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Author's Note

Abstract

Sign language interpreters who begin work soon after graduating from post-secondary programs, either associate-level training programs or bachelor-level interpreter education programs are vulnerable to unique challenges for which they may be inadequately prepared, especially if they work as community interpreters in specialized settings. This descriptive study represents the initial attempt to understand how graduates determine personal readiness and identifies contributors to preparedness for working in specialized settings. The sample of recent program graduates provided a snapshot of how prepared interpreters felt in their first years following graduation regarding competency in *Legal*, *Healthcare*, *Mental Health*, *Educational*, and *Deaf-Blind* situations. This study highlights specializations in which interpreting graduates feel most and least prepared to work and informs us about the types of instruction or experience that most contributed to their readiness. The results revealed to what extent participants perceived their interpreter education programs prepared them for specialized settings.

Interpreter Preparedness for Specialized Settings

The training-to-work gap has been recognized for many years by the Conference of Interpreter Trainers, which has sought to reduce the gap through improved curricula and instructional methods. It has been over 20 years since Resnick (1990) suggested that post-graduation mentorship, internship, and extended supervision could mitigate the lingering difficulty of preparing interpreters within academic settings to meet the demands of the field. She supported the growing belief that students should enter interpreter education programs (hereafter referred to as IEPs) having acquired ASL and cultural skills before they begin learning the interpreting process. Beyond linguistic and cultural readiness, specialization training is the center of discussion in numerous professions (such as spoken-language translation, medicine, and engineering), and workgroups of the National Consortium of Interpreter Education Centers (NCIEC) from 2005-2010 specifically addressed specialized interpreting competence (Schulenberg & Warren, 2009; Witter-Merithew, 2010). It is apparent that, as the interpreting profession grows and diversifies, a larger pool of interpreters with specialized knowledge and skills is needed (Witter-Merithew & Nicodemus, 2011). In fact, "the evidence to date suggests that without the intentional development of specialization and the ability of specialists to capture the unique patterns of practice that define specialization in interpreting, it will remain difficult - perhaps impossible - to protect the interest of consumers who rely on the services of interpreters with specialized competence" (Witter-Merithew & Nicodemus, 2011, p. 73).

As there is a limited amount of research on the topic of specialized interpreter preparation, this study pursued answers to the question of how practitioners acquire the interpreting skill sets they need in specialized settings and at what point they determine they are adequately prepared (and thus qualified) to work. The purpose was to observe the experiences and document the perceptions of IEP graduates as they began working in the following six specialized settings: *Healthcare*, *Legal*, *Deaf-Blind*, *K-12 Educational*, *Post-Secondary Educational*, and *Mental Health*. The project was designed to inform interpreter educators, perhaps leading to introspection of curricular gaps, and to aid new interpreters in gauging their professional milestones toward qualified specialization. By examining work readiness, this study echoes Bontempo and Napier's (2007) call for "improving performance and enhancing the profession, as well as prompting service providers and service users to 'mind the gap' when managing or utilising interpreting services " (p. 277).

Post-Graduation Job Market and Readiness to Work

Although recent IEP graduates may find it fairly easy to find work in a variety of specialized settings, they often do so within complex areas that are beyond the scope of their credentials. This situation may be further complicated since less-skilled interpreters are not as likely to be aware of their true competence or to self-regulate their suitability for specialized assignments (Bontempo & Napier, 2007). The problem lies not only in the inherent complexity of training for specialized interpreting within the constraints of higher education, but also in inadequate market standards. Bontempo and Napier cautioned that training programs can "instill a false sense of ability which only has a short life span before effectiveness turns to unconscious incompetence" (p. 292). They reasoned that, even for generalized interpreting settings, absolute preparation for commonly encountered settings would entail instilling comprehensive skills in language, interpreting, ethics, cultural impact, dispositions, professionalism, self-regulation, flexibility, and humor. Additionally, the Effective Practices Team of the NCIEC determined that specialized interpreters need to possess "advanced skills in assessment, consultation, collaboration and research" (Witter-Merithew, 2010, p. 5).

The ethical integrity component of specialization directly corresponds to interpreting program graduates who encounter focused employment opportunities for which there are inadequate standards of qualification. Li (2007) identified the most prevalent interpreter deficiencies in these settings to be, "lack of necessary field knowledge (69.7%), insufficient mastery of specialized terminologies (60.6%), inadequate translation skills (48.5%), low translation speed (36.4%), and little professional confidence (33.4%)" (p. 111). Witter-Merithew and Nicodemus (2011) noted that such forces as legislative and market trends, consumer demographics and need, and interpreter interest drive the evolution of the sign language interpreting field to include specializations. As professions develop and expand, it is natural for specializations to emerge, which necessitates specific instruction and preparation. The ultimate goal of such directed learning in interpreter education is to protect the public and all the stakeholders in a communication event, including the interpreters, from negative incidental consequences.

Volatility of Specialized Settings

A critical consideration of specialized interpreting is the volatility factor, or unpredictability, of each interpreted situation. An example of situational volatility would be the case of a child's emergency room visit leading to conclusions of suspected abuse, at which time the situation escalates to legal and social service intervention for which the interpreter may be unprepared. In practicality, an interpreter might not have access to the assignment's details that would allow acceptance-rejection discretion based on a specialized circumstance. No matter how inconsequential a situation appears on the surface, it is never certain that a health-related topic is completely isolated from legal content or consequences. When an interpreter accepts an assignment, he or she is declaring qualification for that assignment. Likewise, referral agencies have responsibility to avoid contracting with unqualified individuals, as they also are accountable under the law. Sharon Caserta, CSC, CI and CT, SC:L, and Civil Rights Attorney, cautions new interpreters to carefully consider their qualifications for healthcare interpreting. "Given the current trend in medical-related litigation, interpreters need to be aware that in the event of someone making a claim that a provider [hospital, doctor's office, clinic] did not provide effective communication, the interpreter and referral agency may be called as witnesses in litigation proceedings" (personal communication, March 2, 2011). Likewise, Mathers (2007) reiterates the variety and overlap of legal interpreting:

> On the broadest level, legal interpreting includes work in such diverse settings as reading a will in a law office; interviewing a victim with the police at the scene of a crime; administering a rape kit with medical personnel in a hospital; witnessing the execution of a power of attorney with a case manager in a hospice; or interviewing a deaf person seeking political asylum with a human rights worker (p. 3).

Scope of Specialized Settings and Training Requirements

Each of the settings assessed in this study requires concentrated training efforts. In the cases of healthcare and mental health interpreting, new interpreters require training in how to handle situations such as "narratives loaded with shame, guilt, pain and sorrow [...because] psychiatric

patients may have hallucinations and talk about them; they may talk in a disjointed way or use words that do not 'exist'" (Bot, 2006, p. 164). Additionally, interpreters need to be prepared for the emotional fallout that may result from highly charged medical and mental health settings. They need to understand repercussions of any empathetic responses and the need for risk assessment of potential outcomes (Harvey, 2001, 2003). RID (2007b) points out that even slightly-modulated linguistic and extra-linguistic features such as tone of voice or changes in language structure may be important for diagnosis and treatment in these settings, adding a justifiable stressor (or demand) to the interpreter's work. Unfamiliarity with the therapeutic process or lack of training on the stress factors that are inherent to working in healthcare and mental health settings can result in a sharp rise in strain when the demands begin to outstrip the resources available to new interpreters (see Jonge, Landsbergis, & Vegchel, 2005, for a comprehensive analysis of interactions between demands and resources and their impact on performance). Coping strategies that an individual needs to effectively manage work demands, as originally discussed in Karasek's (1979) Job Demand-Control Model, play a pivotal role in the sustained emotional effort needed by an interpreter in mental health settings. Dean, Pollard, and English (2004) lamented that there are many interpreters who enter mental health interpreting with inadequate training. They proposed highly specific training "to help [interpreters] work effectively in mental health settings, especially since on-the-job learning is so common in the interpreting field [...] In no other field of medicine is communication so important as in mental health, for mental health diagnosis *and* treatment are nearly completely dependent on communication, unlike other medical specialties" (p. 60). To summarize, new interpreters need to have a solid understanding of how to work alongside physicians, clinicians, and therapists to achieve the goals of healthcare services (Dean et al.).

The scope of training for legal settings is usually beyond the capacity of undergraduate interpreting programs, as "legal interpreting entails a wide range of situations in which the deaf person or the non-English speaking person [...] comes into contact with an enforceable set of rules governing civil conduct in this country" (Mathers, 2007, p. 3). Interpreters in legal settings may be working for adults or juveniles who are plaintiffs, defendants, victims, witnesses, jury members, or family members of these legal participants (Humphrey & Alcorn, 2007). The varying dynamics of each interpreting situation requires specialized skills that include: (a) comprehending laws; (b) interpreting dense information that is sometimes obscured by legal language; and (c) working within specific protocols of law enforcement entities (e.g., courts, law enforcement, defense and prosecution). Mathers described court interpreting (a subset of legal interpreting) as possibly "one of the most challenging areas in which an American Sign Language ("ASL") interpreter can work" (p. 4) and recommends that it should be reserved for those who have undergone extensive legal training. Additionally, Mathers advised that sign language interpreters should be aware of and abide by the laws that apply to all language interpreters in court settings.

Educational interpreting includes working with preschool, elementary, secondary, and post-secondary students. Janzen (2006) found that, in the U.S. and Canada, about half of all sign language IEP graduates end up working in primary and secondary school (K-12) and post-secondary educational settings. Similarly, Humphrey and Alcorn (2007) reported "a majority of graduates from interpreter preparation programs will work in an educational setting" (p. 325). While interpreting for children in an educational setting requires a unique set of specialized knowledge and skills, a common view is that it is drastically different from interpreting for adults (Janzen; Schick, Williams, & Kupermintz, 2006). The prevailing issue is that "many state standards are set relatively low in terms of academic and certification requirements" (Witter-Merithew & Nicodemus, 2011, p. 64). In Witter-Merithew and Nicodemus' study, 48% of educational interpreter participants did not have national certification. Janzen asserted that IEPs do not adequately meet the needs of educational interpreters. Schick et al.'s study (2006) found that 60% of the interpreters who were evaluated using the Educational Interpreter Performance Assessment (EIPA) did not have adequate skills to provide full classroom access for deaf students. In fact, the typical IEP graduate would not satisfy a common state standard of an EIPA 3.5 score (Schick et al.). Humphrey and Alcorn (2007) suggested that educational interpreters should at least have graduated from an IEP, received training in child development, earned a bachelor's degree, and obtained national certification.

There are many adverse consequences to having unskilled interpreters working in educational settings. The K-12 educational interpreter, whether qualified or not, "impact[s] the linguistic

performance and academic success of school graduates" (Witter-Merithew, 2010, p.4). Janzen (2006) reported that "language acquisition and development are compromised when the deaf child is faced with […] interpreters who have insufficient ASL skills, or who use an English-based signing system […]" (p. 230). Additionally, the study conducted by Schick et al. indicated that "many deaf and hard-of-hearing students receive interpreting services that will seriously hinder reasonable access to the classroom curriculum and social interaction" (p. 3). RID (2010) clearly sums up the issue by stating, "If interpreters are not highly qualified, they cannot provide students with access to a free, appropriate public education" (p. 1).

The qualifications for deaf-blind interpreting are diverse and involve more than interpreting skill, appropriate "world knowledge" on the topic of deaf-blindness, and technical considerations for successful interpreting. In fact, Jacobs (2008) contended that, regardless of interpreting skill, the key factor that "may 'make or break' the event as a whole, or determine its quality, is the relationship aspect, the human dynamic. This dynamic occurs both within the individual (the intrapersonal - confidence, manifestations of ego, desire to be present, etc.) and among individuals (the interpersonal)" (p. 45). She described the *human dynamic* as one's personal comfort when working in close proximity during tactile interpreting and relational aspects that may involve ambiguous boundaries when it comes to the interpreter's role. Furthermore, interpreting for a person who is deaf-blind requires that communication techniques be adapted (Humphrey & Alcorn, 2007). The variable role of the interpreter requires training in such areas as sighted guide technique, visual description, environmental orientation, and considerations for a deaf-blind person's safety in the event of an emergency (Sauerburger, 1993). In addition to educating future interpreters within IEPs, Smith (1994) and The National Task Force on Deaf-Blind Interpreting (2008) emphasized the importance of new interpreters being adequately prepared for deaf-blind interpreting through structured interactions in the community prior to working as an interpreter. Developing the expertise to provide effective communication for persons who are deaf-blind entails understanding how the interpreter's role may vary depending upon a situation and being flexible, confident, and comfortable enough to ensure that the entire interpreted event is effective for all participants (Morgan, 2001). As stated by RID (2007a), "careful matching of a qualified interpreter and a consumer who is Deaf-Blind is critical so that the intricate and individualized interpreting needs are met" (p. 2). Considering all the factors that comprise deaf-blind interpreting at its best, adequate preparation must be seriously addressed prior to accepting work in this specialized setting. The literature surrounding these areas of specialized interpreting provides the framework for investigating how new interpreters perceive their readiness to work in them.

Method

This study used a mixed-methods approach to explore the perceived qualifications of IEP graduates for specialized settings. The data provided a profile of IEP graduates from associate-and bachelor-level programs and allowed frequency observations of graduates who would or would not accept work in settings for which they did not feel qualified. Patterns of qualitative data were observed through content analysis, providing insight into the "whys" and "why nots" of working in specialized settings and the perceived contributions of IEPs to the readiness of their graduates.

Participants

Researchers targeted a purposeful sample from within the southeastern region of the U.S. using RID and its affiliate chapter membership databases. Additionally, IEP directors in the same U.S. region recruited participants from their graduate databases. This snowball method of recruitment resulted in a call for participants to a network of IEP graduates in Puerto Rico and 27 states. Criteria for participation were described in the recruitment email and focused on graduates of undergraduate IEPs (two or four-year degrees) who completed their programs two or more years prior to the study. There were 198 participants who were recruited over a period of several weeks, but when responders were checked to insure that they met the criteria, 78 were purged due to ineligibility (N = 120). The selection of a convenient sample in this way presented limitations to the generalizability of the study's results, but it allowed the researchers to obtain a preliminary description of IEP graduates and their sense of preparedness for specialized settings.

The majority of participants were graduates of associate-level interpreting programs (59%, n = 71). Participants who held a bachelor-level degree constituted 25% of the responses (n = 30), and 13% earned both an associate and a baccalaureate degree (n = 16). One person held a master's degree. Thirty-four percent of the associate degrees were earned between 2005-2008, which was the participant eligibility cutoff for the study. Forty percent of the bachelor degrees were earned between 2005-2008, while 33% were earned between 2000-2004. The entire time frame for participants who earned bachelor degrees ranged from 1985 to 2008, a 23-year span, and the vast majority of participants were NAD-RID certified (76%).

Instrumentation

Researchers constructed a 93-question instrument for the purpose of this study and administered it using Vovici online survey software provided by the sponsoring university. Five interpreters and IEP graduates piloted the instrument for readability, ease of use, and clear reporting. Their suggestions led to wording and organizational revisions, and the piloting volunteers were not included in the final sample. The university's Institutional Review Board approved the protocol, including the instrument and recruitment emails with attention to informed consent, prior to data collection. In each of the six specialty sections, participants responded to questions about (1) time in field, certification, and length of time from first interpreting assignment to specialized work, (2) levels of preparedness and personal determination of qualifications, (3) contributors to preparedness, and (4) avoided settings.

Results

Participants provided information about the extent of their preparation for specialized settings. It was of particular interest to note the amount of time that passed between their graduation from an IEP and their first professional work (operationally defined as "paid interpreting") in a given setting. The settings that participants identified in which they frequently work (at least two times a week), have previously worked, and will <u>not</u> work were particularly relevant to the research question. Participants provided reasons that directed their rejection of certain settings when they had advance information and the option to accept or decline work in these settings. The researchers observed frequency data and analyzed qualitative responses via content analysis. For the purpose of comparison, this report focuses on the extreme opposite anchors on Likert-type scales from *contributed greatly* to *did not contribute*, and *very prepared* to *not at all prepared*. Following a summary of general findings, the results are presented by specialty area and subsequently compared in order to highlight the most highly accepted and rejected settings, the perceived preparedness level for the settings, the primary rationale that supported the interpreters' perception of preparedness, and the recommendations for further training.

General Findings

The mean graduation-to-certification time for associate-level graduates was 5.05 years (SD = 3.8), with a mode of 2.0 and a range of 1-18 years. The mean for bachelor-level graduates was 2.95 years (SD = 1.82), with a mode of 2.0 and a range of 1-8 years. A t-test of the means did not result in significantly different certification time frames for the two degrees.

It was determined that these participants work at least twice a week (considered *frequent*) in *Post-Secondary Educational* (52%), *Healthcare* (44%), and in *K-12 Educational* settings (41%). Noticeably, *Deaf-Blind*, *Legal*, and *Mental Health* interpreting were not reported to be frequent settings in which these participants currently work; however, the reason can be attributed as much to lack of opportunity as deliberate choice on the part of the interpreters. In fact, participants were most likely to deliberately avoid *Legal* (61%) and *Mental Health* (30%) interpreting and most likely to accept work in *Post-secondary Educational* (98%) and *Healthcare* (93%) settings. Although participants indicated that, at some point in their careers, they had worked in *Post-Secondary* (86%), *K-12 Educational* (84%), *Healthcare* (81%), *Mental Health* (64%), *Deaf-Blind* (63%), and *Legal* (37%) settings, the reasoning behind their later decisions to avoid certain settings is illuminated in the qualitative analysis of each setting.

Setting 1: Healthcare

Healthcare assignments were reported to be the second most frequently worked specialized settings. The majority of participants (51%) accepted their first assignment less than one year from the start of their professional interpreting careers, 16% of whom had a healthcare situation as their first interpreting assignment. An additional 65% accepted their first assignment three years or less from the beginning of their interpreting careers. The range of time spanned from 0-20 years after they started their careers before they accepted a healthcare assignment. When asked how prepared the participants felt when they accepted their first assignment, 20% reported feeling *very prepared*, while 2% *did not feel at all prepared.* Participants ranked the following methods that contributed greatly to their preparedness for healthcare interpreting in the following order:

1. Experience (39%)
2. Inservice/workshops (35%)
3. Interpreting program (34%)
4. Mentorship/internship/professional colleague peer interaction (32%)

Several common themes emerged concerning other contributors to preparation, including medical related courses and workshops, prior work experience not as an interpreter, family background, and personal medical experiences. Regarding IEP contribution to readiness, one participant compared the level of preparation from both the 2-year and 4-year IEP by stating: "I felt very prepared after my BA degree and joining a mentorship program, but before that, when I had just finished my 2 [year] degree, I was clueless and did not do well at all."

The most common reason for feeling unprepared for healthcare interpreting was lack of specific ASL vocabulary for various situations. A lack of medical procedure/content knowledge, medical terminology competency, and lack of personal experience were also reported. On the other hand, one participant commented, "The ITP [Interpreter Training Program] AS [...] degree prepared me for the medical terms, but not for the procedural, conceptual part." That same person proposed that, "ITPs should do mock doctor appointments as a prerequisite to graduation. I would have been better prepared and less nervous." Another recommendation was to have, "required shadowing in a healthcare setting as part of interpreter programs."

Participants' reports varied on the time span from considering themselves unqualified to qualified. Most commonly, it took participants six months to one year to deem themselves prepared. Others ranged from less than six months to five years. One participant stated, "[I] felt more prepared after my ITP, but workshops helped me to prepare better," while another said, "You never feel 100% prepared because it is not rehearsed. This is a live setting and you can only prepare so much." Regarding how participants determined personal readiness, the most common responses were that they gained confidence, their mentors told them they were ready, they gained professional experience, the agency sent them and they trusted the agency's discretion, and they attended interpreting workshops and medical classes. Some respondents confessed that they proceeded with healthcare interpreting because the work was available, despite the fact that they felt unprepared. Some explained that they felt compelled to accept these assignments without feeling ready because there was a shortage of qualified interpreters, they needed the money, or they felt that the only way to become prepared was to just get the experience. One person stated that healthcare was simply a common beginning for graduates in the interpreting field. The large majority (93%) would be willing to interpret in any healthcare setting, but some would commonly decline interpreting in the Emergency Room, "high-pressure" situations, and life-threatening medical situations if they were given enough prior information to make a deliberate choice. Gender-specific or sensitive topics, such as abortion, were declined for religious reasons or general discomfort with opposite-sex medical issues.

Finally, participants provided advice to recent program graduates to help them determine their own readiness for healthcare interpreting. There was a pattern of responses concerning the importance of medical context, terminology, and anatomy knowledge bases. Participants repeatedly advised that arranging a mentorship was extremely beneficial to new graduates in conjunction with attending workshops, studying medical procedures and common appointment topics, improving ASL skills to better produce conceptually accurate messages, and starting with "low-risk" appointments before moving to higher-risk ones. A particular language area that one interpreter indicated was important to know and improve upon was the ability to describe medical procedures with ASL classifiers. Several

participants cautioned future interpreters to make sure they are comfortable in the medical setting, and not easily distraught over the sights and smells encountered. The suggestions to new interpreters included (1) know personal and interpreting limits, (2) realize that not all assignments must be accepted, and (3) wait until you have sufficient experience to interpret in healthcare settings.

Setting 2: Legal

Legal interpreting is the most common type of specialized setting for which participants stated they would not interpret. Of the 28% who indicated they have worked in legal settings, 21% accepted their first assignment four to five years after starting their interpreting careers, 18% waited ten years, 15% waited less than one year into their career, and one person accepted a legal assignment as the first professional interpreting experience. Overall, the range of responses spanned from 0 - 10 years for beginning work in this specialized setting. Responding to perceived levels of preparation for these first legal assignments, 7% reported being *very prepared* and 26% were *not at all prepared*.

A small percentage of participants (11%) indicated that IEPs were the most beneficial preparation method for legal interpreting. The primary contributors were ranked as:

1. Colleague interaction/mentorship (62%)
2. Inservice training (55%)
3. Professional experience (46%)
4. Self-study (39%)

Interpreters who felt unprepared and declined legal interpreting work attributed their hesitancy to a lack of procedural and terminology knowledge. ASL vocabulary deficiency (attributed to insufficient training and mentoring) and the potential for added liability and responsibility ("The consequences of inaccurate interpretation are too high") contributed to perceptions of unpreparedness. One person stated that the IEP "only dabbled in the legal setting which did not help," while another said, "I was not prepared when I graduated, but I understood [legal interpreting] to be a specialization that our interpreting program would NOT prepare us to do." One participant specified the type of further training needed for this setting: "I would want more workshops specifically on the variety of legal settings (not just courtrooms and police stations) to help me feel prepared."

Some participants recognized that legal interpreting entails a broad spectrum of circumstances and specified that they were not comfortable interpreting in courtrooms. Other situations that tended to be avoided included those related to felonies (particularly murder), police stations, arrests, and criminal cases. One person with extensive previous legal experience was still uneasy with criminal interpreting and stated, "I worked in the legal field as a paralegal for 17 years. I was very familiar with the terminology and such. Although, I did civil law, not criminal law, I would be more hesitant about accepting a criminal law assignment."

Legal interpreters in this sample recommended that new interpreters attend conferences and workshops on legal topics. Obtaining a mentorship was also a common piece of advice, along with cautioning graduates to wait and not accept any legal assignments until further training is obtained beyond the IEP. One interpreter warned, "Don't do it! Seriously, do not do it! You are not ready despite what you think. There are people who are ready and can do it...please let them." Additionally, independently studying legal terms and the legal system was suggested as a good way to prepare ("Study the legal system as if you were attending law school"), as was shadowing, observing, and talking to experienced legal interpreters. Four participants (13%) mentioned becoming nationally certified or earning the legal specialist certificate before endeavoring to interpret in these settings. In describing the legal interpreting process and what graduates need to be able to do, one participant provided this metaphor: "You need to be at a point where you are not pouring 100 percent of your energy into the interpreting portion of the work before you go to court. What we do is like juggling. Court work is like juggling, except now you are juggling chainsaws and they keep adding more objects. Interpreting cannot be using up all of your cognitive abilities or you won't have anything left to field the extra chainsaws."

Setting 3: Mental Health

Interpreting in mental health settings was the second most common type of specialized setting for which participants would not interpret, with 30% reporting that they decline these assignments. A sizable group of participants who work in mental health settings accepted their first assignment one year or less from starting their interpreting careers (42%), and 26% accepted assignments from one to three years after beginning to work professionally. Nineteen percent of the interpreters who responded to the *Mental Health* portion of the survey (44%, n = 53) reported feeling *very prepared* upon accepting their first assignment in this area, while 17% *did not feel prepared at all.*

Regarding readiness for *Mental Health* interpreting, a sizable number of participants perceived inservice or workshops (47%), mentorship and colleague interaction (44%), and professional experience (39%) as *greatly contributing* to their preparation. When asked which methods proved to be the most beneficial for acquiring mental health skill sets, the most common responses referred to attending workshops/inservice and participating in a mentorship or colleague interaction. A few respondents (14%) indicated that their IEPs were the primary source of preparation for mental health interpreting. One participant further explained that the IEP taught procedural information and another reported, "Even though the program trained us for the setting, the actual work was much more intense." The most beneficial method for learning to interpret mental health assignments was summarized this way: "I was lucky enough to be teamed with a Deaf professional going through a MSSW [Master of Science in Social Work] internship program. Through the professional and educational interactions, this individual greatly contributed to my being comfortable in mental health settings."

Interpreters cited various reasons why they felt unprepared for mental health interpreting, including lack of procedural knowledge, lack of ASL signs and concepts specific to this area, lack of content knowledge, lack of experience, and inadequate English terminology knowledge. One person's explanation included being "unsure of personal safety protocols - how to get away from certain patients while trying to remain professional and still work, where to stand...also unsure of how to voice when the person didn't make sense." After recognizing his or her own level of unpreparedness, one participant decided to refrain from mental health interpreting until being trained further ("I've only had two assignments and I won't be taking any more until I've had more training"). Although responses ranged from a few months to five years or more for the estimated length of time from graduation to perceptions of readiness for *Mental Health* interpreting, it was common for mental health preparation to take in excess of five years. Participants primarily attributed their readiness for this type of interpreting to *further experience*, *workshop attendance*, *mentorship*, and *internship*.

Specific sub-settings that mental health interpreters reported trying to avoid were "severe" assignments, violent patients, and inpatient assignments. Moreover, situations involving suicide (due to interpreter's family history), psychotic patients, pedophiles, domestic violence, and rape were specified as assignments that would be declined. The reasons for not accepting these types of assignments related to discomfort with the subject matter, fear for personal safety, or emotional strain. After recognizing the severity of many assignments in this specialty area, one person decided to defer working until he or she obtained national certification.

Participants encouraged new interpreters to mentor with an experienced interpreter, know how to protect themselves, and team with someone prior to working alone. Regarding self-protection, one interpreter admonished graduates to "always know where the door is to get out of a situation and make sure to protect yourself. Appointments can always be rescheduled." Others stated that mental health interpreting required experienced interpreters and that graduates should choose assignments carefully to ensure that they remain in the interpreter role without becoming personally involved. Another participant suggested that new interpreters "build your emotional defenses before trying mental health. If you empathize too much, this might not be the best setting for you."

Setting 4: K-12 and Post-Secondary (PS) Educational

The K-12 and PS settings produced similar results and are reported here as one group; however, there were some slight differences in the two domains that warrant distinguishing. There were 84 respondents (70%) who indicated they had experience interpreting in educational settings (either K-12 or PS). Within the first year of graduating from an IEP (associate or bachelor-level), 55% of the participants worked in K-12 (38% immediately upon graduation) and 50% worked in PS educational settings (37% immediately upon graduation). In both K-12 and PS, the two primary sources of

preparation were the IEP (K-12 67%; PS 51%) and mentoring/professional colleague interaction (K-12 44%; PS 41%). A substantial group of interpreters (65%) reported that their own personal experience taking college classes and earning advanced degrees helped prepare them to interpret in PS settings and to feel less intimidated by advanced content such as they encountered in math, technology, and science courses. When looking at the data from the program level perspective (AA or BA), a recurring response for associate-level graduates was that preparedness and acceptance of work in the K-12 educational setting was based simply upon graduating from the IEP, especially if the program curriculum was tailored for educational interpreting. Upon entering the field, 30% of the associate-level participants and 47% at the bachelor-level felt *very prepared* to interpret in K-12 settings.

The post-secondary interpreters reported themselves to be somewhat less prepared by their interpreting programs as compared with the K-12 interpreters (51%), similarly prepared by mentorship or professional colleague interaction (41%), and mostly prepared by on-the-job experience (56%). Despite perceived lack of preparation in interpreting programs, respondents were highly likely to work in these settings (86%), thus indicating that they considered themselves to be qualified by other means.

Participants were extremely vocal about confounding issues that are naturally part of current work in K-12 settings. One participant summarized resistance to K-12 interpreting by stating, "I can and will for short assignments, but I do not enjoy the K-12 setting...plus there is so much lack of understanding of the other professionals and the role of the K-12 interpreter is not respected." Several other participants commented that the interpreter's role in the K-12 setting is not as obvious as in other settings, and this adversely affects their desire to work ("I prefer working in settings where my role as an interpreter is more clearly defined. I am uncomfortable with the level of involvement that is expected from one who works in K-12: the role of *loco parentis* or of being a language model to young students"). Financial and political concerns also affected the desire to work in these settings ("I prefer interpreting for older students and not have to put up with the hassle of K-12 politics," and "I started out feeling that deaf children need solid language role models and that I did not fit that criteria. Now I feel my language skills are solid, but my passions lie in other specializations and the money is not sufficient in educational work").

Participants advised new educational interpreters to seek out a mentorship, if possible. They emphasized the importance of understanding the critical role they play in a child's education, especially when they serve as language models. The participants iterated the need for interpreters to enjoy being around children and to know what age groups are most suitable to their comfort levels with children. Advice for post-secondary interpreters included focusing first on classes with which the interpreter is already familiar. Mentoring, teaming, preparing for classes in advance, and having a well-rounded education also were highlighted as beneficial to new interpreters.

Setting 5: Deaf-Blind

In the area of deaf-blind interpreting, 59% of the participants indicated that they have not worked in this setting within the last six months, and 26% did not feel prepared enough to work in this setting within the first year of graduating from an IEP. This result may be influenced by lack of opportunity given the low incidence of deaf-blindness and the tendency for some U.S. regions to be more populated by deaf-blind individuals than others. General preparedness ratings indicated that the primary contributors were inservice training such as for Support Service Providers (50%), the IEP (38%) and post-graduation mentorship (35%). Approximately 13% of all participants who interpret for deaf-blind people, however irregularly that may be, declared that the IEP *did not contribute at all* to their preparation. A few participants noted that their IEPs had a separate course devoted to this specialty and required them to participate in hands-on experience at deaf-blind camps, conferences, and related Deaf-Blind Association activities. Several other participants reported that while basic information was introduced in their programs, there was limited opportunity to become proficient at providing visual, environmental information or to become involved in a local deaf-blind community to receive experience applying classroom theory to real-world experience. IEPs that placed student interns in deaf-blind settings, such as the Helen Keller National Center and Lighthouse for the Blind, were identified as contributing greatly to comfort, confidence, and readiness.

The reasons that participants gave for electing not to work in deaf-blind settings varied from

general discomfort ("I am uncomfortable with the space between the interpreter and the client during deaf-blind interpreting") to physical limitations that the setting might impose ("I am unable to support the weight of another person's hand on mine," "I don't do tactile interpreting due to a lack of comfort touching a stranger and also the ergonomic, physical stress," and "Even though I have the skill and experience to interpret in tactile settings, I don't enjoy the physical strain). One participant attributed physical discomfort to prior repetitive strain injury, and although he or she felt prepared and qualified, the setting was avoided for these reasons ("After tendonitis due to long nontransferable calls in VRS, [I] no longer take these assignments due to [the fact that I] fatigue quickly. I would like to, but can't, due to pain it causes"). One other recurring response that caused hesitation about working in deaf-blind settings centered on the role of an interpreter, which might not be clearly defined, and how that role is differentiated from that of a Support Service Provider in these settings (see Morgan, 2001, for role distinctions between these two practitioners).

Readiness in this setting typically was achieved upward of two years post graduation, and even then, the setting sometimes came as a surprise to some interpreters who arrived at interpreting assignments unprepared for the fact that the setting required a specialized skill set. Outside of the diverse skills that this setting requires, such as sighted guide technique and visual description (Sauerburger, 1993), participants referred more often to comfort issues when describing degrees of preparedness than lack of the skills they needed. Moreover, the concept of "discomfort" was assigned frequently to describe experience with tactile interpreting more often than experience with restricted field or low vision interpreting.

The participants advised new interpreters to "interact with Deaf-Blind people before taking an assignment to get used to close interpreting and tactile" and "learn how to change your signs to make your interpretation comfortable for you and appropriate for the client." They cautioned new interpreters to make sure they had specific training, as this type of work "is very different than working with sighted deaf clients." One participant recommended that a new interpreter "volunteer with Deaf-Blind consumers at the Lighthouse for the Blind or similar agencies to see if you are comfortable in this setting" and another recommended finding a mentor--someone with whom an interpreter who is unfamiliar or uncomfortable in this setting can team interpret "with the consumer's permission of course." Finally, one participant advised to become prepared by attending a Deaf-Blind camp to gain experience interacting with this population, "to learn appropriate behaviors, focus on how to make non-manual facial expressions into manual signs and signals, and team with more seasoned interpreters."

Discussion

Interpreter educators likely are not surprised to learn that participants did not credit interpreting programs with preparing them 100% for interpreting in the specialized settings observed in this study. As in other professions with specializations, it is unrealistic to expect this outcome for four-year interpreting programs, much less two-year programs. The information obtained from this study that might be most helpful for interpreter educators is the persistent report of the value of mentorship outside of the classroom. This could be a wake-up call to programs to consider infusing systematic mentorship into Programs of Study beyond the typical field experiences of practicum and internship.

The fact that participants in the study perceived themselves to be much more prepared for educational interpreting might be related to the fact that these settings typically do not demand the use of ASL and interactive (especially ASL to English) interpreting that other settings entail. It is understandable that graduates are more comfortable in these settings, tend to work in them more immediately after graduation, and feel more prepared than in settings that involve interactive interpreting (either consecutive or simultaneous). The concern here is the factor of situational volatility. New interpreters who are thrust into educational interpreting can find themselves in situations that change quickly to legal, medical, and mental health settings for which they do not feel qualified (and acknowledge that they should avoid). Volatility is a topic that evidently needs to be reiterated in IEPs such that graduates are aware of risks they might not have expected otherwise.

Whereas legal, mental health, and healthcare interpreting have specialized language sets, require strong receptive and expressive ASL/English interpreting skills (with special strengths in consecutive interpreting), and often involve high levels of risk, this study confirmed that these settings are most

dependent on post-graduation training. Mentorship continues to be perceived as the most valuable contributor to specialized setting preparedness. Although students might expect to be ready for work in a wide variety of settings when they leave their programs, the tried and true mantra of life-long learning is a confirmed reality for interpreting careers.

The discussion of interpreting in specialized settings is not complete without an emphasis on the ethics of accepting work for which one is not qualified. Reports of interpreters who feel   pressured to work beyond their levels of qualification are an alarming reality of the profession. It continues to be problematic that interpreters are accepting assignments out of "necessity" for which they know they are not prepared. As revealed in this study, some unqualified interpreters feel they must work because there is an absence of qualified interpreters or because their financial situation trumps their ethical discretion about accepting assignments beyond their levels of preparation. This study revealed that despite admissions of unpreparedness for specialized areas of interpreting, graduates still started working in these settings soon after beginning their careers and some went into these specialized areas prematurely with a false sense of readiness. One of the most striking comments made by an unprepared interpreter was "I did not know I was not prepared. [I] just did it. It is only now that I feel I was not as prepared as I could have been. Thank God no one died." This type of comment reflects the same inflated perception interpreters may have about their own abilities noted by Bontempo and Napier (2007). A strong, ethical stance is necessary on the part of IEPs to assure that students refrain from interpreting while still acquiring the process and skills, to restrict work experience upon graduation to situations that are teamed with more-highly-qualified interpreters, to avoid taking unnecessary risks that adversely affect consumers of interpreting services, and to create personal action plans for honing specialized competencies. These steps are needed to mitigate the negative consequences of under-qualified interpreters and to protect all stakeholders involved.

Prospects for Future Research

Operationally defining "qualified" is an enigma associated with determining readiness for specialized work. Additional exploration on specific readiness factors (perhaps developed and standardized by interpreter educators) would be helpful in substantiating the results of this study. Expanding the sample to include other regions of the U.S., adapting the instrument to focus more in-depth on specialized areas, and conducting further comparisons of associate-, bachelor-, and master-level education programs also would provide helpful information to programs and practitioners. It would be of particular interest to the profession at this time if a similar study within the realm of video relay interpreting were conducted to shed more light on interpreter readiness for encountering highly specialized content in rapid succession and with no opportunity for preparing in advance. Likewise, investigation is warranted on the role of referral agencies in placement of new interpreters, the responsibility for diligently monitoring these placements, and the policies and procedures for reducing adverse consequences that can occur when new interpreters are placed in specialized settings. It would especially be helpful to the profession if a quasi-experimental study (considering practicality limitations of random sampling) that had the capacity to yield results with external and internal validity could be carried out to determine actual effect of mentorship on preparation for specialized interpreting.

References

Bontempo, K., & Napier, J. (2007). Mind the gap!: A skills analysis of sign language interpreters. *The Sign Language Translator and Interpreter 1*(2), 275-299.

Bot, H. (2006). Community interpreting in mental health: Research issues. *Linguistica Antverpiensia, 5*, 161-176.

Dean, R. K., Pollard, R. Q., & English, M. A. (2004). Observation-supervision in mental health interpreter training. In E. M. Maroney (Ed.), *CIT: Still Shining After 25 Years: Proceedings of the 15th National Convention of the Conference of Interpreter Trainers*. (pp. 55-75). Monmouth, OR: Conference of Interpreter Trainers.

Harvey, M. A. (2001). Vicarious emotional trauma of interpreters: a clinical psychologist's perspective. *Journal of Interpretation,* 85-98.

Harvey, M. A. (2003). Shielding yourself from the perils of empathy: The case of sign language interpreters. *Journal of Deaf Studies and Deaf Education, 8*(2), 207-213.

Humphrey, J. H., & Alcorn, B. J. (2007). *So you want to be an interpreter.* Seattle, WA: H & H Publishing Company.

Jacobs, R. (2008). Interpreting as Möbius strip. *VIEWS,* 44-45.

Janzen, T. (2006). [Review of the book *Educational interpreting: How it can succeed*]. *Interpreting, 8*(2), 229-234.

Jonge, J., Landsbergis, P. & Vegchel, N. (2005). Occupational stress in (inter)action: The interplay between job demands and job resources. *Journal of Organizational Behavior, 26*(5): 535–560. doi:10.1002/job.327.

Karasek, R. A., Jr. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24*(2), 285-308.

Li, D. (2007). Translation curriculum and pedagogy: Views of administrators of translation services. *Target: International Journal of Translation Studies, 19*(1), 105-133.

Mathers, C. (2007). *Sign language interpreters in court: Understanding best practices.* Bloomington, IN: AuthorHouse.

Morgan, S. (2001). What's my role?: A comparison of the responsibilities of interpreters, interveners, and support service providers, *Deaf-Blind Perspectives, 9*(1), 1-3.

Registry of Interpreters for the Deaf, Inc. (2010). *An Overview of K-12 Educational Interpreting.* [Standard Practice Paper]. Alexandria, VA: Author.

Registry of Interpreters for the Deaf, Inc. (2007a). *Interpreting for Individuals who are Deaf-Blind.* [Standard Practice Paper]. Alexandria, VA: Author.

Registry of Interpreters for the Deaf, Inc. (2007b). *Interpreting in Mental Health Settings.* [Standard Practice Paper]. Alexandria, VA: Author.

Resnick, S. (1990). The skill gap: Is mentoring the answer? In L. Swabie (Ed). *The Challenge of the 90's: New Standards in Interpreter Education: Proceedings of 8th National Convention of the Conference of Interpreter Trainers*, Pamona, CA: Conference of Interpreter Trainers.

Sauerburger, D. (1993). *Independence without sight or sound: Suggestions for practitioners working with deaf-blind adults*. New York, NY: AFB Press.

Schick, B., Williams, K., & Kupermintz, H. (2006). Look who's being left behind: Educational interpreters and access to education for deaf and hard-of-hearing students. *Journal of Deaf Studies and Deaf Education, 11*(1), 3-20.

Schulenberg, J. L., & Warren, D. M. (2009). Content and adequacy of specialized police training to handle youth-related incidents. *International Criminal Justice Review, 19*(4), 456-477.

Smith, T. B. (1994). *Guidelines: Practical tips for working and socializing with deaf-blind people*. Burtonsville, MD: Sign Media.

The National Task Force on Deaf-Blind Interpreting (February, 2008). Deaf-blind interpreting: Many paths on the road, *VIEWS,* 7, 12-13.

Witter-Merithew, A. (2010). *Conceptualizing a framework for specialization in ASL-English Interpreting: A report of project findings and recommendations*. Retrieved from http://www.nciec.org/projects/docs/Legal-ConceptFrameworkSpecialization.pdf

Witter-Merithew, A., & Nicodemus, B. (2011). Toward the intentional development of interpreter specialization: An examination of two case studies. *Journal of Interpretation*, 55-76.