensed Independent Mental Health Practitioners (LIMHP) and Licensed Mental Health Practitioners (LMHP) –This category covers Masters and Doctorate level clinicians with at least 3000 hours of experience after receiving the MA or Ph.D Degree.
LIMHPs can assess and treat all major and minor mental illnesses unsupervised. LMHPs can assess and treat mental illnesses that are not considered major mental disorders[2] unsupervised, but supervision by a Psychologist or Psychiatrist is needed if they engage in treatment activities with someone who has behaviors associated with a major mental disorder.

Three certifications are available to those in this licensure category:

- CMSW – Certified Master Social Worker
- CPC – Certified Professional Counselor
- CMFT – Certified Marriage and Family Therapist

Provisionally Licensed Mental Health Practitioners (PLMHP) – Masters level clinician in the process of accumulating post-Masters experience hours; Clinical supervision by a LMHP, Psychologist or Psychiatrist is required.

Licensed Alcohol and Drug Addiction Counselors (LADAC) – Specialized training in addiction is required; level of formal education varies.

There are also recognized behavioral health professionals with specializations who are not "licensed" by the Nebraska Department of Health and Human Services. These professionals may serve special populations:

Certified Social Workers – C.S.W.; Bachelor's level social workers

School Psychologists & School Counselors – May have a certification, but often are not licensed; Specialize in children's issues; Minimum of Masters Degree required

Footnotes

[1]Available at: http://www.hhs.state.ne.us/crl/profindex1.htm

Appendix E - 7: Disaster Behavioral Health Professionals (Licensed/Certified)

The role of individual behavioral health professionals in disaster response will conform to the scope of practice for their licensed profession.

Qualifications

- Current license/certification, as recorded by the Nebraska Department of Health and Human Services, Office of Regulation and Licensure
- Basic training in behavioral health disaster response is required for pre-registration. Currently recognized formal training programs are:
    - American Red Cross – Disaster Mental Health
    - Critical Incident Stress Management (CISM) response training
    - Nebraska Psychological First Aid training
- Advanced training in behavioral health disaster response is encouraged

Responsibilities

- Provide basic support and comfort to the population affected by the event
- Provide specialized care consistent with professional licensure/certification
- Supervision of other behavioral health responders (i.e., those with provisional licenses, students training in behavioral health professions, CISM peers, and community responders/natural helpers)

During the recovery phase of disaster response, treatment of severe mental disorders such as Post-Traumatic Stress Disorder, depression, anxiety, and other emotional disorders should be undertaken by professional mental health practitioners who have the appropriate training and skills to treat the disorder.

A more detailed listing of the clinical roles of licensed/certified behavioral health professionals is presented in the charts on the next two pages, which were excerpted from a public domain manual published by the National Center for Posy-Traumatic Stress Disorder, and modified to fit conditions in Nebraska.

Footnotes

[1]See Appendix E-5 for information about scope of licensure.

[2]Charts adapted from: Young, B.H., Ford, J.D., Ruzek, J.I., Friedman, M.J., & Gusman, F.D. (2000). Disaster Mental Health Services: A Guidebook for Clinicians and Administrators. Menlo Park, CA: National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs. Available via website: http://www.ncptsd.org/publications/disaster/index.html

Emergency Phase: Clinical Roles

	Survivors	Responders/Helpers	Community	Organizations
Types of Disaster Mental Health Services	Protect	Triage/Assess	Information Dissemination	Consultation
	Direct	Consult		Needs Assessment
	Connect	Defusing/Debriefing		Service development
	Triage	Crisis intervention		Support Employee Assistance Programs (EAPs)
	Acute Care	Referral when appropriate		

Early Post-Impact Phase: Clinical Roles

	Survivors	Responders/Helpers	Community	Organizations
Types of Disaster Mental Health Services	<u>Outreach Services</u> Assessment	Assessment	Psychoeducational articles, interviews, reports, brochures about stress reactions & stress management	Phone & on-site consultation to management
	Referral when appropriate	Consult		
	Psychoeducational presentations	Referral when appropriate		Ad hoc counseling program design & implementation
	Initial defusings/ debriefings	Initial defusings/debriefings		Support Employee Assistance Programs (EAPs)
	Follow-up defusings/ debriefings	Follow-up defusings/ debriefings		
	Assistance with death notification			
	Activities in large group settings & vigils			
Sites of Interventions	Shelters, meal sites, disaster application centers, Red Cross service centers, hospitals, schools, police stations, survivors' homes, morgues, etc. (wherever survivors are)	Work Sites Rest Sites Home office	Newspapers, radio, TV, Internet, community centers, shopping malls, schools, religious centers, business associations	Work sites Corporate offices

Recovery Phase: Clinical Roles

Types of Disaster Mental Health Services	Survivors	Responders/Helpers	Community	Organizations
	Outreach Services			
	PTSD Assessment	Assessment as appropriate	Psychoeducational articles, interviews, reports, brochures about stress reactions & stress management	Phone & on-site consultation
	Referral as appropriate	Referral as appropriate		Needs Assessment surveys
	Psychoeducational presentations	Consultation	Group educational presentations	Educational presentations
	Defusings/debriefings	Follow-up defusings/ debriefings	Needs Assessment surveys	Consultations and trainings with Employee Assistance Programs (EAPs)
	Memorial & commemoration support	Commemoration planning	Commemoration planning	
	Clinical services			
	Crisis intervention			
	Consultation with schools; school programs			
	PTSD & psychosocial assessment and treatment			
	Individual, couples, family & group counseling			

Appendix E - 8: Disaster Behavioral Health Community Responders/Natural Helpers

Behavioral Health Community Responders may augment the behavioral health response to disaster. Many of these responders already occupy natural helping roles within a community. They may be educators, human service professionals, or community volunteers. Many will self-identify as wanting to be ready to respond or help if a disaster occurs. It is important to note that even with the appropriate training, not everyone is suited for disaster response work. Training in psychological first aid can be a first step toward building readiness. Pre-credentialing these volunteers includes a requirement that they complete a course in psychological first aid with the recommendation that it be augmented by the American Red Cross course "Disaster Mental Health Overview".

Key Characteristics

The key personal characteristics and abilities of those who are particularly suited for disaster work are noted here:

- Mature
- Sociable
- Calm
- Knowledgeable about how systems work
- Flexible
- Tolerates ambiguity well
- Empathetic
- Genuine
- Shows positive regard for others
- Good listener

Roles/Responsibilities

- Serve as an empathetic listener
- Provide education and outreach to community members about normal reactions to disaster
- Refer individuals to a professional for assessment if needed

Community Responders will not be trained or expected to perform any tasks in disaster response which are best reserved for behavioral health professionals. Initial training should include psychological first aid principles, an overview of disaster behavioral health, and when to refer to a professional.

The following tasks are inappropriate for Community Behavioral Health Disaster Responders to perform:

- Functioning without supervision by a licensed professional
- Agreeing to or establishing long-term care or case management (implicit or explicit)
- Clinical assessment
- Evaluating, diagnosing, or using diagnostic terms (i.e., "you have…")
- Giving advice about what to do
- Making any final decisions regarding behavioral health disaster services and/or referrals
- Minimizing reported symptoms
- Prescribing or dispensing drugs/medication
- Sharing certain types of information, i.e., fatalities
- Therapy/acting as a therapist
  - Emotional delving
  - Engaging in reprocessing of trauma
  - Debriefing

Footnotes

[1]Adapted from: National Institute of Mental Health (2002). Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices. NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office.

Appendix E - 9: Training Chart

Different forms of early intervention require different sets of skills, training, and background knowledge. Behavioral health practitioners are key professionals in this respect. In addition, many early intervention and follow-up activities may be delivered to trauma survivors by individuals who are specifically pre-trained in early intervention. These individuals may include:

- Community volunteers
- Disaster responders
- Faith Leaders
- Medical professionals, including primary care practitioners, pediatricians, and family practice doctors
- Paraprofessionals
- School personnel
- Students in training to be professional behavioral health practitioners

It is recommended that interested individuals who are not licensed behavioral health practitioners complete the Nebraska course in Psychological First Aid. Individuals who complete this training and any other required screening may be listed in a database of potential responders maintained by Regional Behavioral Health Authorities.

Advanced behavioral health disaster response training is recommended for licensed/certified behavioral health professionals participating in the disaster response. Currently accepted advanced training is CBT for Post-Disaster Distress, and advanced disaster mental health trainings offered by the American Red Cross.

The chart on the next two pages outlines recommended training for disaster response personnel. This chart is consistent with recommendations from the National Center for Post-Traumatic Stress Disorder. Many sections of the chart have been left blank, either because there is currently no consensus on best practices and training in these areas, and/or no formal training is currently available.

Footnotes

[1]Young, B.H., Ford, J.D., Ruzek, J.I., Friedman, M.J., & Gusman, F.D. (2000). Disaster Mental Health Services: A Guidebook for Clinicians and Administrators. Menlo Park, CA: National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs. Available via website: http://www.ncptsd.org/publications/disaster/index.html

Recommended Training/Experience of Disaster Behavioral Health Responders by Disaster Phase

	Emergency Phase	Early Post-Impact Phase	To Supervise	Restorative/ Recovery Phase
Professional Behavioral Health Practitioners				
Primary Care Physicians, Family Practitioners	1. General Introduction to Disaster (ARC) -Phases of disaster -Introduction to incident command structure & terminology 2. Introduction to Disaster Mental Health (ARC) -Scope of practice possible in disaster AND/OR 2. Psychological First Aid Training (Nebraska model) -Disaster behavioral health response skill development	Same training as for Emergency Phase Some kind of optional training would be nice	Advanced Disaster Behavioral Health training through ARC Supervision experience in their field Some disaster experience Some degree of maturity	
Physician Extenders (APRN, PA)				
Psychiatrists (including Residents)				CBT for Post-Disaster Distress
Certified Psychiatric RN				
Licensed Psychologists				
Licensed Mental Health Professionals (Counselors, Social Workers)				
Certified Mental Health-Related Professionals (School Psychologists and Counselors)				
Provisionally licensed psychologists (includes psychology graduate students)			Possibly faculty will supervise students	
Provisionally licensed Mental Health Professionals (includes students in training)				

	Emergency Phase	Early Post-Impact Phase	To Supervise	Restorative/ Recovery Phase
Faith leaders				
Certified Pastoral Counselors			Same as for Professional Behavioral Health Practitioners	
Faith leaders				
Community Responders/Natural Helpers				
Certified Alcohol & Drug Abuse Counselor (CADAC)	1. General Introduction to Disaster (ARC) -Phases of disaster -Introduction to incident command structure & terminology 2. Psychological First Aid Training (Nebraska model) -Disaster behavioral health response skill development		Community responders are not recommended for supervisory roles in the behavioral health response to disaster	
Provisional CADAC				
Non-licensed behavioral health professionals (faculty, management)				
Indigenous workers/ Behavioral Health Outreach Workers				
Members of other volunteer responder organizations				
CISM Peers are not included in this table – They may be busy with primary first response activities, or engaged in delivery of CISM services. They are already trained under the CISM program.				

Appendix E - 10: Guidelines for Responders Working through Interpreters[1]

These suggestions can help facilitate interaction, help the person feel more comfortable, and make the interpreter's job somewhat easier.

1. Allow extra time because everything has to be said at least twice.

2. Use trained bilingual/bicultural interpreters whenever possible.

3. Never use children as interpreters. Most persons will not discuss problems of a personal nature in front of their children, interpreting serious problems may traumatize children, and in many cultures using the child to interpret will upset the family's social order.

4. Face the person directly and speak directly to him or her.

5. Watch the person (not the interpreter) during interpretation.

6. Speak slowly and clearly. Don't raise your voice or shout.

7. Sentence by sentence interpretation works best.

8. Remember that the time needed for the interpreter to interpret may be much longer than it took you to say something in English.

9. Allow the interpreter to ask open-ended questions if needed to clarify what the person says.

10. Use simple language and straightforward sentences. Avoid metaphors, slang and jargon.

11. Observe and evaluate what is going on before interrupting the interpreter, i.e., if the interpreter is taking too long to interpret a simple sentence or if the interpreter — outside his role — is having a conversation with the person, or there are no words in the target language to express what the provider said.

12. Explain all medical terms in simple language, especially if the person/interpreter is not knowledgeable about western medicine.

13. Always allow time for persons to ask questions and seek clarifications.

14. Question the interpreter if he or she seems to answer for the person.

15. Learn some basic words and phrases in the person's language.

16. Always ask the person to repeat instructions to you to be certain they have been properly interpreted and understood.

17. Remember that some persons who require an interpreter may actually understand English quite well. Any comments you make to other providers or to the interpreter may be understood by the person.

18. Document in the progress notes the name of the interpreter who interpreted for the person.

19. Before meeting with the person, the provider should give the interpreter a brief summary about the person, and set the goals and procedures for these sessions.

Footnotes

[1]Source: Center for Multicultural and Multilingual Mental Health Services.