

## **Conceptualizing a Framework for Specialization in ASL-English Interpretation: Implications for Interpreter Education**

Anna Witter-Merithew  
*MARIE Center*  
*University of Northern Colorado—DO IT Center*

Brenda Nicodemus  
*Laboratory for Language and Cognitive Neuroscience*  
*San Diego State University*

### **Abstract**

This paper reports on a project that had as its goal the development of a conceptual framework for specialization in the field of ASL-English interpreting. Led by the Mid-America Regional Interpreter Education Center (MARIE), a group of interpreting and interpreter education experts from the United States and Canada worked collaboratively to formalize the propositions that underlie specialization. The resulting framework emerged from a review of the literature on specialization across a variety of disciplines, exploration of assumptions about specialization held by experts and/or expressed in the literature, and definition of principles that can guide the process of specialization within the fields of interpreting and interpreter education. This paper discusses various aspects of specialization as a general phenomenon of professions, as well as implications specific to interpreting practice. The conceptual framework is offered as a possible means to conduct a thoughtful and orderly development of specialization within the interpreting profession at large.

## **Introduction**

Specialist competence in interpreting has been a topic of exploration by various workgroups within the National Consortium of Interpreter Education Centers (NCIEC) during the 2005-2010 funding cycle. The exploration focused primarily on defining competencies of specialist practitioners and/or documenting best and effective practice in specialized settings such as legal, medical/healthcare, and substance abuse/mental health. One of the NCIEC regional collaborators, the MARIE Center,<sup>1</sup> leads the initiative on interpreting in the legal and judicial setting. This project on specialization grew out of the need for a broader conceptual framework from which to consider specializations within the judicial setting, as well as other specific settings. The complete project report is available under the Legal Interpreting Workgroup project link at <http://www.nciec.org/>.

A factor contributing to the exploration of specialization is the recognition that the expectations for what constitutes competent practice continue to be raised (Witter-Merithew & Johnson, 2005). As Deaf people gain more access and inclusion within the broader society, the range of communication events in which they participate expands both in terms of frequency and complexity. As a result, an increased demand for competent signed language interpreters is seen in a wide range of settings. The breadth and depth of subject matter being addressed in many of these settings requires greater degrees of specialized competence on the part of interpreter practitioners—a level of competence that exceeds the grasp of generalists.

The increasing complexity of the interpreting task is also impacted by continuing issues related to the education of Deaf children, fraught with challenges that ultimately impact the linguistic performance and academic maturity of school graduates. Further, the influx of Deaf immigrants and refugees into the United States continues to increase, which creates a need for individuals

---

<sup>1</sup> The Mid-America Regional Interpreter Education Center (MARIE) is a collaborative effort between the University of Arkansas at Little Rock, and the University of Northern Colorado in Denver. Funded by a grant from the U. S. Department of Education, Rehabilitation Services Administration (RSA) for 2005 - 2010, the MARIE Center serves as an interpreter educational center for eleven states: Arkansas, Colorado, Louisiana, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah and Wyoming.

who can manage the complex linguistic, cultural, and social challenges faced by these populations.

Specialization is also the natural result of a profession's growth in stature. The assumption is that because professions are ever changing in the face of new knowledge and technology, specialization offers the opportunity to gain the highest levels of competence possible in a specific area of practice. As they mature as professionals, practitioners come to realize that they cannot be highly skilled in all potential areas of practice or their patterns of work and interests naturally align with certain settings. Therefore, they tend to find one or two areas where they narrow their practice in an effort to gain greater competence.

Specialization develops for a number of reasons, driven not only by consumers and practitioners, but also by legislative mandates and shifting economic resources. At its heart, however, protection of the public and identification of colleagues with the proficiency to serve specific consumer needs in areas beyond the reach of generalist competence is what specialization is all about (Cheatham & Chivers, 2001; Lewis, 1989; MacDonald, 2002).

### **Defining Specialist and Specialization**

A *specialist* is defined as a practitioner who through advanced training, acquisition of specialized skills and knowledge, and experience distinguishes her/himself as being uniquely qualified for the specialized work. *Specialization* is the intentional narrowing of practice requiring didactic and experiential preparation that provides the basis for competent service delivery with respect to distinctive patterns of practice in essential domains (Council of Credentialing Organizations in Professional Psychology, 2008). The definition of the essential domains/competencies and distinctive patterns of practice are what the NCIEC workgroups have been defining during the 2005-2010 funding cycle<sup>2</sup>.

Typically, specialists narrow practice towards the goal of working exclusively or semi-exclusively in 1) a particular setting, 2) with a specific population, or 3) within a unique function. *Setting* refers to the time, place and circumstance in which interpreting takes place and

---

<sup>2</sup> The work products of these efforts are available under the various project links at <http://www.nciec.org/>.

## *Conceptualizing a Framework for Specialization*

all the context that surrounds it including the backgrounds and characteristics of the consumers—a classroom, medical, or legal setting each involve a unique set of factors and considerations that impact the patterns of practice of interpreters. Certainly all involve unique systems/setting knowledge, subject matter knowledge, specialized terminology, and discourse patterns, among other factors. Interpreter educators have traditionally designed specialist training into their curricula around the notion of setting by offering courses with course titles such as Medical Interpreting, and Legal Interpreting, among others.

A specific population also serves as a designation for specialization. For our purposes, a *population* is a group of people who share common experiences, needs, traits, or goals. Examples of populations served by interpreting practitioners include inter alia Deaf-Blind individuals, senior citizens, and gay/lesbian/transgendered groups. Knowledge of the concerns, in-group jargon, acronyms, value systems, and other considerations comprise specialized knowledge for working within these populations.

A third force driving specialty practice is that of function. *Function*, in this context, refers to a unique action, task or role that an interpreter performs within the broader framework of interpreting. Examples of unique functions fulfilled by interpreting practitioners include using technology for transmission of interpreting as occurs when doing VRI or VRS interpreting, functioning as the table or monitoring interpreting in a court proceedings, serving as an escort interpreter during socio-cultural or political events, or working as an interpreter-tutor in a K-12 setting. Knowledge of the unique role, tasks and actions associated with the role are central to the skill and knowledge sets necessary for this classification of specialization.

It should be noted that there is a natural overlapping of boundaries within these classifications of setting, population, and function. This may be illustrated by the incorporation of Deaf interpreters into a schema of specialization classification that addresses both unique functions and populations served. Deaf interpreters are frequently used to interpret for Deaf-Blind individuals or Deaf individuals who are not fluent in American Sign Language. The work of Deaf interpreters typically involves more than one type of classification of specialization. For example, a Deaf interpreter might interpret for a foreign-born Deaf person (population) during a courtroom appearance (setting).

Similarly, the work of interpreters whose working conditions involve technology—such as Video Relay Services (VRS) or Video Remote Interpreting (VRI)—requires a broader view of classification. Interpreting via VRS and VRI doesn't satisfy the definition of a setting per se, although the use of technology for transmission does certainly create unique conditions of work. As well, interpreting via VRS and VRI does require unique patterns of practice. However, the interactions that are interpreted center around any number of topics tied to a wide range of settings. So, a framework that includes specialization around unique functions—such as operation of computer and phone equipment during the interpreting process—is more descriptive of what actually transpires within the field of ASL-English interpreting. As well, interpreters using technology may also combine more than one area of specialization—interpreting via technology (function) for medical appointments (setting) as an example.

### **Specialization as a De Jure or De Facto Process**

Although not as widely or formally structured as in other professions, specialization does exist within the interpreting profession through both de facto and de jure processes. In *de facto* processes, individuals self-designate their area of specialization. For example, a large number of working interpreters have self-identified as being specialists in settings such as performing arts, K-12 education, healthcare, mental health, and legal. Other interpreters have self-designated as specialists working with specific populations such as Deaf-Blind individuals. In de facto processes, the interpreter narrows his/her work into specialized areas either by choice or demand and has developed some degree of public recognition as a specialist in that area.

Further evidence of de facto practice is the system of specialized member sections within the Registry of Interpreters for the Deaf (RID) in which individuals only need to self-identify to join. Ideally, this self-designation occurs as a result of concentrated practice within the setting, and the development of expertise over time and through additional training and/or mentoring specific to the setting.

## *Conceptualizing a Framework for Specialization*

Specialization that occurs under *de jure* process are the result of established standards—coursework, training, or credentialing—that are recognized as legitimate by the profession. As illustration of *de jure* processes, there are interpreter education programs that offer a sequence of study in an area of specialization—two examples are St. Catherine University that offers emphasis in medical interpreting and University of Northern Colorado that offers emphasis in K-12, community, or legal interpreting. Both programs offer baccalaureate degrees. Additionally, the University of Northern Colorado offers a graduate certificate program in legal interpreting.

A further indication of a standards-oriented approach is the certification/credentialing of specialist practitioners by nationally recognized entities. For example, the Registry of Interpreters for the Deaf (RID) has been awarding the Specialist Certificate: Legal (SC: L) since 1976, with a significant revision to the test in 1991<sup>3</sup>. Eligibility for this examination requires satisfaction of multiple criteria including possession of generalist certification, specialized training and supervised work experience. A minimum of three years of established practice as a generalist is also strongly recommended.

Specialized training programs also exist for public school interpreters. For example, the University of Arizona and University of Northern Colorado both have baccalaureate level pre-service programs with a public school emphasis. As well, the University of Northern Colorado has a thirty credit hour in-service certificate program distributed over three years for public school interpreters. These programs focus on the unique and specialized knowledge and skill sets needed by interpreters in this setting.

A second nationally recognized entity conducts a formal assessment process that is used to promulgate state education agency (SEA) standards regulating the work of public school interpreters. Boys Town National Research Hospital in Omaha, Nebraska has administered the Educational Interpreter Performance Assessment (EIPA) since 1991. The EIPA approaches the work of public school interpreters as involving specialized competence—particularly relating to

---

<sup>3</sup> The establishment of the SC:L occurred in cooperation with the Center for the Administration of Justice at Wayne State University Law School who had received a grant from the Office of Deafness and Communicative Disorders, Department of Health, Education and Welfare.

child development, language acquisition, and teaching-learning processes (Schick & Williams, 2004). This assessment process is recognized in the SEA standards of approximately 40 states, as well as by the RID. However, the EIPA credentialing system doesn't require demonstration of generalist competence prior to specialized assessment, as is the case with the RID system.

### **Consequences of Specialization**

There are a number of consequences to be considered in the development of professional specialization. For example, administering a specialist credentialing system is a costly and labor-intensive process. As a result, it is important that a sufficient need and critical mass of interpreters to engage in specialized practice is evident. There is also merit in exploring more time and cost efficient ways of creating designation of specialist competence—such as completion of training, supervised induction, and portfolio assessment.

A possible negative consequence is that practitioners could make the necessary investment of time and fiscal resources to specialize only to find themselves in a market that cannot support their expertise. Clearly, in certain demographic areas specialization is not logical—there is not a sufficient population of Deaf individuals or demand to support specialized practice. This reality is not unique to interpreting—the same outcome is evidenced in other professions, particularly in rural areas. In such cases, when the need for a specialist arises, it may require that practitioners with specialized competence be brought in from another community.

The advent of Video Relay Services (VRS) provides a striking example of another real consequence associated with specialization, that is, a drop in availability of generalist practitioners in the community. The VRS industry grew rapidly, offering interpreting practitioners the chance to learn new skills applied in a new environment. The competition to capture the market as a provider of VRS services was also great and the early standard was to employ experienced/seasoned certified interpreters to boost consumer satisfaction. The result is that many seasoned certified interpreters left their community-based practice to become full or part time interpreters in the VRS industry. This continues to have challenging consequences in some communities—creating shortages in qualified personnel and the inability to fill some

## *Conceptualizing a Framework for Specialization*

assignments. In some instances, communities use the services of less qualified practitioners on assignments previously filled by certified practitioners.

Now after more than a decade of VRS provision, the dust is beginning to settle and the consequences of this unplanned and rapid growth are understood at a deeper level. The consequence of imposing a corporate model onto a publicly funded system of service delivery has yet to be studied. Further, the limitations to decision latitude imposed on interpreter practitioners by the Federal Communications Commission (FCC) and corporate policies and procedures leave interpreters feeling deeply conflicted as they continue to examine the implications of work in the VRS industry. It is only in hindsight that the field can speculate about what the outcome might have been if the profession had been in the forefront leading the effort to regulate this specialty and leading a more orderly development of the patterns of practice associated with it.

Another likely consequence of specialization is the increased cost associated with interpreting services. Typically, specialists charge more in recognition of the added investment in education, training, and certification necessary to achieve specialist standing. These increased costs can become a significant barrier to accessing the most appropriate and qualified services. Further, when factors impacting interpreting are complex and high-risk, it is common for interpreters to work in teams. As well, the potential for injury from inadequate rest breaks is a factor that contributes to the need for interpreting teams. Such patterns of practice drive the cost of services even higher, making ideal staffing configurations potentially cost-prohibitive.

However, given that one of the core values associated with interpreting is the right of Deaf and hard-of-hearing individuals to communication access it is incumbent on the field to make sure its practices do not create unreasonable obstacles to achieving this core value. Therefore, it is in the best interest of consumers, practitioners, and the publicly funded systems in which interpreters sometimes perform their work, to explore cost effective approaches to service delivery that do not sacrifice quality or integrity.



## **Preparing and Governing Specialists**

Although these and other potential negative consequences of specialization exist, it is unlikely that further specialization by practitioners will cease. Rather, we predict that the need for specialization will only flourish in coming years. As previously mentioned, specialization is a natural result of new knowledge, technology and advancement in a profession, as well as shifting demands in the marketplace. The literature emphasizes the responsibility of the professions to regulate their specialties as a means of recognizing and promoting advanced knowledge and skills and of ensuring orderly development of the field (Cesna and Mosier, 2005; Lewis, 1989; MacDonald, 2002; Sandstrom, 2007; Seago, 2006). Therefore, we argue that it is important for the fields of interpreting and interpreter education to have a conceptual framework from which to guide and facilitate the preparation and governance of specializations. Such a framework should be sensitive to the consequences that have been identified.

What follows is a two-fold conceptual framework organized around a set of assumptions and core values and guiding principles around professional specialization. It is a framework that draws on a system designed for the field of psychology to manage the orderly development of its specializations (Council of Credentialing Organizations in Professional Psychology, 2008). The first part of the framework is a set of assumptions and core values that represent a foundation upon which specialization has been and can continue to be built in the field of ASL-English interpreting. The assumptions define the beliefs and values that inform the guiding principles for specialization in the field of ASL-English interpreting. Set forth in the form of recommendations, the guiding principles are intended to advance coherence and clarity for the practice, education, recognition, and regulation of specialists and specialties in the field of ASL-English interpreting. In cooperation, these two elements form the conceptual framework that was defined through the MARIE project on specialization. These assumptions and principles are not intended to constrain further evolution of approaches to specialization, but rather to provide guidance for deliberation about such a process. In such, they are offered as a framework for interpreter educators to use as they develop and reconstitute the coursework within their programs.

## **Assumptions and Core Values Regarding Specialization**

Shedding light on the assumptions that underlie any professional practice serves as a means to re-visit the core values that are held by its practitioners. We offer these assumptions regarding specialization as a guideline for policy makers as well as a set of critical discussion points for interpreter educators. The assumptions offer a checkpoint to measure the decisions and policies that are made. At the same time, they are not static in nature, rather their ideas need to be re-visited, re-worded, and when found to represent the collective view, reified in our policies about specialization.

**Assumption 1:** Efforts to recognize and regulate specialties must be sensitive and responsive to the unique relationship between interpreters and the Deaf Community.

**Core Values:** The principles set forth in this document are for the purpose of recognizing and promoting advanced knowledge and skills of interpreting practitioners choosing to specialize and to ensure orderly development of specialized practice. The intention is to protect the interests of the Deaf Community and society from potential harm perpetuated through incompetent practice by unqualified individuals. These intentions must be carefully balanced against fiscal constraints associated with the cost of interpreting services and the potential of creating a system of service provision that further alienates interpreters from the communities they serve and/or diminishes the availability of competent generalist interpreters. To this end, specialists must remain deeply rooted in the Deaf Community and engage in on-going interaction within the community for the purpose of remaining attuned to changing needs and expectations and accessing the counsel of Deaf individuals as part of their ongoing practice (Cokely, 2005; Witter-Merithew & Johnson, 2004, 2005).

**Assumption 2:** Recognizing the globalization of interpreting, specialists are judicious in recommending staffing patterns and setting fees for service in accordance with established ethical standards.

**Core Values:** The goal of specialization is to advance knowledge and competence in the interest of the public good. Recognizing that a significant amount of the cost for

interpreting services is paid by public tax dollars, and that the unique and often ideal staffing patterns sometimes associated with specialty practice (e.g., multiple member teams) can be costly and therefore potentially prohibitive, specialists will consistently seek ways to creatively collaborate with other professionals and entities who are responsible to pay for interpreting services to ensure reasonable fees for appropriate services. The goal is balanced with the right of qualified practitioners to secure fair and equitable earnings.

**Assumption 3:** Recognition as a specialist is a voluntary decision for practitioners.

**Core Values:** The principles set forth in this document are not intended to prevent certified and licensed practitioners from practicing in areas for which they are appropriately qualified by education, training, experience and study. The public uses information about specialist recognition as a way to identify qualified practitioners. As well, colleagues use this recognition for referral, collaborative and collegial purposes.

**Assumption 4:** Generalist competence is the pre-requisite foundation for specialization.

**Core Values:** Mastery of generalist competencies, such as the Entry-to-Practice Competencies (Witter-Merithew & Johnson, 2005), provides the requisite foundation in interpreting competence necessary to support working in a range of low-risk situations not requiring specialist competence. Low-risk situations are those involving routine and predictable activities and allowing sufficient time for the parties involved to negotiate meaning and understanding as necessary. Generalist interpreters are defined by professional certification, continuing education, adherence to a Code of Professional Conduct (CPC), and the minimum of a bachelor degree in interpreting and/or a related field. Alternative pathways for recognizing academic equivalence may be necessary when considering the readiness of long-established generalists who seek specialist designation.

**Assumption 5:** Established generalist practice is a pre-requisite for specialization.

**Core Values:** A well-rounded base of practical work experience takes approximately 3-5 years of fulltime work experience to accumulate. This is considered a sufficient amount

## *Conceptualizing a Framework for Specialization*

of tenure to gain experience in a broad range of low-risk settings with a broad range of consumers and to develop a foundation of judgment upon which to recognize unique and complex demands requiring specialized competence.

**Assumption 6:** A period of supervised work experience is an essential aspect of induction into specialty practice.

**Core Values:** A period practice that is supervised by an experienced and recognized specialist is a long-standing element of specialization in the professions. This period allows for engagement in regular observation-supervision discussion that deepens critical thinking and reflection, enhancing the discretion necessary to work autonomously in specialized settings (Cesna & Mosier, 2005; Cheetham & Chivers, 2001; Lewis, 1989; MacDonald, 2002). It also fosters collegial collaboration, which is central to effective and sustained specialized practice. It is recommended that this period of supervision continue for at least one year after completion of training and entry into specialized practice.

**Assumption 7:** Specialists regularly engage in collegial exchange and conversation with colleagues and peers for the purpose of ongoing performance reflection and evaluation.

**Core Values:** Reflective practice, peer review, self-awareness, and assessment are the cornerstones to advancing ethical practice (Stewart & Witter-Merithew, 2006). Mature practitioners actively seek feedback and interaction with peers and colleagues so their practices and actions are informed by the wisdom, insight and experiences. These practices are considered routine to specialists (Cesna & Mosier, 2005; Cheetham & Chivers, 2001; Lewis, 1989; MacDonald, 2002).

**Assumption 8:** Specialists sometimes work in teams—one member of which may be Deaf.

**Core Values:** In some situations, due to combination of factors that increase the complexity of an interpreted interaction, there is a need for more than one interpreter. Certified Deaf Interpreters (CDIs) are central and essential to the effectiveness of many interpreting teams, particularly when the linguistic and cultural demands require the competence of a native ASL user or specialist in the use of visual-gestural patterns of

communication. The distinctive patterns of practice utilized by CDIs often exceed the competence of non-Deaf interpreters—even those with specialized knowledge and skills. The formative experiences of Deaf interpreters in using language with a wide range of Deaf and non-Deaf individuals, over long periods of time, and across many settings, provide them with unique formative experiences and foundation of competence to contribute to interpreting teams (Stewart, Witter-Merithew & Cobb, 2009).

It should be noted that there might be appropriate alternatives to a team of interpreters in some situations. For example, in the area of healthcare in Minnesota, Deaf individuals are gaining training and becoming Certified Healthcare Workers. In this capacity, these Deaf individuals can engage in advocacy and education, while working as members of the healthcare system. Typically, these individuals also possess distinctive patterns of communication that enable them to communicate directly with a wide range of Deaf and non-Deaf individuals to ensure interpreted information is being received and understood. When such non-interpreting specialists are available, it can result in a more effective and cost efficient approach to addressing unique communication demands.

**Assumption 9:** Specialists contribute to the body of knowledge about the specialty via research, writing, presenting, and participating in professional organization work.

**Core Values:** Specialists are mature practitioners with advanced education, significant formative experiences, and established careers (Kasher, 2005). They are leaders in the practice of interpreting. They are committed to advancement of the profession of interpreting and their specialization and to this end will engage in scholarly contribution and leadership to the field. This includes, but is not limited to, participation in communities of inquiry where scholarly reflection on patterns of practice occurs, participation in field-based research, presentation of scholarly work at peer attended conferences, publication of scholarly work in peer reviewed journals, and service to the field through leadership roles on committees and boards of practitioner and/or educator organizations (Witter-Merithew & Johnson, 2004; 2005).

With these assumptions as the foundation, the next section will detail a series of guiding principles to apply in creating systems for training, regulating, and credentialing specialist

practitioners. Essentially, the principles are organized around four themes: 1) principles that guide application for specialty designation, 2) principles that guide the entities that seek to regulate specialty practice, 3) principles that guide training institutions as they prepare specialist practitioners, and 4) principles that guide entities that credential and/or certify specialist practitioners. Although efforts have been made to anticipate each of the key elements associated with a framework for training, regulation, and certification of specialists, it is likely that certain elements are missing and will benefit from contribution of a wider audience of stakeholders.

## **Guiding Principles for Specialization**

### **Principles related to practitioners seeking specialty designation**

**Core Principle 1:** Formally organized groups of practitioners seeking recognition of a specialty by the fields of interpreting and interpreter education provide documented need and evidence of a critical mass of interested practitioners to make specialization feasible and sustainable.

**Commentary:** Although a wide range of unique specializations in the area of interpreting may exist, there may not be a sufficient need or practitioner base to warrant formal recognition of all specialties. For example, there are several Deaf individuals who are chiropractors and hire interpreters to work within their practice. However, the number of Deaf chiropractors and the number of interpreters working in this specialized setting is small and does not constitute a sufficient mass as to require the establishment of formal training and education programs or systems of credentialing. In such cases, acquisition of competence likely comes through work experience, supervision/mentoring and individual study, including taking related courses from within the larger specialty discipline. In documenting need, the frequency of request for interpreting services in the setting should be sufficient to sustain regular and on-going employment of practitioners over the course of a career and the potential for earning a significant portion of their livelihood (at least 25%) so as to warrant the additional training and credentialing associated with specialized practice. Need also has been demonstrated through needs assessments—such as those already administered by the NCIEC and available at <http://www.nciec.org> or through other consumer and practitioner surveys.

**Core Principle 2:** Formally organized groups of practitioners seeking recognition of a specialty by the fields of interpreting and interpreter education recommend a mechanism to facilitate the coordination of credentialing, educational policy development, continued recognition of their specialties on a continuing basis, and address fiscal issues arising from such a mechanism.

**Commentary:** Member Sections of the Registry of Interpreters for the Deaf or other similarly organized groups of practitioners may be the most likely group of specialist practitioners to initiate proposals. Within an organized group there should exist the leadership necessary to secure support and assistance from various stakeholders in the application process—such as professionals within the system for which interpreters seek specialized designation (e.g., medical, mental health, legal, or school personnel), as well as Deaf consumers. A template defining the elements of a model proposal can be developed and serve as a tool for guiding the development process.

**Core Principle 3:** At the time of their application for recognition of a specialty, the group of practitioners seeking designation submits a transition plan for credentialing of practitioners currently working in the specialty, but who entered practice before the development of current prescribed education and training sequence in that specialty.

**Commentary:** To the greatest extent possible, all practitioners seeking specialty recognition should conform to the prescribed standards. When the breadth and depth of experience, expertise and practice of a practitioner or group of practitioners warrant and can be validated, then a ‘grandfathering’ clause is defined and these individuals participate in the established continuing education system for that specialty classification.

### **Principles related to regulating specialists**

**Core Principle 4:** Each specialty has its own review board or administrative structure that is responsible for defining and reviewing its specialty-specific guidelines for education and training programs, supervised experience requirements and continuing professional development beyond mastery of functional and specialty-distinctive competencies.

## *Conceptualizing a Framework for Specialization*

**Commentary:** The specialty review board/administrative structure identifies and modifies the education and supervised training experiences that are necessary for the preparation, practice, and continuing professional development of its specialists. The education and training guidelines will be validated consensually by specialists, educators, trainers and credentialing bodies in the specialty and informed by Deaf Community members and other relevant stakeholders (e.g., students). Existing entities, such as the Member Sections of the Registry of Interpreters for the Deaf or the Commission on Collegiate Interpreter Education (CCIE) may serve as a catalyst for the formation of review boards/administrative structures.

**Core Principle 5:** Recognized and established experts in distinct areas of specialization will promulgate the functional and specialty-distinctive competencies for their area of expertise, as well as the specific requirements associated with demonstration of mastery for specialty designation.

**Commentary:** Interpreting experts with specialized competence in a given area, as well as other system-based professionals and Deaf consumers with expertise in a given area, will define the skills, knowledge, attitudes, attributes and values that must be demonstrated by interpreting practitioners seeking designation as specialists in that area. As well, in recognition of a range of possible approaches to credentialing—such as certification or portfolio assessment—the experts from within that area of specialization will define the specifications for demonstration of mastery of competencies.

**Core Principle 6:** In defining standards and patterns of practice for a specialty, each review board or administrative structure will rely on evidenced-based effective and best practices, advances in technology, and demographic and social research in its mission to protect the interests of consumers.

**Commentary:** Standards require timely and thoughtful responsiveness to the evolving marketplace of interpreting. As well, scope of practice clarity and congruence with the changing/expanding needs of the Deaf Community and specialized settings are essential.



## **Principles related to the training of specialists**

**Core Principle 7:** Specialty preparation extends beyond foundational preparation and the competency required of all generalist interpreter practitioners. It includes functional and specialty-distinctive competencies unique to the specialty (Council of Credentialing Organizations in Professional Psychology, 2008). The scholarship and formative experiences of experts that is foundational to the specialty includes theoretical foundations and descriptions of specialty-relevant patterns of practice, and is based on effective and best practices.

**Commentary:** The specialty knowledge base must be distinguishable from that which characterizes the technical and professional foundations of generalist interpreting (Cesna & Mosier, 2005; Cheetham & Chivers, 2001; Lewis, 1989). And while there may be overlap between recognized specialties in some elements of practice—such as the ability of specialists to engage in research, provide leadership and consultation—each specialty demonstrates distinct patterns of practice.

**Core Principle 8:** The functional and specialty-distinctive competencies of any specialty are acquired in an organized and integrated program (Kasher, 2005). They are built upon and integrated with the foundational competencies of generalist practitioners and are acquired through graduate level certificate or degree programs.

**Commentary:** Competencies for specialization should be acquired as an integrated set of knowledge, skills, attitudes, attributes and values (Cesna & Mosier, 2005; Cheetham & Chivers, 2001; Lewis, 1989). An appropriate scope and sequence of learning will be defined at a graduate level and implementation managed within a formal academic structure. Currency in the specialization can be maintained through continuing education programs, but mastery of the functional and specialty-distinctive competencies should be acquired through an integrated, competency-based approach to teaching and learning—pre-service versus in-service (Council of Credentialing Organizations in Professional Psychology, 2008).

## *Conceptualizing a Framework for Specialization*

**Core Principle 9:** Education and training requirements are reviewed periodically to assess their continuing effectiveness and relevance.

**Commentary:** New knowledge, scholarship, and technology continue to advance specialized practice of interpreters. A systematic process of review is essential for maintaining the most current and cutting edge curriculum and standards of practice. The review process should be defined by the review board/administrative structure for the specialty.

**Core Principle 10:** Professional education and training programs that prepare specialist interpreter practitioners seek accreditation for the benefit of their students and quality assurance for the public.

**Commentary:** Relevant accrediting bodies like the Commission on Collegiate Interpreter Education (CCIE) support the development and implementation of accreditation of interpreter education programs and can be encouraged to establish appropriate standards that pertain to the preparation of specialist practitioners.

### **Principles related to credentialing of specialists**

**Core Principle 11:** Entities assuming authority and responsibility for credentialing specialty practice of interpreters implement systems that include an appropriate application with specified standards for education, training, verification of the same, professional peer review, recommendation by members of the professional and Deaf Communities, and a valid and reliable system of assessment/examination.

**Commentary:** This principle is consistent with the history of the ASL-English interpreting profession, including early requirements for Deaf Community recommendation and more recent academic requirements. Further, one way to ensure practitioner collaboration within the profession and Deaf Community is to have peers and Deaf consumers provide recommendation of the practitioner for specialization designation.

**Core Principle 12:** Entities assuming authority and responsibility for credentialing specialty practice of interpreters have a clearly established system of dispute resolution that can be readily accessed by consumers and peers, and includes all necessary due process elements so as to protect the interest of practitioners from false accusation.

**Commentary:** This entity holds practitioners accountable for conduct based on ethical, legal, and professional standards and publishes infractions and associated discipline for the benefit of the field, consumers and society (Council of Credentialing Organizations in Professional Psychology, 2008).

**Core Principle 13:** Entities assuming authority and responsibility for credentialing specialty practice of interpreters are members of a multi-specialty oversight and coordinating organization that facilitates common procedural standards.

**Commentary:** Cross collaboration and coordination of credentialing entities is important for the efficient use of resources, avoiding duplication of efforts, sharing information and to ensure orderly development of the field (Council of Credentialing Organizations in Professional Psychology, 2008). Further, credentialing and regulatory activities may impact other communities. Therefore, this body consults with education and training, practice and other groups as needed to fulfill its mission.

**Core Principle 14:** Interpreter practitioners intending to practice in one or more area(s) of specialization seek to obtain appropriate recognition of their competence to practice.

**Commentary:** It serves the profession and the public interest for interpreters to seek voluntary credentials in ways that accurately reflect their areas of specialty practice. In some instances this may involve compliance with state laws relating to scope of practice and/or licensure.

## **Conclusion**

Specialization in ASL-English interpreting currently exists and has been the subject of growing inquiry. To date, specialization has occurred through both informal (de facto) and formal (de

jure) processes, including the creation of special interest groups, advanced/specialized education programs, and certification. But specialization is not without consequence—such as shortages of generalist practitioners, increased costs of interpreting services, and self-designation by practitioners who may not possess adequate competence. The fields of interpreting and interpreter education have a responsibility to regulate their specialties as a means of recognizing and promoting advanced knowledge and skills and of ensuring orderly development of the fields. The conceptual framework offered in this article is a contribution towards fulfilling this responsibility. The translation of this framework into a practical system of governance is one of the next steps to be pursued.

### **About the Authors**

**Anna Witter-Merithew**, M.Ed., is the Assistant Director for the UNC-DO IT Center. She is responsible for the instructional programs, including a baccalaureate degree program in ASL interpreting and several specialty certificate programs. She serves as a member of the National Consortium of Interpreter Education Center's Effective Practices Team and is the Team Leader for the Legal Interpreting Workgroup. Anna earned a Master's degree in Education from Athabasca University with emphasis in instructional design and distance learning. She holds various certificates awarded by the Registry of Interpreters for the Deaf. Anna served as the lead for the MARIE project on specialization. Contact information: [anna.witter-merithew@unco.edu](mailto:anna.witter-merithew@unco.edu).

**Brenda Nicodemus**, PhD, is a Research Scientist at the Laboratory for Language and Cognitive Neuroscience at San Diego State University where she studies the cognitive processes of signed language interpreters. She has worked professionally as an interpreter since 1989 and holds the certifications (CI, CT, NIC-A) from the Registry of Interpreters for the Deaf. Brenda has taught interpreting at various postsecondary institutions and her publications include *Prosodic Markers and Utterance Boundaries in American Sign Language Interpreting* (Gallaudet University Press, 2009). Contact information: [bnicodemus@projects.sdsu.edu](mailto:bnicodemus@projects.sdsu.edu).

## **Acknowledgements**

There are many individuals to thank for their significant contributions to the project on specialization. First, sincere appreciation and gratitude is extended to Drs. Linda Stauffer and Leilani Johnson, administrators for the Mid-America Regional Interpreter Education Center (MARIE) who both provided administrative leadership and funding for this project. MARIE is one of the six centers that comprise the National Consortium of Interpreter Education Centers (NCIEC).

Gratitude is also extended to the experts involved in the Think Tank on Specialization—Dr. Steven Collins, Washington, DC, Ms. Eileen Forestal, Camden, NJ, Ms. Sharon Neumann Solow, Pebble Beach, CA, Dr. Brenda Nicodemus, San Diego, CA, Dr. Marty Taylor, Edmonton, Alberta, and Mr. Kevin Williams, Rochester, NY. Their contributions to the conceptualization of a framework for specialization were central to moving this project forward. Sincere appreciation and gratitude is also extended to all the other Directors who make up the NCIEC and administer one of the remaining five (5) Centers—Ms. Pauline Annarino (WRIEC), Ms. Cathy Cogen (NURIEC), Ms. Bev Hollrah (GURIEC), Dr. Laurie Swabey (CATIE Center) and Dr. Betsy Winston (NIEC)—each of whom guided various workgroup efforts involving definition of specialist practices and competencies associated with different settings, populations served, and/or unique factors impacting working conditions.

## References

- Cesna, M., & Mosier, K. (2005). Using a prediction paradigm to compare levels of expertise and decision making among critical care nurses. In H. Montgomery, R. Lipshitz, & B. Brehmer (Eds.), *How professionals make decisions* (pp.107-117). Boca Raton, FL: CRC Press.
- Cheetham, G., & Chivers, G. (2001). How professionals learn – The practice! What the empirical research found. *Journal of European Industrial Training*, 25(5), 270-292.
- Cokely, D. (2005). Shifting positionality: A critical examination of the turning point in the relationship of interpreters and the Deaf community. In M. Marschark, R. Peterson, and E. Winston (Eds.), *Sign language interpreting and interpreter education: Directions for research and practice* (pp. 3-28). New York, NY: Oxford University Press.
- Council of Credentialing Organizations in Professional Psychology. (2008). *A conceptual framework for specialization in the health service domain of professional psychology*. National Register for Health Service Providers in Psychology. Available at: <http://www.nationalregister.org/CCOPP.pdf>. (Accessed 3 March 2010).
- Kasher, A. (2005). Professional ethics and collective professional autonomy: A conceptual analysis. *Journal of European Ethics Network*, 11(1), 67-98.
- Lewis, E. (1989). Specialization: Have we reached true professional maturity? *Accounting Horizons*, 3(4), 11-23.
- MacDonald, C. (2002). Nursing autonomy as relational. *Nursing Ethics*, 9(194), 194-201.
- Sandstrom, R. (2007). The meanings of autonomy for physical therapy. *Physical Therapy*, 87(1), 98-110.
- Schick, B. and Williams, K. (2004). The educational interpreter performance assessment: Current structure and practices. In E.A. Winston (Ed.), *Educational interpreting: How it can succeed* (pp. 186-205). Washington, DC: Gallaudet University Press.
- Seago, J. A. (2006). Autonomy: A realistic goal for the practice of hospital nursing? *Revista Aquichan*, 6(1)6, 92-103.
- Stewart, K., & Witter-Merithew, A. (2006). *The dimensions of ethical decision-making: A guided exploration for interpreters*. Burtonsville, MD: Sign Media, Inc.
- Stewart, K., Witter-Merithew, A., & Cobb, M. (2009). Best practices: American Sign Language and English interpretation within legal settings. (Unpublished report): National Consortium of Interpreter Education Centers (NCIEC). Available at: <http://www.nciec.org/>.

- Witter-Merithew, A., & Johnson, L. (2004). Market disorder within the field of sign language interpreting: Professionalization implications. *Journal of Interpretation*, 19-56.
- Witter-Merithew, A. & Johnson, L. (2005). *Toward competent practice: Conversations with stakeholders*. Alexandria, VA: RID Publications.