

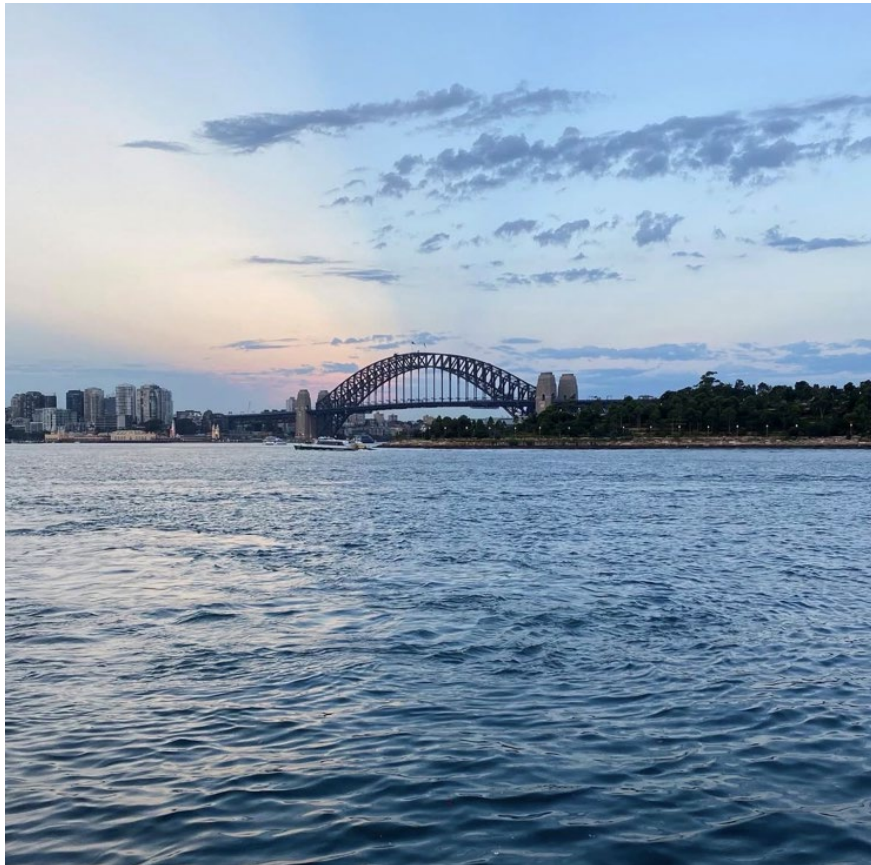
COLLABORATING
EFFECTIVELY WITH
INTERPRETERS IN
APHASIA INTERVENTION

APHASIA INSTITUTE MASTER CLASS

21ST SEPTEMBER 2026

Dr Chelsea Larkman
ABI Communication Lab
University of Sydney

ACKNOWLEDGMENT OF COUNTRY



DISCLOSURES

- University of Sydney (salary)
- The Centre of Research Excellence in Aphasia Recovery and Rehabilitation (affiliate)

LEARNING OUTCOMES

- Recognise the unique challenges of delivering aphasia therapy through interpreters.
- Identify practical strategies to improve communication and collaboration with interpreters.
- Describe changes they can make in their own practice and areas for further learning.

BENEFITS & RISKS



CONTENT

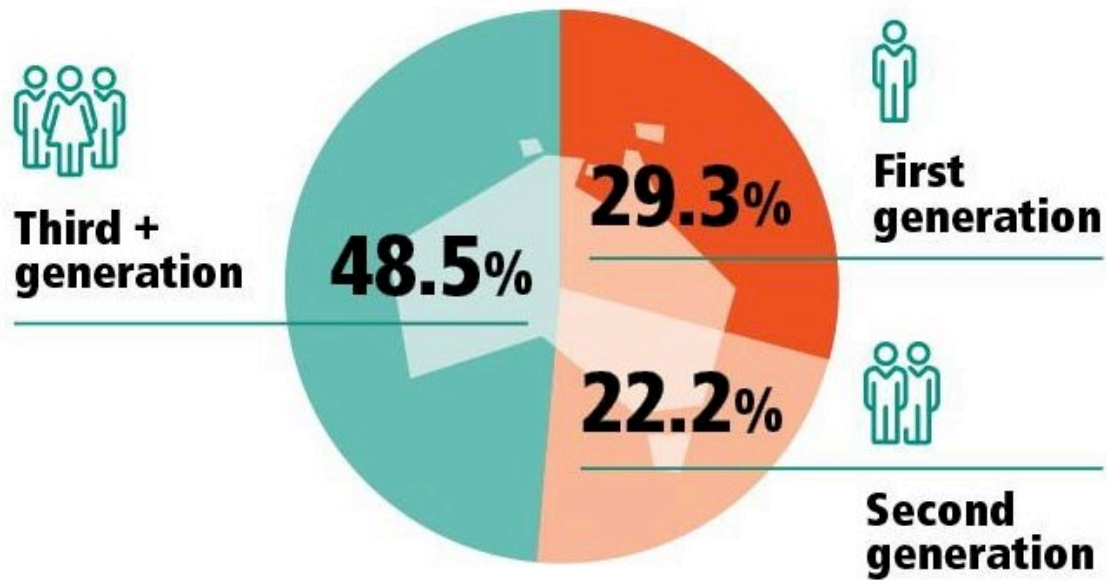
- Increasing cultural and linguistic diversity and language discordance between SLPs and clients.
- Challenges reported by SLPs and interpreters.
- Models and tools to support collaboration between SLPs and interpreters



Image created with Co-pilot 18/06/2026

SOME STATS
ON
CULTURAL &
LINGUISTIC
DIVERSITY





22.8% use a LOTE at home

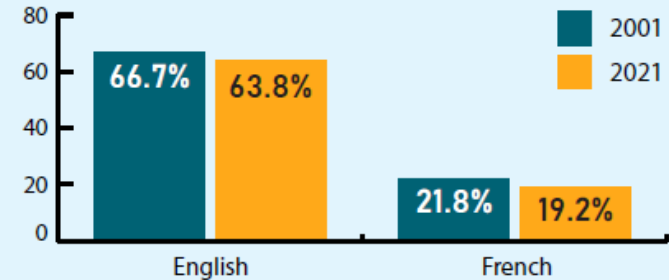
Language	Persons who used language at home (count)	Proportion of population (%)
Mandarin	685,274	2.7
Arabic	367,159	1.4
Vietnamese	320,758	1.3
Cantonese	295,281	1.2
Punjabi	239,033	0.9



Increasing diversity of languages, other than English or French, spoken at home

Language spoken predominantly at home¹

While the number of Canadians who speak English or French predominantly at home has never been higher, their relative weight in the population has been declining since at least 2001 because of the more rapid increase of other languages.



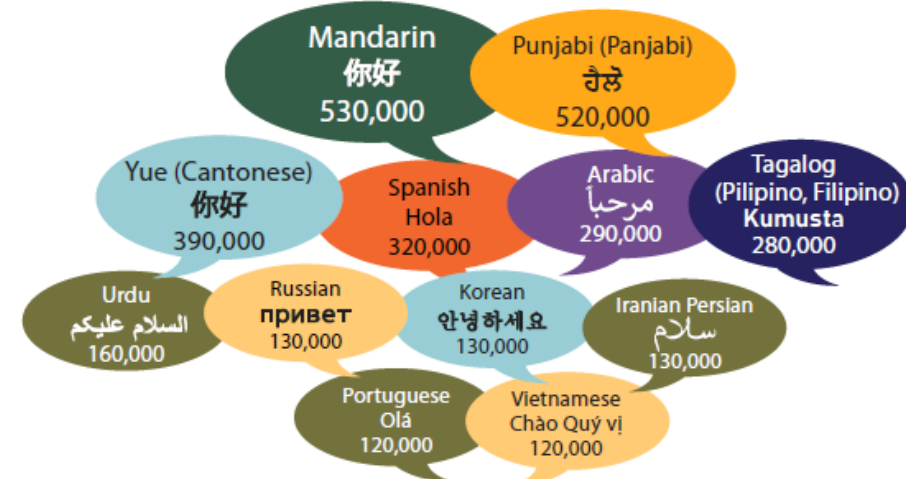
4.6 million Canadians (12.7%) speak a language other than English or French predominantly at home

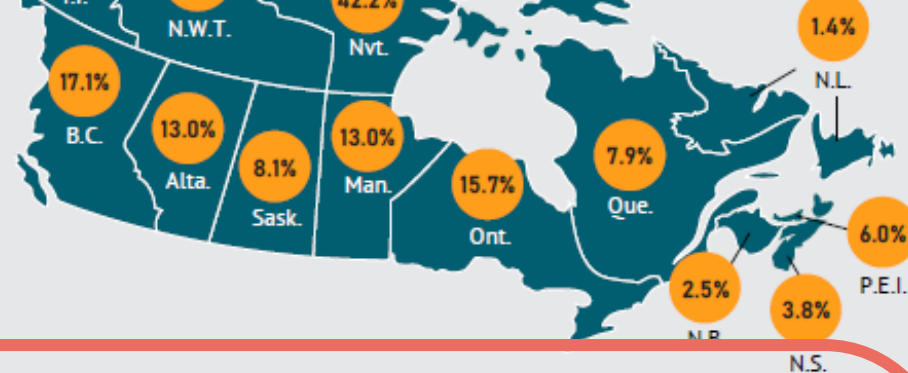
- **Up** from 2001 (9.7%).
- **Strong growth** in the number of Canadians who spoke a language from **South Asia**, as well as **Mandarin**, **Arabic** and **Tagalog**, predominantly at home.

Predominant language spoken at home among those whose mother tongue was neither English nor French

Hello everyone!

Ranking of languages spoken predominantly at home by the largest number of people²





Predominant home language spoken by the largest number of people for some metropolitan areas²



1. The number of Canadians who speak a language "predominantly" at home is the number of people who speak only one language most often at home. This number includes those who speak only one language at least regularly at home and those who, although they speak more than one language at home, reported speaking only one language most often.

2. These languages exclude English and French.

For more information, please consult *The Daily*: <https://www150.statcan.gc.ca/n1/daily-quotidien/220817/dq220817a-eng.htm>

Source: Statistics Canada, Census of Population, 2021.

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Statistics
Canada

Statistique
Canada

www.statcan.gc.ca/census

Canada

LANGUAGE DIVERSITY IN CANADA



Median age



Proportion of women⁺¹ speakers



Number of speakers

In 2021, **10.7 million** people in Canada, or 30% of the population, could speak a non-official language.

Of these, **10 million** (94%) also knew **English** or **French**.

Spanish	39	53.2%	1,171,000
Mandarin	39	54.1%	987,000
Punjabi	33	48.2%	942,000
Arabic	35	47.9%	838,000
Hindi	34	48.1%	761,000
Tagalog	42	57.9%	738,000
Cantonese	50	53.8%	725,000
Italian	57	51.8%	548,000
German	55	51.1%	419,000

Spanish was the non-official language spoken by the most people, followed by **Mandarin** and **Punjabi**.



The background of the image is a dense, overlapping field of white, three-dimensional wooden letters and numbers. The letters are in various fonts and sizes, creating a textured, chaotic pattern. In the center-left of the image, there is a large, solid orange circle with a thin black outline. Inside this circle, the words "LANGUAGE" and "DISCORDANCE" are written in a black, uppercase, sans-serif font, stacked vertically.

LANGUAGE
DISCORDANCE

WHAT DO SPEECH PATHOLOGISTS THINK ARE THE CHALLENGES?



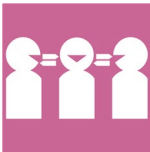
education
about **CALD**
aphasia and
interpreters



linguistic
characteristics
of **other**
languages



culturally and
linguistically
appropriate
therapy
materials



accessing
interpreters



research on
CALD aphasia
therapy



guidelines

GUIDELINES



CASLPA-ACOA

Position Paper on Speech-
Language Pathology and
Audiology in the Multicultural,
Multilingual Context

By

Martha Crago, PhD
McGill University
Montreal, PQ

Fern Westernoff, PhD
Scarborough School Board
Scarborough, Ontario

Professional Competency

Professional competency for service delivery in a multicultural, multilingual context may be achieved through: (a) bilingual-bicultural clinicians or (b) a group of collaborators who combine their complementary interactive competencies. Such a group would include a speech-language pathologist and/or audiologist, in addition to collaborators who are able to communicate in the relevant language/dialect with native or near native proficiency and who are from the same cultural background as the client. These collaborators might be other bilingual professionals (e.g., trained interpreters, teachers, psychologists, second-language teachers), as well as bilingual-bicultural paraprofessionals (e.g., family members, members of the client's community). Moreover, there is a need to develop trained liaison personnel who are competent in the client's culture and language and who have basic knowledge of communication disorders.



AUSTRALIAN APHASIA REHABILITATION PATHWAY

The Pathway

The Pathway

Receiving the right referrals

Optimising initial contact

Setting goals & measuring outcomes

Assessing

Providing intervention

Enhancing the communicative
environment

Enhancing personal factors

Self-management

Aboriginal and Torres Strait Islander clients

[Culturally and linguistically diverse \(CALD\)
populations](#)

Consideration of CALD factors on service
delivery

Interpreters

Language history

Appropriate assessments

Treatment languages and modalities

Accommodating unique language behaviours

Terminology

Planning for transitions

Culturally and linguistically diverse (CALD) populations

Best Practice Statements

These statements have been updated by the NHMRC Centre of Research Excellence in Aphasia Recovery and Rehabilitation (Aphasia CRE) in 2024 in accordance with the most up to date research and expert opinion. (Statements originally developed by the NHMRC CCRE in Aphasia Rehabilitation in 2014)

Click on the statement for NHMRC level of evidence ratings, supporting rationales, resources and further information.

[7.13 Healthcare providers should consider the cultural and linguistic background of the person with aphasia, their family, and their community.](#)

[7.14 Where the speech pathologist is not proficient in a language of the person with aphasia, a trained qualified interpreter, knowledgeable with the specific requirements for speech pathology, should be used.](#)

[7.15 Where a patient reports having used more than one language pre-morbidly, comprehensive information about the patient's language history should be obtained.](#)

[7.16 Where possible, assessments should be used that are appropriate to the languages/dialects and cultural backgrounds of each client.](#)

[7.17 Where possible, treatment should be offered in all relevant languages and relevant modalities.](#)

[7.18 Language behaviours unique to the bi/multilingual person with aphasia such as translation, language mixing and code-switching should be considered in both assessment and intervention planning.](#)

[7.19 Speech pathologists should explain terminology in a way that is relevant and culturally appropriate](#)

APHASIA: A COMPLEX AREA OF SPECIALISED PRACTICE FOR INTERPRETERS

"...the role of the interpreter...in the
assessment or treatment of **aphasia** is
fundamentally different from the role of the
interpreter in other settings.

The difficulties that some speech-language pathologists
report when working with interpreters are not surprising
when one considers the **additional expectations**
that the speech-language pathologist has of the
interpreter in these situations."

Roger, Code & Sheard, 2000, p.29



“There is a well-recognised **expectation** on the part of many speech pathologists that interpreters will provide **additional information** that would fall **outside the ‘normative’ role** of an interpreter...

Roger & Crawford, 2022, p.14



What the person says
(meaning)

How the person says it
(form)



COMMON CONCERN ABOUT INTERPRETING FOR SP

"Interpreters and translators do not voice or write an opinion, solicited or unsolicited, on any matter or person during an assignment."

AUSIT Code of Ethics



Chapter 10: Speech Pathology

"Speech therapy in its diagnostic work is largely concerned with the detailed description of these deviations from norms of speech performance. If speech therapist and subject do not share a language, it may be difficult for the therapist to be certain if particular linguistic behaviour demonstrates speech impediment...or to what degree.

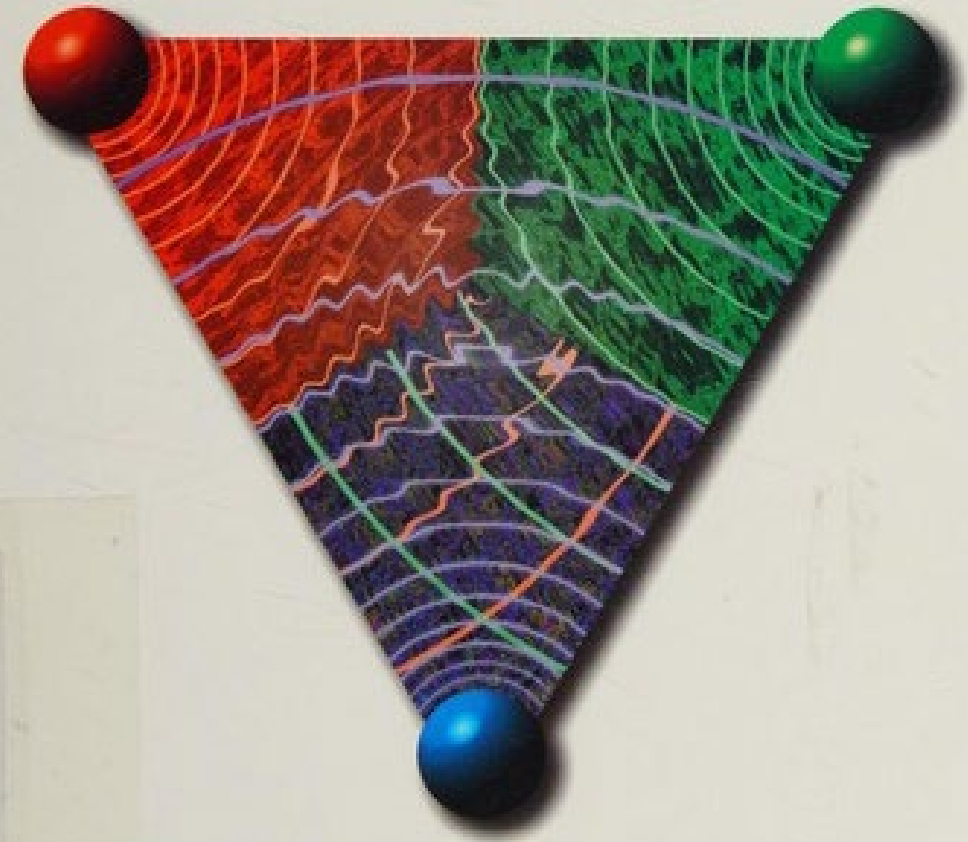
The demands on the interpreter are in many ways similar to those in mental health: to render into the other language what can be rendered, and to accurately describe what can't...

It is important that the interpreter not misunderstand their role. In describing the subject's speech, they are not being asked to change professional roles with the speech therapist. The therapist's task is to home in on the features described."

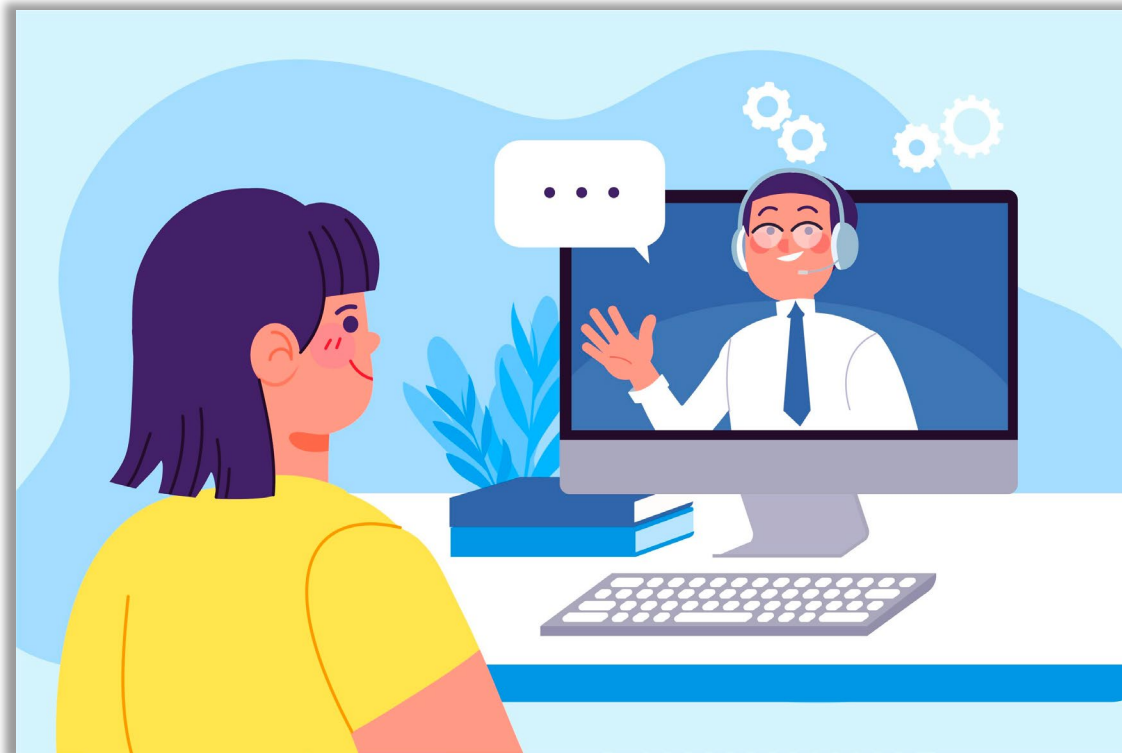
p. 126

Liaison Interpreting

A Handbook



IN-DEPTH INTERVIEWS WITH INTERPRETERS



 Taylor & Francis
Taylor & Francis Group

Disability and Rehabilitation

ISSN: 0963-8288 (Print) 1464-5165 (Online) Journal homepage: www.tandfonline.com/journals/idre20

"It's so complicated": a qualitative study of interpreters' experiences working with speech pathologists to support the provision of aphasia rehabilitation

Chelsea S. Larkman, Lucette Lanyon & Miranda L. Rose

WHAT DO INTERPRETERS THINK ARE THE CHALLENGES?



Limited
knowledge &
education about
aphasia



Lack of
confidence
interpreting
disordered verbal
output



Variability in briefing practices



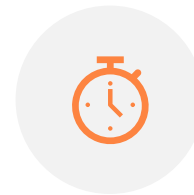
Uncertainty around providing feedback



Discussing culture can be tricky



Impact of cultural & linguistic diversity on interpreting

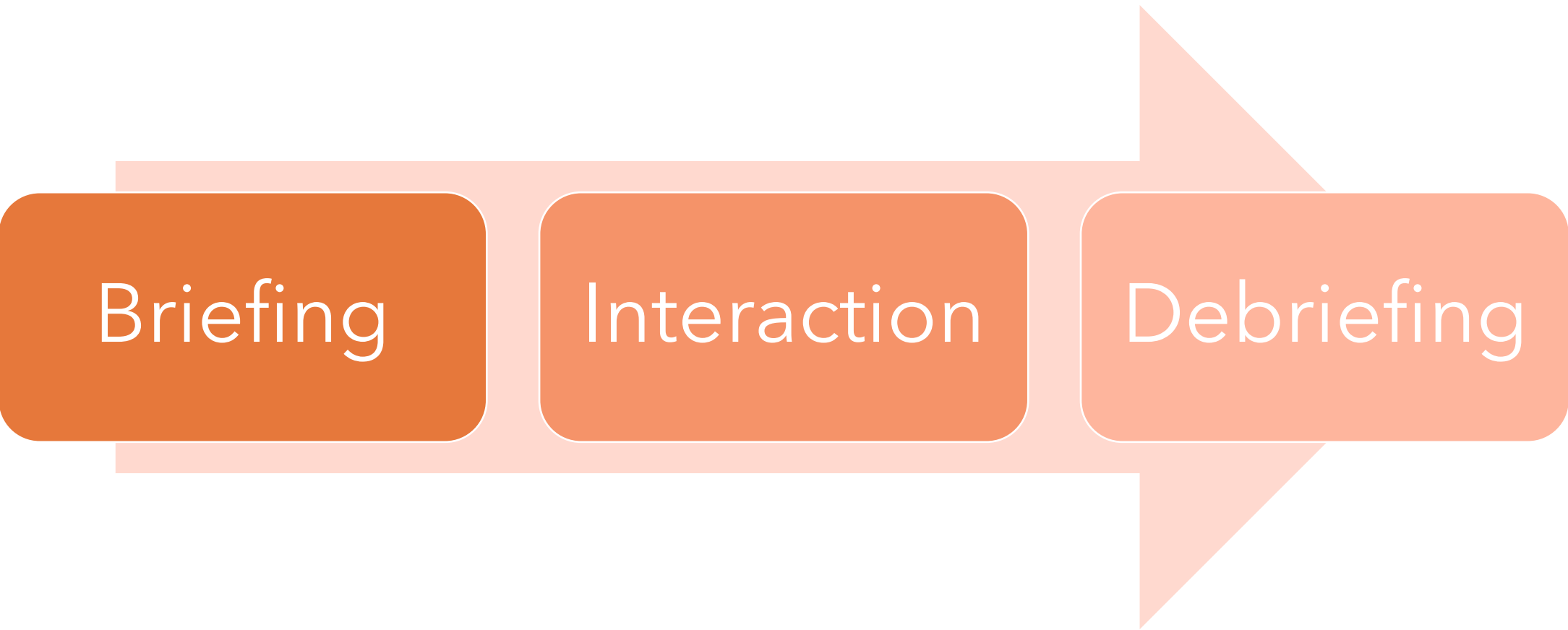


Not enough time

Larkman, C. S., Lanyon, L., & Rose, M. L. (2025). "It's so complicated": a qualitative study of interpreters' experiences working with speech pathologists to support the provision of aphasia rehabilitation. *Disability and rehabilitation*, 47(14), 3637-3648.

MODELS FOR SP-
INTERPRETER
COLLABORATION

BID PROCESS



Briefing

Interaction

Debriefing





Aphasiology

 **Routledge**
Taylor & Francis Group

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/paph20>

Building Trust between Speech Pathologists and Interpreters in the Assessment of Aphasia

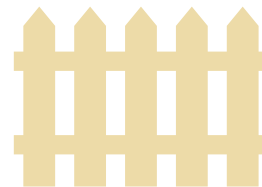
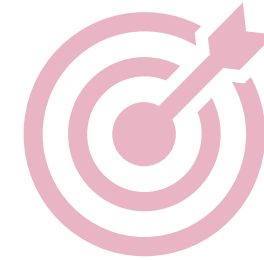
Peter Roger & Tonia Crawford





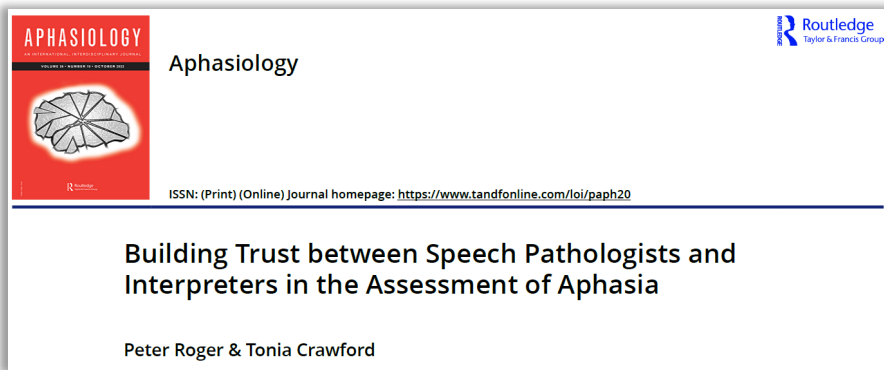
Interpreter's
competence

Shared goals

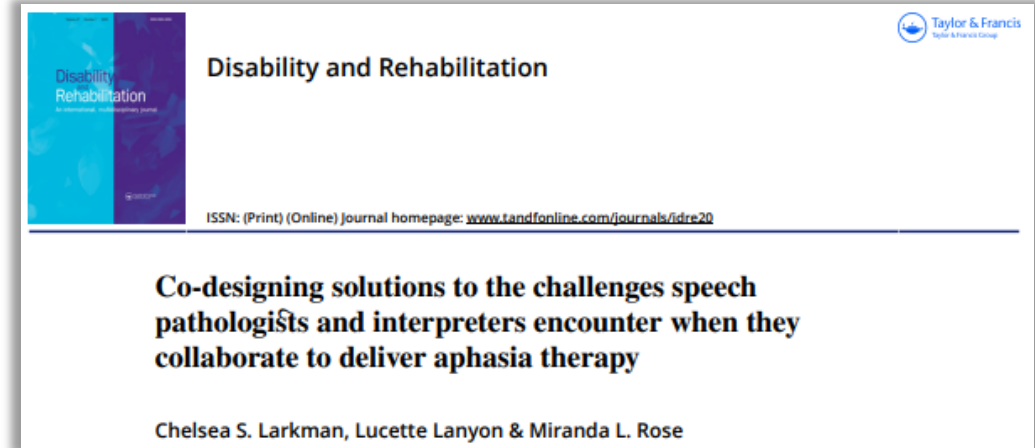


Professional
boundaries

Established
patterns of
collaboration



CO-DESIGNED SOLUTIONS



THE LA TROBE UNIVERSITY APHASIA THERAPY COLLABORATION TOOL FOR SPEECH PATHOLOGISTS & INTERPRETERS



LTU ACT-SPI

SPEECH PATHOLOGIST PREPARATION FOR A SESSION WITH CALD PWA WITH AN INTERPRETER		
THE ROLE OF THE INTERPRETER		
The role of the interpreter in aphasia management differs significantly from their usual role. Typically, interpreters focus on meaning. Working with speech pathologists (SPs) and people with aphasia (PWA) requires interpreters to also focus on language form. This places additional challenges and cognitive load on the interpreter. It should be noted that interpreters and translators are different roles with different certification processes. Interpreters deal with spoken language (or sign language), whereas translators work with written language.		
TIME ALLOCATION		
Sessions with an interpreter require twice as much time as those conducted just in one language. Additional time also needs to be allocated before and after the session for pre-briefing and debriefing.		
PATIENT INFORMATION FOR THE SP TO CONSIDER PRIOR TO THE SESSION		
• Languages & dialects spoken* • Country of birth • Religion • Preference for same gender interpreter • Immigration or refugee history • Education history • Literacy <i>*If the patient is multilingual, language acquisition and use will also need to be considered and a collaborative decision made regarding which language/s to treat in.</i>		
KEY CULTURAL ELEMENTS		
It helps to learn about the patient's cultural background. Suggested cultural parameters to consider include individualism vs collectivism, outlook on time and space (e.g., schedule vs event oriented), roles of men and women, class and status systems, core values, rituals, work ethic, and beliefs about health (Tomoeda & Bayles, 2002). These need to be considered on a case-by case basis to avoid cultural stereotyping. If there are cultural elements that could impact on the aphasia therapy session, these could be discussed with the interpreter in the pre-briefing.		



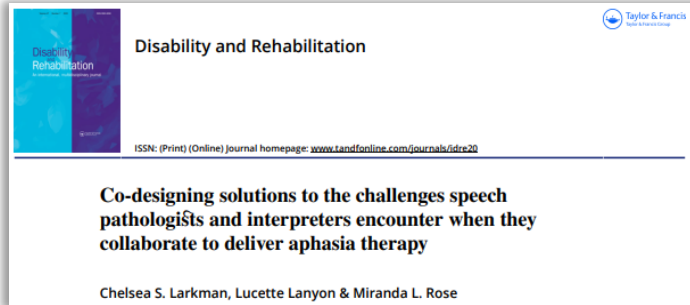
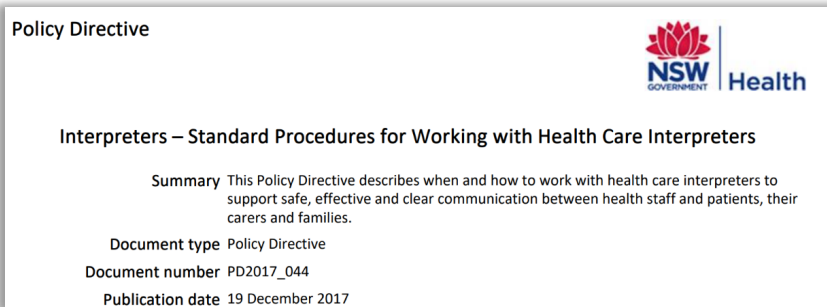
LTU ACT-SPI

INTERPRETER PREPARATION FOR A SESSION WITH A SPEECH PATHOLOGIST & PERSON WITH APHASIA	
THE ROLE OF THE SPEECH PATHOLOGIST	
A key role of the SP in aphasia rehabilitation is to provide individualised, person-centred, goal-directed treatment for the PWA's communication. To do this, the SP needs a thorough understanding not only of the PWA's communication strengths and weaknesses, but also of their language and culture. This assists the SP to determine the suitability of the selected therapy approach and materials and what adaptations may be required so that the therapy "works" in the PWA's language and culture. It is not possible for the SP to know all the details of the multitude of languages and cultures they may encounter. As such, they will be heavily reliant on the interpreter's knowledge and expertise to help them navigate these complexities. It should be noted that aphasia therapy will often target the patient's written language in addition to their spoken language.	
INFORMATION FOR THE INTERPRETER TO CONSIDER PRIOR TO THE SESSION	
• Information about aphasia, including the common causes, typical features, errors, and relevant vocabulary. • Features of the client's language or culture that might be relevant to the SP and for an aphasia session, such as particular linguistic features or common cultural norms. • How to render into English or describe disordered communication. It may be more appropriate in an aphasia therapy session to interpret simultaneously rather than consecutively (however, certain types of aphasia may make this more difficult, for example, Wernicke's aphasia).	
ADDITIONAL POINTS TO CONSIDER IN THE BRIEFING SESSION	
• If the SP seeks the interpreter's input into cultural and linguistic adaptations for the planned aphasia therapy, it is appropriate for the interpreter to ask the SP more about the therapy and why the SP has selected it for this PWA (especially if it has not been addressed sufficiently in the pre-briefing). This may better equip the interpreter to advise on adaptations. • When reviewing materials and activities that the SP will use in the session, the interpreter should consider whether any items may be unfamiliar in the client's language and culture, or if unique linguistic features need to be accommodated (such as differences in orthography, grammar, phonology, or approaches to spelling). The interpreter can be proactive in bringing this to the attention of the SP.	



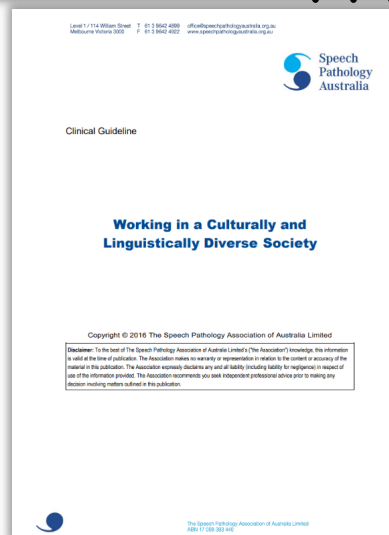
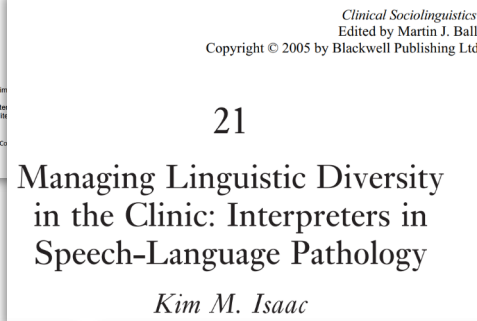
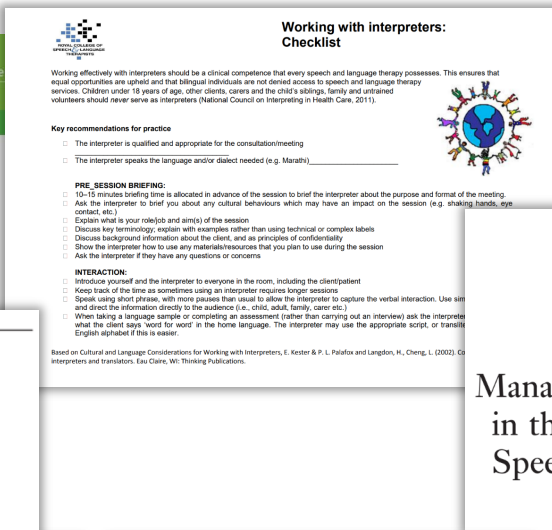
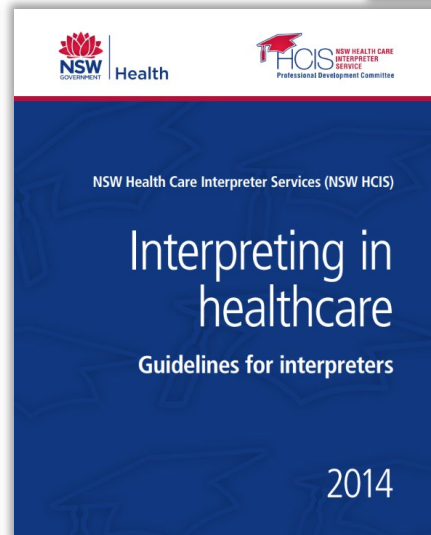
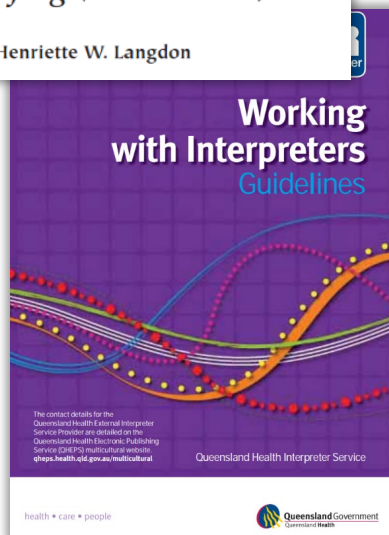
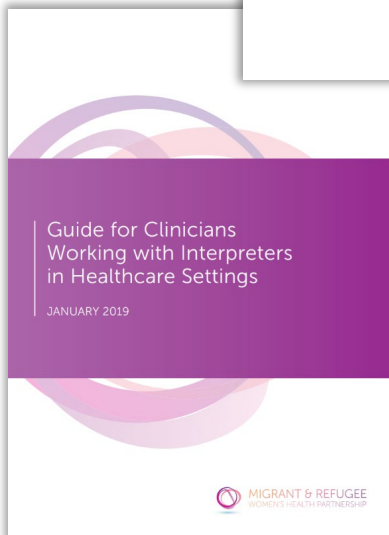
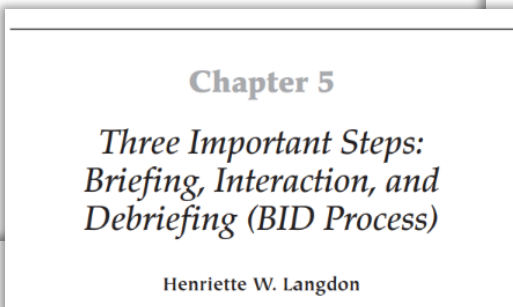
LTU ACT-SPI

THE BID PROCESS FOR SPEECH PATHOLOGISTS & INTERPRETERS WHEN WORKING WITH PWA	
THE BID PROCESS	
The BID process (briefing, interaction, debriefing) is a commonly used approach to working with interpreters. It involves the three recommended steps that should be followed in order to maximise the effectiveness of the interprofessional collaboration.	
BRIEFING	
At least 15 minutes should be allocated prior to the session for the SP and interpreter to meet without the patient. Depending on factors such as the patient's background, the complexity of the therapy activity, the interpreter's familiarity with aphasia, the SPs experience working with interpreters, the nature of the target language and the adaptations required, a longer briefing session may be required (e.g., 30 minutes). If the SP has only been able to secure an interpreter booking for a short amount of time, briefing and de-briefing should still be included, however the time available for this will likely be shorter. As such, expectations for what can be achieved in these briefing sessions will need to be adjusted. With established patterns of collaboration with the same interpreter over time, the duration of pre-briefing and the content that needs to be covered will likely reduce and the briefing can focus on the goals and activities of the session. Discuss the following: • The interpreter's experience and confidence interpreting for SPs and PWA. • The SPs experience and confidence working with interpreters and understanding of the interpreter's role. • If the interpreter speaks any other languages (accredited and non-accredited). • Patient background (e.g., country of birth, immigration history, education levels, dialect) and how this may or may not match with the interpreter. • Overview of the session with description of therapy activities/tasks (including the purpose of each activity) along with materials to be used (see more below on 'Adapting therapy'). • Typical error patterns, behaviours, and key terminology related to aphasia (e.g., word-finding, paraphasias, circumlocution, perseveration). • Preferred mode of interpreting (i.e., consecutive vs simultaneous).	



Interpreter sessions

Checklists for clinicians





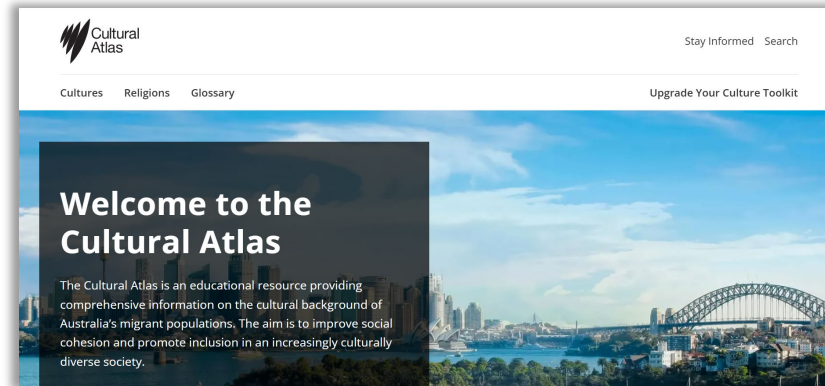
PREPARING FOR THE SESSION

- Understand how SLP and aphasia is an area of specialised practice for interpreters
- Find out about:
 - The patient's background
 - The patient's language
 - The patient's culture
- Booking an interpreter
 - **Allow extra time**
 - Dialects
 - Interpreter preferences
 - Purpose of the session
 - Face to face vs telehealth
 - Interpreter contact details to provide material ahead of the session

WHERE TO FIND INFORMATION ABOUT LANGUAGES & CULTURES

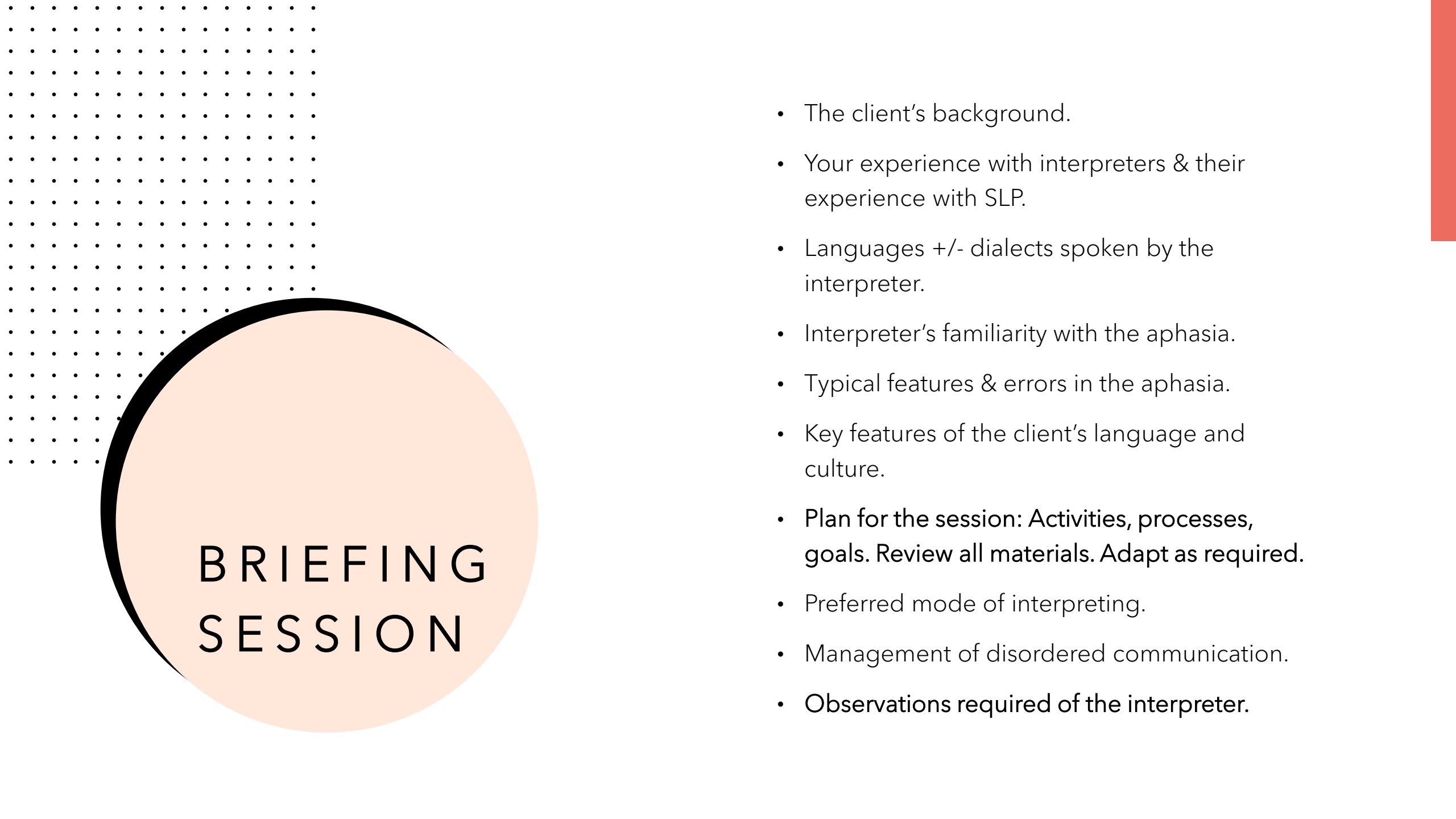


<https://sites.google.com/view/multicsd>



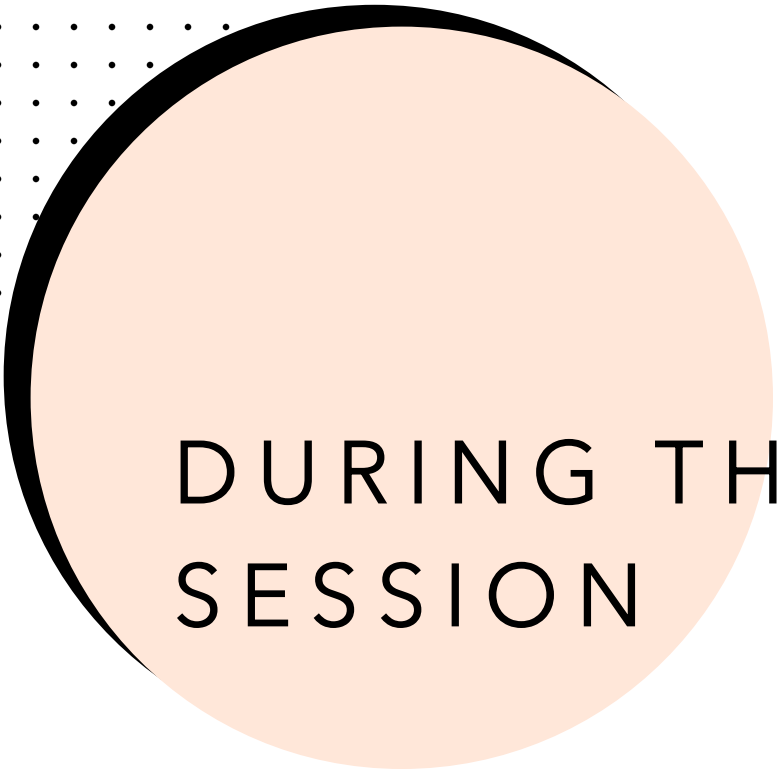
<https://culturalatlas.sbs.com.au/>





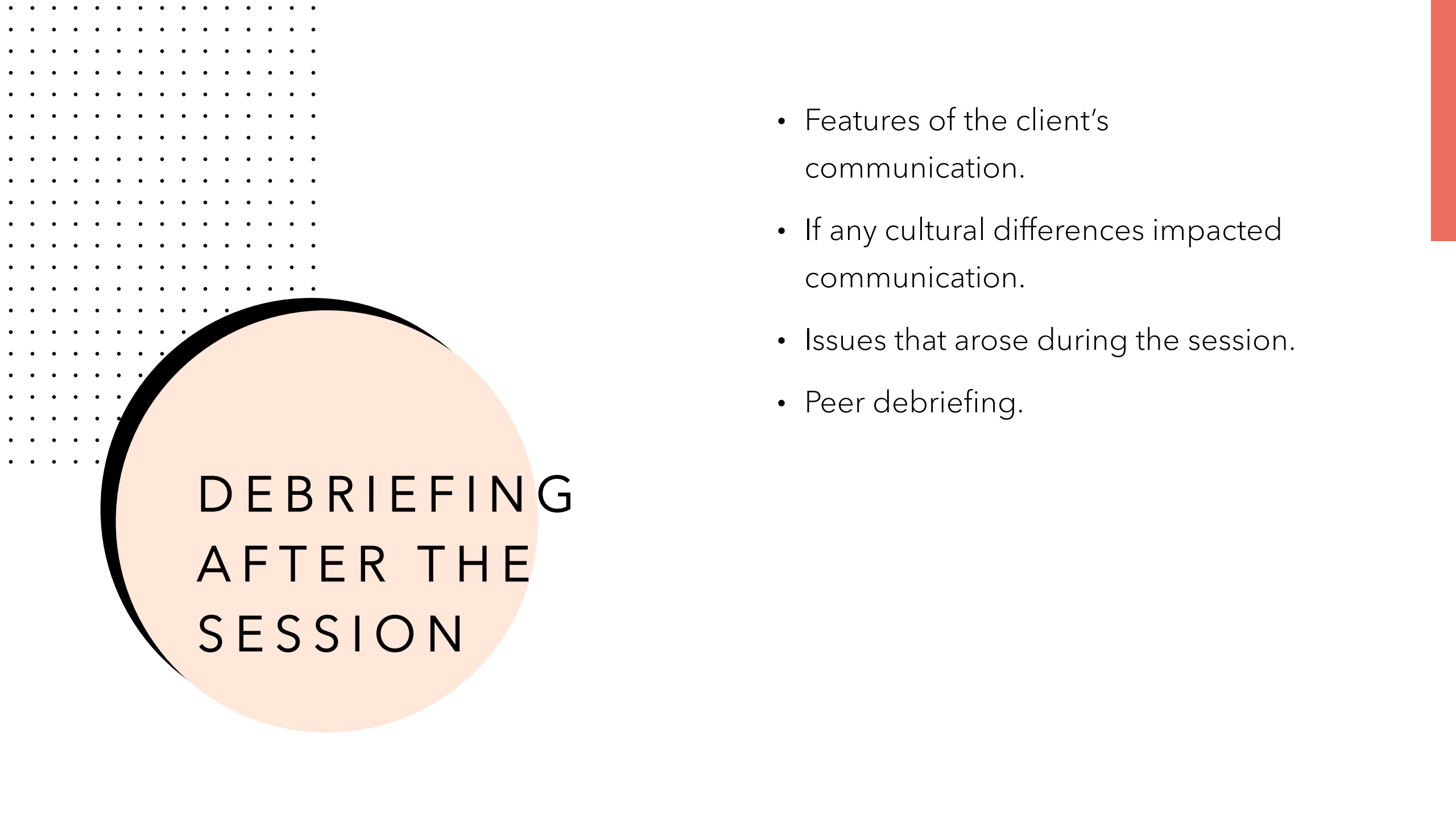
BRIEFING SESSION

- The client's background.
- Your experience with interpreters & their experience with SLP.
- Languages +/- dialects spoken by the interpreter.
- Interpreter's familiarity with the aphasia.
- Typical features & errors in the aphasia.
- Key features of the client's language and culture.
- Plan for the session: Activities, processes, goals. Review all materials. Adapt as required.
- Preferred mode of interpreting.
- Management of disordered communication.
- Observations required of the interpreter.



DURING THE SESSION

- Positioning (triangle arrangement)
- Introduce the interpreter.
- Explain their role.
- Speak directly to the client.
- Be aware of your rate of speech.
- Pause every couple of sentences.
- Avoid jargon.
- Avoid side conversations



DEBRIEFING AFTER THE SESSION

- Features of the client's communication.
- If any cultural differences impacted communication.
- Issues that arose during the session.
- Peer debriefing.

BRIEFING CHECKLIST FOR APHASIA THERAPY

*Because you choosing these words not just for the sake of the words, **you planning to go somewhere with them**, to create some, like a map. So, **culture is very important** in there. So that's why I said for 'bake', because I saw you what you did with the 'play'.*

*But when you come talking about other languages with complicated wording patterns and grammar, and all these things, and **it can be really hidden** in there, like a person cannot pick it up straight away, **even myself will not pick it up**.*

- ☐ Client background.
- ☐ Respective experience with the other profession.
- ☐ Languages +/- dialects spoken by the interpreter.
- ☐ Interpreter's familiarity with aphasia.
- ☐ Typical features & errors in aphasia.
- ☐ Key features of the target language & culture.
- ☐ Plan for the session incl. therapy activities, processes, & goals. **Review therapy stimuli & target words/sentences.**
- ☐ Mode of interpreting.
- ☐ Management of disordered communication.
- ☐ Observations needed from the interpreter.

*But it, it is hard to, like, that **meta discussion**, I guess, you know of English language, can be **quite tricky**. And maybe I think my reflection would be, in a future session, I would have a think about **how I can articulate that more clearly**.*

BRIEFING CHECKLIST FOR APHASIA THERAPY

- ☐ Client background.
- ☐ Respective experience with the other profession.
- ☐ Languages +/- dialects spoken by the interpreter.
- ☐ Interpreter's familiarity with aphasia.
- ☐ Typical features & errors in aphasia.
- ☐ Key features of the target language & culture.
- ☐ Plan for the session incl. therapy activities, processes, & goals. **Review therapy stimuli & target words/sentences.**
- ☐ Mode of interpreting.
- ☐ Management of disordered communication.
- ☐ Observations needed from the interpreter.

Larkman et al., 2025

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J. Fridriksson et al

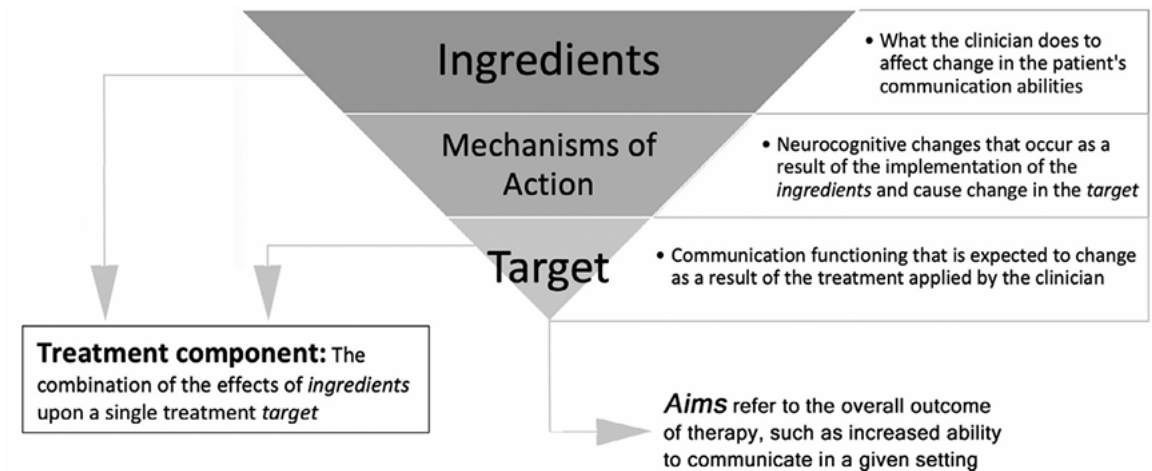


Fig 1 Schema of the tripartite structure of the RTSS, including the relation of the ingredients, MOA, and target to treatment component and aims.

Fridriksson et al., 2022



TELEHEALTH INTERPRETING



TIPS FOR TELEHEALTH INTERPRETING



Videoconference

Minimise background noise

Set-up the visual fields



Telephone

Use a speakerphone

Use visual language to describe what's happening to the interpreter and who is speaking

If talking directly to the interpreter, address them by name/title so they know

TAKE HOME MESSAGE

- Understand interpreter roles and role boundaries.
- Invest in your relationships with interpreters.
- Learn as much as you can about the patient's background, language and culture.
- BOOK EXTRA TIME!
- If you do nothing else, make sure you have a briefing session.



QUESTIONS?

Chelsea Larkman

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