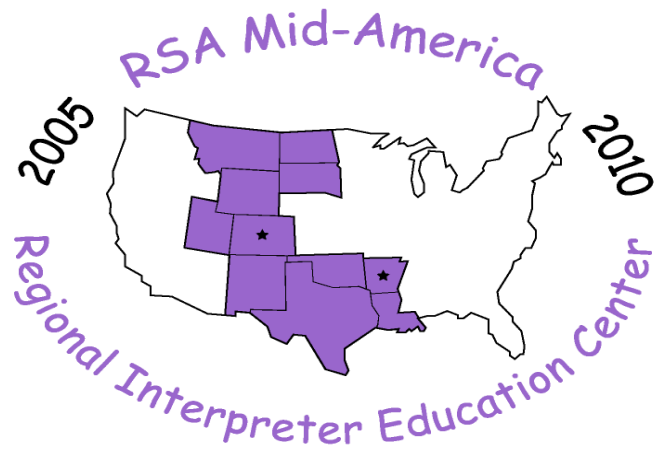


2010



Conceptualizing a Framework for Specialization in ASL-English Interpreting: A Report of Project Findings and Recommendations

Anna Witter-Merithew, M.Ed., Project Leader and Author
On behalf of Mid-America Regional Interpreter Education Center (MARIE)

Product of the MARIE CENTER—a collaboration of the University of Arkansas-Little Rock and the University of Northern Colorado DO IT Center

March, 2010



Official Publication of the Mid-America Regional Interpreter Education Center (MARIE) which is a collaboration between the University of Arkansas-Little Rock and the University of Northern Colorado-DO IT Center. MARIE is funded from 2005 – 2010 by the U.S. Department of Education, Rehabilitation Services Administration CFDA #84.160A and B, Training of Interpreters for Individuals Who Are Deaf and Individuals Who Are Deaf- Blind #H160A050006. MARIE is a member of the National Consortium of Interpreter Education Centers.

This work is the intellectual product of the MARIE Center and will be synthesized with other work of the MARIE Center staff related to a framework for specialization. Permission is granted to copy the materials enclosed herein, provided that MARIE is credited as the source and referenced appropriately on any such copies.

Table of Contents

Project Background.....	4
Part 1: Introduction	9
Self-Designation versus Standards-Oriented Approaches	10
Application to ASL-English Interpreters.....	11
Classifying Specialization.....	13
Driving Forces of Specialization.....	14
The Downside of Specialization.....	15
Specialists and Autonomous Practice.....	17
Articulating a Framework.....	20
Part 2: Assumptions Underlying Core Principles of Specialization.....	22
Part 3: Core Principles of Specialization	24
Part 4: Regulating and Credentialing of Specialization.....	28
Part 5: Next Steps.....	30
References.....	32
Appendix A: Expert Profiles.	34
Appendix B: Annotated Bibliography.....	37
Appendix C: Terms and Definitions.....	43
Appendix D: Interpreting in the Public School Setting Case Study	48
Appendix E: Interpreting in the Legal Setting Case Study.....	59

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Background

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 has focused primarily on defining competencies of specialist practitioners and/or documenting best and effective practice in specialized settings such as legal, medical/health care, and substance abuse/mental health. A factor contributing to this exploration 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. An increased demand for competent sign 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.

The increasing complexity of the interpreting task is further impacted by continuing issues related to the education of Deaf children, an endeavor fraught with challenges that ultimately impact the linguistic performance and academic success of school graduates. Also, the influx of foreign-born Deaf people to the United States continues to increase and result in additional and complex linguistic and social challenges. As a result of educational, social and linguistic deficits and/or deprivation, some Deaf individuals in the United States are semi-lingual or a-lingual and require the use of visual-gestural communication that relies on non-standard signs and gestures as a method of communicating. The competence necessary to communicate in this manner typically exceeds the competence of interpreting practitioners and results in the need to work in collaboration with a Deaf interpreter/Deaf communication specialist (Mathers & Witter-Merithew, 2008). These factors, among others, have significant implications for the work of sign language interpreters and are leading to changes in the scope of practice, often signaling the demand for specialized competence.

To date, workgroups within the National Consortium of Interpreter Education Centers (NCIEC) have defined competencies for interpreters specializing in healthcare, substance abuse and legal interpreting.¹ The NCIEC has also defined competencies associated with interpreting via technology and with the practice of Deaf Interpreters.² All of these competency documents currently combine some degree of generalist and specialist competence together and incorporate competencies that are common to all practitioners regardless of setting, hearing status or other unique considerations. There can be several reasons for this overlap. For example, it may reflect our continuing concerns that adequate mastery of generalist competence in the field-at-large is still lacking—a significant number of individuals still work as

¹ Examples of the NCIEC competency documents can be found on the NCIEC website at <http://www.nciec.org/> under the Projects tab that lead to specific workgroup products.

² The term Deaf Interpreter is used to refer to an individual who is Deaf and viewed as a specialist who possesses unique mastery of ASL and use of visual-gestural language features that enables her or him to be able to work effectively in settings where communication issues are complex and/or high risk. Most of the work of Deaf interpreters is done in collaboration with interpreters who can hear and are engaged in assignments where a communication specialist is required to provide effective and accessible interpreting service.

interpreters without having met minimum standards established by the profession (Witter-Merithew & Johnson, 2004). It is difficult to advance specialist competence when many generalist practitioners still have gaps in their foundational skills. The fields of interpreting and interpreter education may be reluctant to assume there is agreement about what constitutes generalist competence and therefore perceive the need to define these competencies as part of a discussion about specialization. As well, the overlap underscores the prevailing assumption that the route to specialization requires a strong foundation in generalist practice.

In an effort to support the efforts of these various workgroups, the NCIEC Effective Practices Team (EPT) conducted a cross-reference of the existing competency documents. This effort attempts to distinguish between the level of competence interpreters should possess regardless of setting, and competence that appears to be of a specialized nature. The EPT explored framing specialist competence within a broader model of professional maturity. To this end, a rubric³ has been drafted that defines performance standards that progress from basic to expert degrees across a set of domains that can be applied regardless of the setting. These domains surfaced from the various competency documents as domains unique to specialist practice. In particular, the EPT determined that specialized practitioners have in common the need for in-depth knowledge of the system/setting in which interpreting takes place, the discourse and procedural knowledge associated with the setting, and advanced interpreting performance. Additionally, interpreters in specialized settings need advanced skills in assessment, consultation, collaboration and research. The contribution of this rubric to advancing an understanding of specialization is in the process of being assessed.

All of these efforts within NCIEC are an important contribution to defining the ideal standards associated with specialized practice. What is lacking is an overall conceptual framework from which to view specialist practice within the field of ASL-English interpreting. And, it is this lack of a broader conceptual framework that led to a project of the MARIE Center related to further examination of specialization within professions and the implications for ASL-English interpreting.

Project Goal and Audience

The goal of the project is to conceptualize a framework for specialization as a means of recognizing and promoting advanced knowledge and skills and to ensure orderly development of specialization within the fields of interpreting and interpreter education, as emphasized in the literature (Sandstrom, 2007; Seago, 2006; Cesna and Mosier, 2005; MacDonald, 2002; Lewis, 1989). Without an orderly development of specialization and the ability of specialists to capture the unique patterns of practice that define specialization in interpreting, it is difficult and perhaps impossible to protect the interests of consumers who rely on the services of interpreters with specialized competence. Further, it is not possible to advance the knowledge, practice and standing of practitioners seeking and/or possessing specialist competence. This can lead to a further deepening of market disorder within interpreting and interpreter education (Witter-Merithew & Johnson, 2004). Market disorder exists when a profession has difficulty securing or maintaining control over the variables that impact quality service delivery. This includes lack of standards that determine who is qualified to perform the professional work, how professionals

³ NCIEC Effective Practices Team (EPT) Maturity Rubric identifies four (4) common domains associated with specialization across settings: System Knowledge, Dispositions and Reflective Practice, Planning and Task Management Functions, and Interpreting Performance.

are trained, , lack of systematic induction into the field or minimum standards for entry-to-practice, and instability in managing working conditions..

The intended audience for this report are leaders, program developers and policy-makers in the fields of interpreting and interpreter education who have the vision, scope of influence and commitment necessary to continue the advancement of knowledge and practice of ASL-English interpreting—particularly as it relates to interpreting in specialized settings, with specialized populations or within unique functions. This includes, but is not limited to the leadership personnel associated with the National Consortium of Interpreter Education Centers (NCIEC), Conference of Interpreter Trainers (CIT), Commission on Collegiate Interpreter Education (CCIE), Mano-O-Mano, National Alliance of Black Interpreters (NAOBI), National Association of Judicial Interpreters and Translators (NAJIT) and Registry of Interpreters for the Deaf (RID). As well, the collaboration with leadership within key consumer organizations like the American Association of the Deaf-Blind (AADB), National Association of the Deaf (NAD) and National Deaf Black Advocates (NDBA) is central to the furthering of the ideals, values and recommendations within this report. It is assumed readers are familiar with contemporary literature in the field of interpreting and interpreter education and/or will benefit from exploration of the work of authors referenced in this document through citation or footnote.

Organization of the Report

This report is organized into five (5) parts and a set of four (4) appendices. Part 1: Introduction provides an overview of specialization in the professions resulting from a review of relevant literature, and the implications of the findings for sign language interpreters. An important element of the introduction is the discussion of relational autonomy and how it impacts decision latitude and standing of interpreting practitioners in specialized settings. Part 2: Assumptions and Core Values attempts to articulate the prevailing assumptions held by experts in the fields of interpreting and interpreter education related to specialization within sign language interpreting. Each assumption is influenced by core values that are evident in the field through the existing scholarship, codes of professional conduct and standard practice documents. The assumptions are the foundation upon which Part 3: Guiding Principles is built. The guiding principles are organized around four (4) main themes—principles for seeking specialty designation, principles for regulating specialties, principles for teaching specialists and principles for credentialing specialists. Where the assumptions address what we believe about specialization and why (our starting place), the guiding principles inform how an orderly development of specialization in the field of sign language interpreting can occur. The guiding principles address elements associated with administrative processes and procedures. Some of these processes and procedures are already in place for generalist practitioners and can be expanded upon to address specialization. Part 4: A Model of Regulation and Credentialing of Specialties proposes that a Council of Specialties be established and offers further delineation of the roles and functions associated with administrative management of specialties. The final section, Part 5: Next Steps delineates a number of proposed activities that can advance an orderly development of specialization. Some of the activities are specific to the National Consortium of Interpreter Education Centers workteams, while others involve collaboration with other stakeholders. These five parts represent the main document.

In addition to the main document, there is a set of four (4) appendices. The appendices include expert profiles, an annotated bibliography of the key literature reviewed as part of the project, a list of terms and definitions arising as a part of this project, and two case studies. The case

studies provide the historical context for specialization as it has occurred to date in two areas of specialized practice—interpreting in the K-12 setting and interpreting in the legal setting⁴.

Project Products

Several of the products of this project, contained within this report, can stand alone and be used for a variety of purposes. For example, the two case studies offer a template for discussing the evolution of specialized practice and demonstrate the intertwining of federal legislation and funding on the development of specialized training and certification programs. There are lessons to learn from this type of historic reflection and the template used can be duplicated for other areas of specialization as well—such as interpreting in the medical or mental health setting. The terms and definitions are intended for use in understanding the concepts introduced and discussed within this report. However, they can contribute to and be synthesized with the growing body of terminology specific to the field of sign language interpreting in an effort to promote more standardized meaning for the jargon we use. The annotated bibliography can serve as a foundation by others wanting to explore specialization in more detail and can be added to as additional relevant literature is identified. Part 2: Assumptions and Core Values, Part 3: Guiding Principles and Part 4: A Model of Regulation and Credentialing of Specialties are designed to work in concert—together forming the conceptual framework for specialization. However, for the purpose of reporting the results of this project to-date, and in an effort to stimulate a broader base of discussion about the topic of specialization, all the products are included herein as a single document.

Acknowledgements

There are many individuals to thank for their significant contributions to this project. 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).

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.

Gratitude is also extended to the experts involved in the Think Tank on Specialization: Dr. Steven Collins, Washington, D.C., Ms. Eileen Forestal, Camden, N.J., Ms. Sharon Neuman 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 products herein were central to moving this project forward. A profile of each of the experts can be found in Appendix A of this report.

⁴ A comprehensive case analysis of the work of Deaf interpreters in the legal setting has also been prepared as part of the products of the NCIEC Legal Interpreting workgroup and is available at the NCIEC website under the Legal Interpreting workgroup link.

Simultaneously while this project was being developed and implemented, the project leader served as a member of the NCIEC Effective Practices Team (EPT), led by Dr. Betsy Winston and Mr. Kirk Vandersall and including Dr. Dennis Cokely, Dr. Cheryl Johnson, Dr. Rico Peterson and Dr. Laurie Swabey as members. Specialization is one of the topics being addressed by the EPT, particularly as it relates to the articulation of specialized competencies by various workgroups. The rich discussions that ensued during meetings of the EPT were extremely beneficial in clarifying the direction and goals of this project. Many thanks are extended to the members of the EPT for the opportunity to participate in and contribute to the professional dialogue.

And last, but certainly not least, this report was reviewed by several valued colleagues and experts in the field of sign language interpreting. Sincere appreciation is extended to Dr. Leilani Johnson, Dr. Debra Russell, Dr. Laurie Swabey, Dr. Betsy Winston, Ms. Margaret Cobb, Ms. Carla Mathers, and Ms. Kellie Stewart. Their insights, edits and suggestions were very helpful in organizing, framing and completing the report.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Part 1: Introduction

As a profession grows in stature, the phenomenon known as specialization seems to take hold. 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 (Kasher, 2005). The definition of the essential domains and distinctive patterns of practice are what the NCIEC workgroups have been defining during the 2005-2010 funding cycle. Typically, specialists narrow practice towards the goal of working exclusively or semi-exclusively in a specific setting, with a specific population, or within a unique function. This view of specialization is intended to be sufficiently broad as to recognize the range of unique patterns of practice that currently exist in the field of ASL-English interpreting. Further, 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.

Given the importance of expertise to professions, it naturally follows that one of the most fundamental attributes of professional practice is specialization. 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. At its heart, 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 (MacDonald, 2002; Cheetham & Chivers, 2001; Lewis, 1989).

Traditionally, professions have one of two major approaches to recognizing specialists. One is self-designation and the other is the establishment of standards and the subsequent creation of some sort of system of designation or certification (Thomson-Gale, 2009; Lewis, 1989). There are advantages and disadvantages to each approach. For example, self-designation permits individuals to identify as specialists without placing administrative and financial burdens on an entity to test and certify. The disadvantages of self-designation include potential misinformation to the public since anyone could claim special skills and competence, and use such designation as a marketing strategy, without having adequate competency measured.

The advantages of a standards-oriented approach include uniform standards that guide professional practice and are known to the public, testing and verification of competence of individual practitioners, protection of the public against misrepresentation of qualifications by practitioners and uniform definitions and labels to provide consistency of information to the public and among practitioners. The primary disadvantage is the significant financial and administrative burden such systems generate.

The literature suggests that there is a growing shift towards a standards-oriented approach versus self-designation in a broad range of professions. This is primarily due to increasing complexities associated with the work of professionals and the increased liability associated with professional practice. 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 (Sandstrom, 2007; Seago, 2006; Cesna and Mosier, 2005; MacDonald, 2002; Lewis, 1989).

Examples of Self Designation versus Standards-Oriented Approaches

The legal profession in the United States offers an example of a profession that for many decades elected to use the self-designation approach—an approach that is still utilized in many states. Lawyers start out as generalists and through practice can choose to specialize in any number of areas of law through self-designation. Typically, expertise in a specialty evolves over time through the research and application of the related laws and/or through working side-by-side with attorneys who have developed specialization through practice over time.

According to the West's Encyclopedia of American Law (Lehman & Phelps, 2004), in 1979 the ABA began to recognize the two types of specialization plans that had developed in individual states: designation and certification plans. Designation plans establish basic requisites for specialist recognition, such as a minimum number of years in practice and a minimum number of continuing legal education classes, but do not review the expertise of the applicants through an examination. Under the designation plans, lawyers apply to designate themselves as specialists in a certain field, and that application has to be approved by the state. This is seen as an improvement over attorney self-designation. However, the standards are not very stringent. In contrast, certification plans require a prior review of the applicant's credentials, such as through a written examination, and also require certain minimum standards. Most certifying mechanisms require that applicants be licensed to practice law, be substantially involved in a particular area of law (such as devoting 25 percent of their practice to their specialty), and be involved in continuing legal education and peer review. In broad terms, these plans have two principal goals: first, to ensure some minimum level of competence within the organized bar; second, to increase the bar's efficiency in providing legal services to the public (Lehman & Phelps, 2004). Different approaches have been adopted by different states, including some states that still allow for attorney self-designation. However, the code of professional responsibility has very detailed guidelines on when and how an attorney can claim to be a specialist in a particular area of law in order to avoid misleading the public (ABA Model Rules of Professional Conduct, Rule 7.4).

Another useful field to look to in this discussion is the field of accounting. There have been several attempts to formalize a specialization program for accountants in the United States. As the needs for specialists have increased, programs to recognize specialists have been established by the American Institute of Certified Public Accountants and similar organizations at the state level. For example, the Colorado Society of Certified Public Accountants began certifying CPAs in the area of financial planning in 1985. The rigorous certification process includes: three years of accounting experience with a CPA firm, 250 hours of financial planning work for each of the three years prior to taking the certification exam, 24 hours per year of continuing education in the specialty, six references that can attest to the CPA's competence in the specialty (some must come from consumers), and passing a comprehensive written exam (Lewis, 1989). The national organization also certifies several specialties, including tax and financial planning.

The medical profession has long used a standards-oriented approach to specialization. Each specialty has its own board with established education, examination and experience and other requirements and issues certification. These boards are made up of experts within the specialization (Lewis, 1989).

In nursing, specialty areas of practice occur through both of the processes previously identified. Many nurses start with generalist practice in a doctor's office or hospital and through supervised practice, move into an area of specialization—such as working in pediatrics or geriatrics. Standards-oriented processes on the other hand include graduate programs in specialized areas of practice and state and national certification mechanisms by the American Nurses' Association and other agencies (Seago, 2006; MacDonald, 2002).

Specialization in teaching is also well-documented. The type of degree specialization at undergraduate and graduate levels is a common measure of teaching emphases. Teachers' degree specialization for instance differs for elementary and secondary school teachers (Mack-Kirschner, 2003). The National Center for Education Statistics (NCES) reports that the vast majority of elementary teachers major in education or some education specialization such as special education, curriculum and instruction, or educational administration for their undergraduate or graduate degree. The majority of secondary teachers major in a specific academic subject or in a specialization in a given subject area for their undergraduate or graduate degree (Bobbitt & McMillen, 1995). It is interesting to note however, that although specialization occurs increasingly among teachers, particularly at the secondary level, school systems are requiring teachers to teach subject matter for which they have not been trained more and more frequently due to teacher shortages.

Application to ASL-English Interpreters

It is challenging to discuss advanced and specialized competence of interpreting practitioners when the regulation of generalist competence is still emerging and the gap persists between pre-service program graduate outcomes and minimum academic and professional standards of certification set by the field (Witter-Merithew & Johnson, 2005). Questions exist as to whether or not the fields of interpreting and interpreter education have reached the level of professionalization necessary to embark on a meaningful discussion of specialization. As well, questions exist as to whether a sufficient need and critical mass of practitioners exists in specific settings to warrant recognition of specialization. There are also concerns about depleting the supply of generalist practitioners and driving up the cost of interpreting services through efforts to specialize.

Yet, specialist practice already exists in the fields of ASL-English interpreting and interpreter education through both de facto and de jure processes and is likely to increase. Many interpreters have self-designated themselves as specialists in certain settings—such as performing arts, public school, medical, mental health and legal. Other interpreters have self-designated as specialists working with specific populations—such as Deaf-Blind individuals. Evidence of a de facto practice is the system of specialized member sections within RID—individuals self-identify to join. This self-designation ideally 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.

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 offer 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. 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. 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.

In 1979, the RID, in cooperation with the National Theater of the Deaf, created a second specialist certificate related to interpreting in the Performing Arts setting (SC:PA). Eligibility for this certificate also required possession of RID generalist certification and completion of a training program prior to examination. This initiative was underwritten with funds awarded from the National Endowment of the Arts (NEA). A pilot group of individuals were trained and tested, and a small group certified. The certification examination was not sustained once the NEA funding ran out—giving further evidence to what the literature indicates regarding the financial and administrative burden such systems generate. However, it is of significance to note that in conceptualizing the specialized certification process, generalist competence was established as a pre-requisite. The importance of generalist competence prior to specialization is also underscored by research into the expert-novice paradigm in interpreting (Cheetham & Chivers, 2001; Moser-Mercer, 1997; Taylor, 1993, 2002).

Specialized training programs also exist for public school interpreters. For example, the U of Arizona and U of Northern Colorado both have baccalaureate level pre-service programs with a public school emphasis. As well, the U of Northern Colorado also has a thirty (30) credit hour in-service certificate program distributed over three (3) 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 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 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 RID⁵. However, the EIPA credentialing system doesn't require demonstration of generalist competence prior to specialized assessment, as is the case with the RID system.

A more comprehensive treatment of the historical events and socio-political factors impacting interpreting specialization in two settings—legal and public school—can be found in Appendices D and E.: Case Studies. These case studies were developed in an effort to examine in more detail the prevailing issues and important lessons that can be learned from efforts to create ASL-English interpreting specialization to date. Essentially, each case study illustrates the dynamic interaction between legislative mandates and the implication for shifts in market

⁵ The RID allows individuals who pass the EIPA with a score of 4.0 or higher, and who also pass the EIPA: Knowledge test to join the RID as certified members of the organization with the same rights and privileges afforded to RID certification holders. This decision was made by the 2006 Board of Directors and has not been without controversy among the membership.

demands, efforts to set national standards, and the role of federal grant awards in the training and certification of ASL-English interpreting specialists. Further, these two examples offer differing outcomes related to how specialization has impacted professional standing within the field-at-large, the Deaf Community and within the systems where the interpreting occurs.

As brief illustration, interpreters who specialize in court interpreting and have achieved the designation of Special Certificate: Legal from RID, experience a high degree of autonomy and professional standing when working within the legal system. Proceedings interpreters are viewed as officers of the court and therefore have a great deal of decision latitude, as well as duty, within the court system. As well, the court considers these practitioners experts and expects them to possess a thorough knowledge of the legal system, legal procedure, legal terminology, standards of practice, and a high degree of competence and reliability in their interpreting performance. Conversely, the standing of interpreters who work in the public school setting is limited. The job classification of interpreters in this setting is often at the technician or entry-level professional—regardless of the level of education and certification possessed by the individual practitioner. The public school system often views the work of these practitioners as strictly a technical skill versus one that involves a significant amount of decision latitude. Hiring practices frequently fall outside the norms of the profession or state standards. The work of the interpreter is often viewed as subordinate to the teacher and/or other professionals in that environment and the expertise of the interpreter is not consistently valued. For example, many interpreters in this setting are excluded from participating in the individual education plan (IEP) meeting where decisions about a Deaf student's needs, support services and progress is discussed. So, although the work of both groups involves specialized knowledge and competence, the professional standing achieved by each varies greatly and has significant implications for practice and the degree of decision latitude exercised. Individuals interested in advancing the status of public school and legal interpreting may find a review of these case studies informative.

Classifying Specialization

The examples from the field of ASL-English interpreting discussed thus far are focused on interpreting in a specific setting. Setting refers to the time, place and circumstance in which interpreting is set and 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.⁶

However, an examination of the literature in the annotated bibliography in Appendix B indicates that specializations can be classified in several ways—not just by setting, but by function, population served or other relevant factors. For example, in the nursing profession the most common specialties can be divided into roughly four categories—by work setting or type of treatment; disease, ailment, or condition; organ or body system type; or population served (Styles, 1989). RNs may combine specialties from more than one area—for example, pediatric oncology or cardiac emergency—depending on personal interest and employer needs.

⁶ See the NCIEC Effective Practices Team (EPT) Maturity Rubric for further elaboration of common domains impacting specialized settings of interpreting.

A framework for classifying specialization that extends beyond setting may prove useful to current trends in the field of ASL-English interpreting. Certainly, the incorporation of Deaf Interpreters into a schema of specialization is best suited to a classification that looks at unique functions and/or populations served—Deaf interpreters are frequently used to interpret for Deaf-Blind individuals, or Deaf individuals who are not fluent in American Sign Language. Otherwise, if the framework is limited to setting, then interpreting performed by Deaf individuals brings with it some challenging considerations—since being a Deaf interpreter doesn't qualify the individual to work in specialized settings, nor do all Deaf interpreters possess specialized competence (as is true with interpreters who are not Deaf).

Likewise, the work of interpreters whose working conditions involve technology—such as Video Relay Services interpreting or Video Remote interpreting—doesn't meet the definition of a setting per se. The use of technology for transmission does certainly create unique conditions of work which require certain patterns of practice. However, the interactions which are interpreted center around any number of topics tied to a wide range of settings. So, a framework that included specialization around unique functions—such as operation of computer and phone equipment during the interpreting process—would be 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.

Driving Forces of Specialization

There are a variety of factors that drive specialization in the field of ASL-English interpreting.⁷ These include, but are not be limited to the following:

- **Legislative trends**—laws get passed and regulations follow. Often, specific qualifications are indicated within the law (e.g., Special Certificate: Legal or a Certified Deaf Interpreter), or in the regulations (e.g., specified level of the Educational Interpreter Performance Assessment). Lists of qualified practitioners are generated by the regulatory entities and distributed to entities responsible for providing qualified interpreting services. This includes a wide range of state agencies including the courts, vocational rehabilitation and human services agencies.
- **Market trends**—entities providing accessible services to Deaf and hard-of-hearing individuals seek interpreter practitioners that possess a high degree of specialized competence in a particular setting. Evidence of this can be seen in the increase in fulltime employment opportunities in specialized settings like court, medical and mental health. The demand for interpreters in VRS provides further evidence. The expectation is that the interpreters hired into such positions bring or will acquire a high degree of specialized competence.
- **Needs and demographics of consumers**—as more foreign-born Deaf individuals move to the United States, and the academic and linguistic gaps of the general Deaf population persist, interpreting demands often exceed the grasp of a generalist practitioner who possesses only a basic understanding of settings and the related discourse and protocol. Further, as Deaf people achieve greater degrees of access

⁷ The NCIEC has conducted a variety of needs assessments give further insight into patterns of practice among interpreters, specific needs of consumers and practitioners, and a range of factors impacting the work of interpreters. These reports can be found at <http://www.nciec.org/index.html> under the project tab and the Needs Assessment link.

within society, services are expanded and practitioners are entering settings for which they have no foundation for effective practice. For example, Deaf and hard-of-hearing individuals are becoming “specialists” within their chosen occupations (i.e., accounting, chiropractic care, linguistics, etc). This trend requires that interpreters have advanced knowledge versus default knowledge.

- **Practitioner Interest**—as part of natural career development, practitioners seek out opportunities to advance competence through specialization. It is not uncommon for interpreters to gain specialized expertise in one or more settings as they gain maturity in the field.

These forces must be considered in light of very real concerns about the lack of availability of practitioners in rural areas, diminishing numbers of qualified generalist practitioners available to interpret within the general community, and increasing costs of interpreting services. As well, given the Deaf Community’s concerns about the changing relationship between Deaf people and interpreters,⁸ it is important that any framework is sensitive to the possibility of further alienation between practitioners and consumers. These concerns all provide insight into the possible downside of specialization.

The Downside to Specialization

There are a number of possible consequences to specialization. For example, administering specialist credentialing systems 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.

Another possible downside is that a practitioner 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—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. These experienced certified interpreters were courted with the promise that they could be a part of a new, cutting edge industry and that their work would provide a new level of access for Deaf people. Add to this top wages, ergonomically designed work spaces, consistent and reliable work schedules,

⁸ See Cokely for a further discussion of the changing relationship between the Deaf Community and Interpreters. 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*. NYC, NY: Oxford University Press. Pp. 3-28.

the opportunity to work beside other interpreters in a comfortable, innovative, corporate environment, while connecting with and interpreting for Deaf people from all over the United States and the appeal proved difficult to resist. The breadth of exposure to different settings and different consumers during a shift of work is unparalleled in any other context. For many, this opportunity offers an exciting alternative to the challenges associated with community interpreting—long drives, searches for parking space, consumer no-shows, last minute cancellations and the consistent need to educate uninformed people about interpreting and/or communication access. 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 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, the dust is beginning to settle and the consequences of this unplanned and rapid growth are understood at a deeper level. The dangers of imposing a corporate model onto a publically-funded system of service delivery are evident in unethical business practices of some vendors intended to enhance corporate profits at taxpayer expense. In some instances, the work of seasoned certified interpreters has proven to be too costly and so hours and/or earnings have been cut. Further, the limitations to decision latitude imposed on interpreter practitioners by the FCC and corporate policies and procedures leave interpreters feeling deeply conflicted while reexamining the implications of work in the VRS industry. As well, as the overall call volume drops—in part because of FCC decisions regarding what constitutes billable minutes by VRS vendors—the long term pattern of usage begins to surface and with it the potential to understand what the long-term demands and employment opportunities will be. 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 highly 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 resulting 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.

The cost of interpreting services is one of the primary deterrents to specialization identified by a consumer focus group conducted by the CATIE Center, another partner center of the NCIEC. CATIE explored advanced training and designation of healthcare interpreters with consumers who expressed great concern that the best interpreters would price themselves out of the market. This could result in the Deaf patient being left with worse services than are currently available without specialization standards (Dr. Laurie Swabey, personal communication, 3/2/10.)

Similar concerns have been expressed by the judiciary who are dependent on interpreter practitioners and/or interpreting services agencies for advice regarding staffing needs for cases involving Deaf or hard-of-hearing persons. Some of the patterns of practice that are applied by sign language interpreters differ significantly from spoken language interpreters, leaving the

court with unanswered questions about high costs. For example, sign language interpreters distinguish the role of the proceedings (court) interpreter and the table interpreter (handles communication between the client and attorney) in lengthy proceedings or trials. Because this practice is outside the norm of the court's experience with spoken language interpreters, and because there is no neutral entity to approach regarding staffing questions, the court sometimes struggles to determine the reasonableness and necessity of such practices. (Ms. Katrin Johnson, Personal Communication, 2/22/10).

Given the growing concerns about cost of interpreting services, and the patterns of practice that drive some of these costs, there may be merit in exploring standards that guide the practices of interpreting services agencies. Standards seem particularly useful in those settings where the cost of interpreting services is paid for by taxpayer dollars—such as in the legal and VRS setting, among others. The fee structures that may work well within business or corporate arenas may not be realistic within the public sector. As a result, identifying alternatives and options for service delivery and the associated costs seems in the best interest of all stakeholders.

In addition to standards, government entities may consider placing caps on the amount of administrative overhead charged above the fee paid to the interpreter. Since often the provision of services to the courts and other government agencies are done on a bid process, caps on overhead may be a logical option. An alternative to caps is the formation of interpreter co-ops where practitioners collaborate to share the responsibilities of coordination and billing often assumed by interpreting services agencies, thus keeping the administrative costs at a minimum and the overall hourly rate set at a reasonable level. The co-op approach has proved successful in bidding and securing federal contracts for interpreting services in the Washington, DC area (Mindy Frankel, Personal Communication, 1/15/10) and may prove a successful model for other areas of specialty.

Certainly, the need for a more judicious and equitable way of determining and setting the costs of interpreting services must be balanced with the right of practitioners to earn a fair and equitable wage. Any effort to restrict earnings can be viewed as a disincentive to gaining specialized competence. 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 publically-funded systems in which interpreters sometimes perform their work, to explore cost effective approaches to service delivery that do not sacrifice quality or integrity.

Although these and other potential negative consequences of specialization exist, it is unlikely that further specialization by practitioners will cease. 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. Therefore, it is important to also consider the field's perception of itself and the level of maturity needed to address the implications associated with natural growth and change.

Specialists and Autonomous Practice

Professional maturity involves the ability to work autonomously and collaboratively within a well-defined framework of ethical standards. Professional autonomy is a condition that results from a profession's deep conceptualization of the professional acts and professional practices of its members and the agreement of its members to behave and act in a manner that is similar to

each other (Kasher, 2005). However, adhering to such a paradigm has proved challenging in the field of ASL-English interpreting. Interpreter autonomy is in reality *relational* as a result of the very social structures upon which it depends for its existence—a unique bond to the Deaf Community, patterns of practice evolving out of collective work experiences, legislative mandates that create the demand for and requirement to provide interpreting services, and the systems that generate payment for interpreting services. The concept of *relational autonomy* is an authentic response to the power imbalances and importance of the relationships that exist within professional interactions (Lee, 2007; Sandstrom, 2007; Seago, 2006; MacDonald, 2002).

When professional maturity is viewed through the lens of relational autonomy there is recognition that “autonomy is socially constructed; that is, the capacity and opportunity for autonomous action is dependent upon our particular social relationships and power structures in which professional practice is embedded. It requires that one’s professional relationships with particular individuals and institutions be constituted in such a way as to give one genuine opportunities for informed and transparent decision-making (MacDonald, 2002, p.197).” Effective autonomy is achieved when the social conditions that support it are in place and give the practitioner (and consumers) the confidence to take charge of choices. This view of autonomy is consistent with a schema of work analysis that examines the demands that are present in an interpreted event and the controls that can be employed by an interpreter as part of their decision latitude (Dean and Pollard, 2001; 2004). Such a schema includes more than just linguistic and cultural considerations—but also system-based considerations such as environment, as well as interpersonal and intrapersonal factors.

Appreciating relational autonomy requires an understanding of the conditions which foster informed and transparent decision-making by interpreters and the other individuals involved in the communication interaction—as well as those conditions which restrict it. In this respect, relational autonomy has both internal elements (how the interpreter perceives their role and work; how each participant views themselves), and external elements (how the work of interpreters is perceived by others; how each individual is perceived by others). For example, as previously mentioned, interpreters in the court setting are afforded a high degree of autonomy due to their standing as officers of the court. Conversely, interpreters working in the Video Relay Services (VRS) industry experience restrictions in the degree of decision latitude they can apply due to industry standards regulated by company policies and the Federal Communication Commission (FCC). Similarly, the degree of decision latitude afforded to interpreters working in the public school setting varies in part due to perceptions held by the educational system as to their role and function. Failure to appreciate these limitations and the consequences that arise as a result may leave practitioners deeply conflicted as they work outside of professional norms. These differences in professional standing and freedom to exercise decision latitude have significant implications for the work of interpreters, how they are trained, and their readiness to function as specialists.

Schleppegrell (2004) discusses the concept of Low Autonomous Professions (LAP) and High Autonomous Professions (HAP). LAP behaviors within an interaction are characterized by powerlessness, navigating based on self (i.e., what is my goal in this interaction), and an inability to understand why and how things are happening (i.e., can only recognize what is happening—everything is from an interpreter-centric view). HAP behaviors within an interaction are characterized by recognizing what is occurring on multiple levels (what, why and how) and the power to make appropriate decisions that will benefit the interaction (i.e., what are the goals of the participants—a system-centric view). Several authors have discussed the consequences associated with LAP behaviors evidenced in the work of ASL-English interpreters (Kanda, 1988; Witter-Merithew, 1996; Witter-Merithew & Stewart, 1998; Cokely, 2000; Dean & Pollard, 2001;

Stewart & Witter-Merithew, 2006). Although there are unquestionably individual interpreters who function with HAP behaviors, particularly in settings where the system-based professionals are members of High Autonomous Professions (e.g., lawyers, doctors, therapists), overall, demonstration of HAP behaviors appear to be rare in ASL-English interpreters. This is particularly evident when they work within systems where the system-based professionals have LAP status (e.g., public school teachers).

The interplay between the standing of the system-based professionals with whom interpreters work, and the standing of interpreters in society-at-large, creates a unique condition for how interpreter autonomy is expressed. The lack of academic standards and requirements for ASL-English interpreters entering the profession prior to 2008 further contribute to LAP. Generally, the broader base of literature about professions indicates that specialists are expected to apply HAP actions and behaviors, thus demonstrating high degrees of relational autonomy (Lee, 2007; Seago, 2006; Kasher, 2005).

The degree of autonomy exercised by the other participants involved in an interpreted interaction can further contribute to the decision latitude of interpreters. For example, a Deaf person with linguistic, social, academic and/or cognitive deficits is likely to exercise low autonomy. Westlund (2009) emphasizes that to be autonomous, “a person must have a significant range of viable options and retain authority over her social circumstances (p. 29)”—a condition that is elusive for many Deaf people. Conversely, the professional providing service to the Deaf person (ex: doctor, therapist, social worker) may exercise a high level of autonomy. This may result in the interpreter feeling compelled to assert a greater degree of involvement in the interaction to balance the power differential. Ideally, the more balanced the autonomy expressed by participants, the more likely the interpreter is to exercise conservative choices in her decision latitude. Conversely, the less balanced the autonomy expressed, particularly by Deaf consumers, the more likely the interpreter is to exercise liberal choices in her decision latitude.⁹

It is important to emphasize the difference between functional autonomy (the work) and relational autonomy (decision latitude within the context of relationships). In an interpreter-centric approach, the interpreter is at the center of the interaction and acts and behaves according to individual needs. This is reflective of functional autonomy where the work is central in the mind of the interpreter. In a system-centric approach, the interpreter recognizes the importance of the expectations of the system and achieving the goals of the participants within that system. This is achieved by having the ability to understand and appreciate the interaction from the world-view of the participants engaged in the system and to apply decision latitude accordingly. This is reflective of relational autonomy where the work is seen as a collaborative process between all the individuals within the communication event.

The practice of relational autonomy requires a high degree of professional maturity that develops over time under the guidance and supervision of master practitioners (Lee, 2007; Seago, 2006; MacDonald, 2002; Cheetham and Chivers, 2001). Without this maturity, practitioners can fall into a state of default autonomy where they become isolated, make uninformed decisions and experience low job satisfaction, or they may demonstrate antagonistic autonomy where a pattern of resistance and hostility in behavior and decision-making inhibits or reduces effective collaboration with others (Witter-Merithew & Johnson, 2004; Dean and

⁹ See Dean, R. and Pollard, R. (2004). A Practice-Profession Model of Ethical Reasoning. In *Views (October)*. Alexandria, VA: RID Publications for a discussion of decision latitude and a continuum of liberal to conservative decision making.

Pollard, 2001, 2004). Interpreters who are unable to function with effective relational autonomy may quickly find themselves operating outside the boundaries of ethical standards, particularly in high-risk settings typically associated with specialization. Through the lens of relational autonomy, professional actions and behaviors, and the resulting patterns of practice, may be more fully understood and can be considered in defining a framework for specialization. Clearly, the recognition of specialist practitioners must include attention to their ability to function within a framework of relational autonomy, with an appreciation of a system-centric view of their work, and demonstration of the professional maturity typically associated with HAP behaviors.

Articulating a Framework

With this theoretical and experiential foundation in mind, what follows is a possible framework for specialization in the field of ASL-English interpreters. Central to this framework is a set of assumptions that detail the ‘starting place’ upon which a set of guiding principles is defined. The assumptions are derived from an exploration of specialization in ASL-English interpreting to date, a review of the literature on specialization in the professions, expert opinion and the core values articulated by the field’s Code of Professional Conduct and Standard Practices documents. There are nine (9) assumptions that address the readiness of practitioners for specialist designation, and the foundational elements of training and certification programs.

The guiding principles are derived from conceptualization of ideals and standards that are needed to ensure a logical and orderly development of further specialization within the field of ASL-English interpreting. There are fourteen (14) guiding principles that address: 1) the process by which groups of practitioners would seek specialty designation, 2) the criteria that should be demonstrated in order for patterns of practice to achieve specialty designation, 3) the expectations for educational programs preparing specialists, 4) the necessary elements of credentialing or designation systems, and 5) the governance of specialties.

The assumptions and guiding principles cannot be separated—together they form the overarching conceptual framework. These two key elements are followed by a model for regulating specialties in ASL-English interpreting. Additional elements of the conceptual framework include an annotated bibliography of literature reviewed, a set of terms and definitions, and two case studies, all of which can be found in the Appendices. The framework draws heavily on one published by the Council of Credentialing Organizations in Professional Psychology (2008) as a conceptual guide.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Part 2: Assumptions and Core Values Underlying the Guiding Principles

The conceptual framework is organized around a set assumptions and core values and guiding principles. The 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.

The assumptions define the beliefs and values that inform the core principles. As well, the assumptions indicate the common foundation upon which specialization is built and draws on based on the history of the field of ASL-English interpreting to date, and as illustrated in the Case Studies found in Appendices D and E of this report.

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.

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 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. 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 cornerstone to advancing ethical practice. Mature practitioners actively seek feedback and interaction with peers and colleagues so their practices and actions are informed by

the wisdom, insight and experiences of mature professionals. These practices are considered routine to specialists.

Assumption 8: Specialists sometimes work in teams—one member of which is often 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.

It should be noted that there may 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. 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.

With these assumptions serving 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 (4) 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 every effort has been made to anticipate all of the key elements associated with a framework for training, regulation and certification of specialists, likely elements are missing and will benefit from contribution of a wider audience of stakeholders.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Part 3: Guiding Principles for Specialization

Set forth in the form of recommendations, the following principles are intended as part of an overarching framework from which to advance coherence and clarity for the practice, education, recognition and regulation of specialists and specialties in the field of ASL-English interpreting. They are informed by the assumptions and core values delineated in the previous section and impacted by the lessons learned from the Case Studies on Specialization found in Appendix D.

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 do 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 has also 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.

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 and/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. The scholarship and formative experiences of experts that undergirds 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. 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. 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. 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.

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.

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. 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.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Part 4: Model for Regulation and Credentialing of Specialization

It is recommended that a Council of Specialties in ASL-English Interpreting be established as an organizational structure that would address the regulation of specialization in interpreting. Each specialty will have its own review board that establishes standards. The Council would be responsible to coordinate efforts among all specialty review boards, monitor compliance, perform record maintenance, review structure, and other related administrative functions.

A. This Specialty Council will:

- Monitor supply and demand of interpreters and work with academic institutions to proactively provide training to satisfy documented demands (e.g., organized and planned compliance with established legislative mandates, e.g., Departments of Education, Office of Special Education Programs, etc.);
- Interface with state and national decision-makers to provide necessary systematic training in specialty areas, whether through postsecondary programs, distance education, on-site instructions, collaborative institutional instruction, etc.;
- Serve as a central hub of resources and information to:
 - Assure collaboration and information flow/cooperation between the training, residency, mentoring, testing, research and professional standards
 - Garner board or committee involvement;
- Offer variety of training options (e.g., production of approved educational modules or endorsed educational modules);
- Oversee triangulation of training (interpreter education programs – specialty agencies – accreditation bodies);
- Undergo regular external review and monitoring by discipline specific experts;
- Develop structure for consumer involvement for advisement and assessment (includes issues such as impact of interpreters on that discipline, consumer needs and future needs);
- Conduct specialty systems monitoring (e.g., changing legislation, trends within the specialty);
- Establish position papers and actively lobby to advance the positions and interests of the interpreting and Deaf communities with and within the specialty;
- Promote cross-disciplinary dialogue and collaboration with other specializations and other professions (i.e. spoken language colleagues, professionals within specialization area or other professionals who might be helpful);
- Provide regular reports of activity to the oversight Council;
- Mandate regular reports within specified time frames from specialization programs;
- Provide information to other professional external constituencies (e.g., AMA, DOE);
- Establish membership criteria and standards via expert and member representatives to Council decision-making;
- Establish and disseminate norms of ethical practice within the specialty practice;
- Oversee compliance of norms

B. Specialty Review Boards addresses competencies in the areas of:

- Knowledge of system-based standards
 - Regulatory standards (e.g., HIPPA, IDEA, etc.)
- Application of systems protocol
 - Standard behaviors (e.g., court protocols, etc.)
 - Hierarchy of personnel – roles, status, power (e.g., in education, superintendent, principal, board of education, etc.)
 - Credentials of institution and personnel (e.g., LPN, RN, PA, etc.)
- Systems specific discourse (e.g., specialty terminology/jargon)
 - Use of professional journals, literature
- Intra-system communication skills
- History of development of specialty
 - Landmarks of progression within the specialty (e.g., paradigm shifts, economic-driven changes, etc.)

Implications for existing credentialing systems

- It is perceived that RID is unlikely to be able to manage further testing or sustain and create new testing for specialization. There are many competing priorities for resources. RID may be most effective in managing and implementing generalist certification. It may be more effective for specialist groups of sign language interpreting set up separate governing and credentialing bodies with the involvement of other key stakeholders.
- Collaborating with other existing entities/constituents—including those serving spoken language interpreters--may be one possible approach. For example, NAJIT and the NCSC Consortium might be appropriate venues of affiliation for legal interpreters.
- Funding for such systems could come from institutional, governmental, or private sources.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Part 5: Next Steps

A conceptual framework is by its nature broad and lacks the specificity necessary to translate recommendations into actions. What this document and the conceptual framework herein offers is a discussion of why the topic of specialization is worthy of further investigation, why there is value in seeking and creating an orderly development of specialization in the fields of interpreting and interpreter education, what values and assumptions underscore the pursuit of specialization and what guiding principles can advance such efforts.

There are a number of specific next steps that can advance this work. Some of these steps are specific to the NCIEC workgroups that have been addressing specialized practice. These steps can be easily implemented and will hopefully enhance the efforts of these workgroups to date. Some next steps are specific to the MARIE Center as it continues work on this project. Certain steps require the mobilization and allocation of new resources and therefore will require networking between partner networks, including the organizational leadership within the fields of interpreting and interpreter education.

Possible Next Steps for NCIEC Workgroups

1. Identifying patterns of practice is an essential element for distinguishing specialist practice. It is recommended that the workgroups of the NCIEC revisit their work to date and determine if the unique patterns of practice associated with the setting, population and/or function being addressed by the workgroup have in fact been captured and documented—perhaps in the form of a Best Practices document. The documentation of unique patterns of practice is the cornerstone of specialist practice.

2. Competencies of specialist practitioners are readily identified once the unique patterns of practice are understood. As a result, it should be easier to identify what distinguishes generalist from specialist practices—a process which has been challenging in the competency documents to date. A review of the competency documents may be warranted, particularly after the unique patterns of practice have been identified.

Additionally, organizing the competencies around foundational (generalist) competencies as opposed to functional and specialty-specific competencies may also further advance a more uniform approach to the documentation of competencies.

3. Utilizing a standardized approach to documenting competencies of specialist practitioners may provide a more consistent understanding of the domains that are specific to specialists regardless of setting, population and/or function. To this end, it is recommended that each workgroup involved in defining specialist practice revisit the competency documents in relationship to the maturity matrix developed by the NCIEC Effective Practices Team.

4. An examination of the historic development of a specific specialization is also a valuable way of gaining insight into the range of factors that impact shifts in the market and the profession. It is recommended that each workgroup exploring specialization prepare a case study as one element of the development process. A possible template includes discussion of the legislative

mandates or trends that impact the specialization, the market for the specialization, standard setting that has occurred to date, the training of practitioners in that specialization, the certification and/or credentialing of practitioners in that specialization and the lessons learned from a historic view. Posting these case studies on the appropriate websites, and/or submitting the case studies for scholarly publications would deepen the understanding of specialization by the fields of interpreting and interpreter education.

5. There may be elements of this work that have implications for the next round of funding and opportunities for cross-team collaboration and/or advanced collaboration with various partner networks. To that end, dialogues among workgroup leaders and Center Directors related to the vision and activities for the 2010-2015 funding cycle are encouraged

Next Steps for MARIE Center

6. One of the elements of the Expert Think Tank work that requires further attention is a proposal that outlines the development of regional residency centers designed to offer practitioners with rich, supervised work experience as part of their transition into specialty practice. MARIE staff will continue to work with experts to flesh out the proposal and put it into a form that is useful to the fields.

7. This work will benefit from a broader base of input from stakeholder groups. To this end, MARIE will engage in distribution of this document to various stakeholders—including those within NCIEC—and request feedback/comment towards the goal of consensus-building around a conceptual framework for specialization. An online discussion forum may also be offered to stimulate review and discussion of the conceptual framework. As feedback is received and considered, it will be integrated into the document as appropriate.

8. As part of the distribution and consensus building efforts, MARIE staff and some of the experts who contributed to this work will submit abstracts to the CIT Call for Presenters in hopes of presenting on the work to date during the 2010 conference forum.

9. Article manuscripts will be prepared and submitted for consideration to the International Journal on Interpreter Education (IJIE) and Journal of Interpretation (JOI). One manuscript will address case studies of specialization and one will address relational autonomy as an element of specialization.

10. MARIE staff in concert with other partner networks will explore funding options to host a national forum of stakeholders to explore a conceptual framework for specialization and the feasibility of establishing a Council of Specialties. Relevant stakeholders include NCIEC Workgroup Leaders and the leadership of the various national organizations previously identified in this document.

11. There is a need for exploring the rising cost of interpreting services—particularly as it impacts public-funded entities. To this end, MARIE staff in concert with other partner networks will initiate dialogue with relevant national organizations to define a plan to address this topic.

Comments and feedback on this project report and the concepts associated with the framework for specialization, as well as further recommendations for next steps, are welcomed and can be sent to the project leader, Anna Witter-Merithew at anna.witter-merithew@unco.edu.

References

- Bobbitt, S.A. and McMillen, M. (1995). *Qualifications of the Public School Teacher Workforce: 1988 and 1991*. Washington, D.C.: U.S. Department of Education, (NCES Report No. 95665).
- Cesna, M. and Mosier, K. (2005). Using a Prediction Paradigm to Compare Levels of Expertise and Decision Making Among Critical Care Nurses. In Montgomery, Lipshitz and Brehmer (Eds.) *How Professionals Make Decisions*. Chapter 7, pp.107-117.
- Cheetham, G. and Chivers, G. (2001). How Professionals Learn – The Practice! What the Empirical Research Found. *Journal of European Industrial Training*: 25, 5, pp. 270-292.
- Council of Credentialing Organizations in Professional Psychology (2008). *A Conceptual Framework for Specialization in the Health Service Domain of Professional Psychology*.
- Dean, R. K. & Pollard, R. Q (2001). The application of demand-control theory to sign language interpreting: Implications for stress and interpreter training. *Journal of Deaf Studies and Deaf Education* 6 (1), 1-14.
- Dean, R. K. & Pollard, R. Q (2004, October). A practice-profession model of ethical reasoning. *VIEWS*, 21 (9), 1, 28-29.
- Kanda, J. (1988). (Dissert) A comprehensive description of certified sign language interpreters including brain dominance. Provo, UT. Brigham Young University.
- Kasher, A. (2005). Professional Ethics and Collective Professional Autonomy: A Conceptual Analysis. In *Journal of European Ethics Network*, 11, no.1, 67-98.
- Lee, S.C. (2007). On Relational Autonomy. In S. C. Lee (Ed.), *The Family, Medical Decision-Making and Technology*. Springer Publications, Chapter 7, pp.83-93.
- Lewis, E. (1989). Specialization: Have we Reached True Professional Maturity? *Accounting Horizons*. Dec; 3, 4, pp. 11-23.
- MacDonald, C. (2002). Nursing Autonomy as Relational. In *Nursing Ethics*, Vol 9, 194, pp. 194-201.
- Mack-Kirschner, A. (2003). *The Teacher's Guide to National Board Certification: Unpacking the Standards*. Portsmouth, NH: Heinemann Publishing.
- Mathers, C. and Witter-Merithew, A. (2008). *Brief of Amici Curiae Registry of Interpreters for the Deaf, Inc. and National Consortium of Interpreter Education Centers*. Petition for Review from the Court of Appeals for the 13th Judicial District C of Texas at Corpus Christi, Texas, Cause No. 13-0500668-CR. National Consortium of Interpreter Education Centers.
- Moser-Mercer, B. (1997). The Expert-Novice Paradigm in Interpreting Research. In E. Fleischmann, W. Kutz, & P.A. Schmitt (Eds.) *Translationsdidaktik: Grundfragen der Übersetzungswissenschaft*, Germany: Turtleback. pp. 255-261.

- Sandstrom, R. (2007). The Meanings of Autonomy for Physical Therapy. *Physical Therapy*, Vol 87, 1, pp. 98-110.
- Schick, B., Williams, K. & L. Bolster (2000). Skill levels of educational interpreters. *Journal of Deaf Studies and Deaf Education* 4, 144-155.
- Schick, B. & Williams, K. (2004). The Educational Interpreter Performance Assessment: Current structure and practices. In E.A... Winston (ed.), *Educational Interpreting: How it can succeed*. Washington, DC: Gallaudet Press.
- Schleppegrell, M. (2004). Language and Context. In *The Language of Schooling: A Functional Linguistics Perspective*. Mahwah, New Jersey: Lawrence Erlbaum Associates, pp. 26-29.
- Seago, J. A. (2006). Autonomy: A Realistic Goal for the Practice of Hospital Nursing? *Revista Aquichan*. Vol. 6, No. 1 (6), p. 92-103.
- Stewart, K. & Witter-Merithew, A. (2006). The Dimensions of Ethical Decision-Making: A Guided Exploration for Interpreters. Burtonsville, MD: Sign Media, Inc.
- Taylor, M. (2002). *Interpretation Skills: American Sign Language to English*. Edmonton, Alberta: Interpreting Consolidated.
- Taylor, M. (1993). *Interpretation Skills: English to American Sign Language*. Edmonton, Alberta: Interpreting Consolidated.
- West's Encyclopedia of American Law, (2004)*. J. Lehman & S. Phelps (Eds.) 2nd Edition. Vol 7-8. West Publishing Company.
- Westlund, A.C. (2009). Rethinking Relational Autonomy. *Hypatia* 24:4. pp. 26-49.
- Witter-Merithew, A. (1996). The Sociopolitical Context of Interpreting: A Videoconference. Dayton, Ohio: Sinclair Community College.
- Witter-Merithew, A. and Johnson, L. (2004). Market Disorder within the Field of Sign Language Interpreting: Professionalization Implications. In D. Watson (Ed.) *Journal of Interpretation*. Alexandria, VA: RID Publications. pp. 19-56.
- Witter-Merithew, A. & Johnson, L. (2005). *Toward Competent Practice: Conversations with Stakeholders*. Alexandria, VA: RID Publications.
- Witter-Merithew, A. & Stewart, K. (1998). Keys to Highly Effective Ethical Decision-Making. In J. Alvarez (Ed), *The Keys to Highly Effective Interpreter Training: Proceedings of the 12th National Convention of the Conference of Interpreter Trainers*. Salt Lake, City: CIT Publications.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Appendix A: Expert Profiles

Six experts participated in the November 19-22, 2009 meeting held in Denver, Colorado, facilitated by Ms. Anna Witter-Merithew and hosted by UNC-DO IT Center under the direction of Dr. Leilani Johnson.

Steven Collins, Ph. D., CDI

Dr. Collins currently works as Assistant Professor in the Department of Interpretation at Gallaudet University where he is the departmental chair of the bachelors and masters degree programs. Dr. Collins is a Fulbright Scholar who has worked extensively with Deaf-blind communities in the U.S. and Italy, with a specialty in Tactile American Sign Language (TASL) interpretation. His doctoral research focused on sociolinguistic variation in the use of non-manual signals in TASL. Collins is a member of NCIEC's Deaf Interpreter Work Team.

Eileen Forestal, M. Ed., CDI

Ms. Forestal is now in her 31st year as Coordinator and Professor of ASL & Deaf Studies and ASL-English Interpreting Programs at Union County College in New Jersey. She holds a B.A. degree in Sociology from University of Missouri and M.Ed. from Western Maryland College in Deaf Education. She is a doctorate candidate, specializing in Postsecondary Education and Adult Learning at Capella University and currently doing her dissertation related to Deaf Interpreting. She is a certified Deaf Interpreter (RSC) from Registry of Interpreters for the Deaf. Eileen has a Certificate in Teaching ASL/Interpreting from University of Colorado. She has been a member of NCIEC's Deaf Interpreter Work Team since its inception. Eileen is a nationwide consultant and trainer on ASL, ASL Discourse and Prosody, Deaf Interpreting, Deaf-Hearing Interpreter Teaming, Mentoring, and interpreting-related topics. She also serves as a mediator for RID's Ethical Practices System. Her chapter, *The Emerging Professionals: Deaf Interpreters and Their Views and Experiences on Training*, was published in *Interpreting and Interpreter Education: Directions for Research and Practice* by Oxford University, 2005. She co-authored an article, *Teaching and Learning Using the Demand Control Schema*, published in RID's 2007 Pre-Conference Meeting, 2008.

Sharon Neuman Solow, M.A.

Ms. Neumann Solow works as an interpreter, interpreter coordinator, performer, lecturer, author and consultant. Her career has taken her around the globe. The author of two books—*Sign Language Interpreting: A Basic Resource Book* and *Say It With Sign*—Sharon also has written professional articles and handbooks. Television appearances include talk shows, variety shows and documentaries. She co-stars with her husband on the Emmy award-nominated NBC Knowledge series, "Say It With Sign," still airing throughout the United States. Sharon is a working interpreter. Her travels and some of her conference and community work have involved the use of international gesture interpreting (a gestural, pantomimic form of communication across language barriers). She also has been involved in the education of spoken language interpreters and interpreter educators through the Monterey Institute of International Studies. Sharon holds NAD's SIGN Comprehensive Permanent Certificate, as well as RID's Specialist

Certificate: Legal. She is the 1987 recipient of the national Virginia Hughes Award for outstanding contributions to the field of sign language interpreting, the 2005 President's Choice Award from NAOBI (National Alliance of Black Interpreters), and the 2005 President's Award from the Registry of Interpreters for the Deaf.

Brenda Nicodemus, Ph.D., CI, CT, NIC-A

Dr. Nicodemus 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. Her areas of study include translation asymmetry in bimodal bilinguals, self-monitoring, and the use of prosodic markers to indicate utterance boundaries. She has worked professionally as an interpreter since 1989 and holds the certification (CI, CT, NIC-A) from the Registry of Interpreters for the Deaf. She earned an M.A. in Linguistics from Indiana University and a Ph.D. in Educational Linguistics from the University of New Mexico. Brenda has taught interpreting at various postsecondary institutions and has presented both nationally and internationally. She has also worked on projects involving curriculum development, mentoring, and program design. Recently, she collaborated on the development of a new website that defines linguistic terminology in international sign language (www.signlinguistics.com). Her publications include *Prosodic Markers and Utterance Boundaries in American Sign Language Interpreting* (Gallaudet University Press, 2009).

Marty Taylor, Ph. D., COI, CSC

Dr. Taylor is the founder and director of Interpreting Consolidated, a company formed to provide consultation, evaluation, research and publishing services to interpreting communities worldwide. She holds national interpreting certification in both Canada and the United States and has dedicated over 30 years to the advancement of sign language interpretation in North America and abroad. She completed her Ph.D. with an emphasis in measurement and assessment. Funded by two national research awards, Taylor has published two books, *Interpretation Skills: ASL to English* and *Interpretation Skills: English to ASL*, both widely used as texts in interpreter preparation programs. In addition she has produced the DVD *Pursuit of ASL: Interesting Facts Using Classifiers* with Angela Petrone Stratiy. Most recently, she is researching and consulting on projects related to assessment and evaluation, video-relay interpreter competencies and the crisis of the shortage of qualified interpreters in the United States, material and curriculum development, distance learning and instruction delivery, as well as educational and health care interpreting.

Kevin Williams, M.S., CI, CT

Mr. Williams holds a M.S. in Teaching Interpreting from Western Maryland College. For over 18 years he was employed by Boys Town National Research Hospital, Omaha, Nebraska, as their Sign Communication and Curriculum Specialist and Director of the Educational Interpreter Performance Assessment (EIPA) Diagnostic Center. Williams provided Boys Town's *Center for Childhood Deafness, Language and Learning* with clinical support for language/academic/social assessments of Deaf and hard of hearing children. During this timeframe, in collaboration with Dr. Brenda Schick (University of Colorado-Boulder), Williams developed the Educational Interpreter Performance Assessment (EIPA), a diagnostic instrument for educational interpreters and their employing schools/districts. The EIPA is currently used nationally to credential educational interpreters. Williams was the producer for the *Sign With Me* parent sign language videotape curriculum and the *Read With Me* ASL storytelling series. He served as a content expert for the new RID/NAD joint certification test (NIC). Williams

joined the faculty of the RIT/NTID in 2008. He instructs in the area of interpretation and linguistics, both at RIT and on-line for the University of Nebraska, Omaha. He continues to serve as a diagnostic rater for the EIPA and travels extensively lecturing in the area of child language, curriculum, and educational interpreting.

Anna Witter-Merithew, M.Ed., CSC, SC: L, OIC: C, SC: PA, CI, CT, Facilitator

Ms. Witter-Merithew is the Assistant Director of the University of Northern Colorado DO IT Center where she has responsibility for the instructional components of the Center's work. This includes the day-to-day management and implementation of a baccalaureate degree program in interpreting and several undergraduate and graduate certificate programs involving areas of specialization that include K-12 interpreting, legal interpreting and leadership and supervision of interpreting systems. She supervises a national teaching staff and serves as the lead on all curriculum and instructional development initiatives. As a practitioner, Anna has specialized primarily in legal interpreting, has served as an educator of legal interpreters for many years and serves as the Team Leader for the NCIEC Legal Interpreting Workgroup which has defined standards and best practices for interpreters working in this setting. As well, she has published a number of curriculums and instructional materials related to legal interpreting. She also serves on the NCIEC Effective Practices Team and is a staff member of the MARIE Center which is one of the six partner centers of the NCIEC. Anna is a Certified Facilitator of Appreciative Inquiry.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Appendix B: Annotated Bibliography

A Conceptual Framework for Specialization in the Health Service Domain of Professional Psychology (2008). Council of Credentialing Organizations in Professional Psychology.

There have been changes in the scope of practice and the shift to specialization in the field of psychology in the past several decades. This document offers a framework for defining specialization and related terms, identifies core competencies possessed by specialists, discussing a set of assumptions that underlie a set of core principles guiding the shift from general to specialist practice and then delineates a set of core principles relating to the education and training of specialists and the accreditation of programs preparing specialists.

Draft Specialization Rubric-NCIEC Effective Practices Team Project (2009).

The NCIEC Effective Practices Team has defined a maturity rubric related to specialized interpreting. By comparing and synthesizing the domains and competencies developed by several different NCIEC work teams, the NCIEC Effective Practices identified four (4) common domains associated with specialization across settings: System Knowledge, Dispositions and Reflective Practice, Planning and Task Management Functions, and Interpreting Performance. The System Knowledge domain includes the elements of system-based knowledge, application of system protocol, system discourse genre and specialized terminology, and intra-system communication skills. Dispositions and Reflective Practice domain includes the elements of interactions with consumers, collaboration with peers, reflection on interpreting performance, and professional growth. The Planning and Task Management Functions Domain includes the elements of self-care, advance preparation, monitoring and self-awareness, and process-related decision-making. The interpreting domain includes the elements of advanced consecutive interpreting performance, advanced simultaneous interpreting performance, sight translation, and advanced team interpreting.

Guidelines for Proceedings that Involve Deaf Persons Who do not Communicate Competently in American Sign Language. (2000; 2004). Language Services Section of the New Jersey Administrative Office of the Courts.

This document addresses a set of guidelines for working with persons who do not communicate competently in ASL. When we think of working with Deaf individuals with limited or no language competence, we think of experts who are highly specialized and yet unique in that it may be different work than what constitutes interpreting in the way it has been traditionally conceived.

Specialization: Have we Reached True Professional Maturity? Eldon Lewis (1989). *Accounting Horizons*. Dec; 3, 4, pp. 11-23.

There is a process by which a professional moves from a generalist to a specialist—in this case, this process is applied to the work of accountants. Albeit talking about

accounting, the process that is defined is relevant to and has many commonalities with signed language interpreters. The article gives a historical perspective on the process and transition from generalist to specialist practice and talks about variation in standards across states and across countries (it includes Canada); it discusses the role of education and addressing the public need.

Readings Related to Autonomy and Relational Autonomy

Autonomy: A Realistic Goal for the Practice of Hospital Nursing? Seago, J. A. (2006). *Revista Aquichan*. Vol. 6, No. 1 (6), p. 92-103.

Research offers evidence that some nurses, especially women, would have more satisfaction with their work if they had more autonomy. It discusses the models of autonomy by analyzing them and how they could be applied towards nurses and their autonomy. The author argues that nurses do not have enough education to apply autonomy in their work. It points out how "job strain" is produced from having a high psychological demand and low decision latitude. Some strategies on improving job satisfaction are presented. The information in the article is analogous to the challenges that interpreters (both Deaf and hearing) face in their work, especially in the highly specialized areas: medical, mental health, and legal.

A Question of Autonomy: Bourdieu's Field Approach to Higher Educational Policy. (2005). *Journal of Education Policy*. Vol 20, No. 6, November. pp. 687-704.

<http://www.cheeps.com/karlmatorn/pdf/2005PBHE-JEP.pdf>

Autonomy is an issue that does impact those, typically, in 'white collar' professions. The article addresses the issue of how professional autonomy impacts education (and, interestingly, teachers are not considered by many as professionals). It is interesting to consider how what happens 'to the incubator' (educational institution), then happens 'in the incubator' and is potentially, 'absorbed by those being readied to leave the incubator'.

Language and Context. Schleppegrell, M. (2004). In *The Language of Schooling: A Functional Linguistics Perspective*. Mahwah, New Jersey: Lawrence Erlbaum Associates, pp. 26-29.

Social experience plays an important role in developing our coding orientations, or ways of using language, and this is impacted by social class and culture. These different coding orientations are manifested in the ways we participate in interactions. We have different senses of what is significant and relevant and have different ways of engaging in and responding to what might on the surface seem like the same contexts, based on the social relations that are characteristic of our experiences in a particular social class and culture. These different social relations and experiences are related to the power and control that people in different social groups are able to exercise in their material lives. So, it is possible that even when participating in the same contexts, individuals from different class and cultural backgrounds will use language in different ways. To illustrate such patterns of difference, instead of distinguishing social class on the basis of middle class and working class, the author discusses Low and High Autonomous Professions (LAP and HAP). This conceptualizes social class in terms of how possible it is for the breadwinner to make work-related policy decisions which affect any aspect of the work-life of others in the place of work; and whether the breadwinner has the possibility of passing such decisions onto others who could then act as instruments for

the execution of these decisions. Such a view of social class focuses on the degree of autonomy and control experienced by the individual in their workplace. The rest of the chapter focuses on how these differences in LAP and HAP are relevant to the socialization practices that parents use with their children. This notion of LAP and HAP may have relevance to differences in how interpreter practitioners from different areas of specialization—for example K-12 versus legal—use language to problem-solve work-related dilemmas.

Nursing Autonomy as Relational. MacDonald, C. (2002). In *Nursing Ethics*, 2002; 9. pp. 194-201.

By looking at nursing through the lens of what recent feminist scholars have called 'relational' autonomy, this article seeks an improved understanding of nurse autonomy. A relational understanding of autonomy means a shift away from older views focused on professionals achieving independence, towards a view that seeks meaningful self-direction within a context of interdependency. The main claim in the article is that nursing is indeed, relational. I think the same is true with interpreting—particularly when the unique relationship that exists between interpreters and the professionals with whom they work, and Deaf consumers are factored into the equation. Historically, the default autonomy status experienced by most practitioners leads to an antagonistic autonomy that has serious implications for the work of interpreters and consumers being served. Broadening our understanding of professional autonomy of interpreters through this lens of relational autonomy should prove useful to improving the manner in which practitioners approach decision-making latitude.

On Relational Autonomy. Lee, S. C. (2007). In S.C. Lee (Ed.) *The Family, Medical Decision-Making and Biotechnology*. Springer Publications. Chapter 7, pp. 83-93.

Providing the perspective of the patient, this article offers a solid overview of feminist literature about relational autonomy, and the role of family members and those close to the patient in making important decisions about treatment and health care in the Chinese society. The writer advocates for health care professionals to work in collaboration with patients in exercising their autonomy to the fullest degree possible and to recognize, encourage and respond to the importance of family in medical decision-making within a Chinese society. And, a number of contrasts are explored between eastern and western orientations to patient autonomy emphasizing how in eastern medicine, the family must be consulted and included—even when the patient may be at odds with the family's perspective. Medical workers must know how to negotiate these conflicts and facilitate the family reaching a compromise. There are a number of points made in this article which are comparable to the experiences of Deaf people within the American society and interpreters may find insight here into ways in which they might facilitate the relational autonomy of Deaf patients in the health care system.

Professional Ethics and Collective Professional Autonomy: A Conceptual Analysis. Kasher, A. (2008). *Journal of the European Ethics Network*, 11, 1, pp. 67-98. European Centre for Ethics.

The first section of this article argues that a professional activity involves systematic knowledge and proficiency, a form of continuous improvement of the related bodies of knowledge and proficiency, as well as two levels of understanding: a local one, which is the ability to justify and explain professional acts, and a global one, which involves a

conception of the whole profession and its ethical principles. The second section is devoted to a conceptual analysis of professional ethics. It is argued that it consists of a general conception of professionalism, a particular conception of the profession under consideration, and a conception of the normative requirements made by the societal envelope of the professional activity, in particular basic norms of democracy. The final section draws conclusions with respect to the nature and limits of professional autonomy. It is shown that such autonomy is much more restricted than its apparent extent. Examples from engineering and other professions are provided.

Rethinking Relational Autonomy. Westlund, A.C. (2009). *Hypatia* 24:4. pp. 26-49.

The experience of Taliban woman provides an example for framing the concept of relational autonomy. This article describes the construct of “social embeddedness of the self” and other factors that affect decision making and maturity. The author states that developing a sense of individual agency occurs over time and must reflect an individual’s relationship to the system within which she is situated. The crucial point of the article is that to be autonomous, “a person must have a significant range of viable options and retain authority over her social circumstances.”

Relational Autonomy, Liberal Individualism, and the Social Constitution of Selves.

Christman, J. (2004). *Philosophical Studies*, #117. pp. 143-164.

<http://www.springerlink.com/content/q17214836p0u021w/>

The conception of the notion of relational autonomy and how this original notion has been recently reinterpreted by “feminist critics” as well as “liberal theorists” (all direct quotes from the author). The author wishes readers to grasp, what he contends as, the call for greater attention to the social nature of the self thus directing us back to a kind of individualism meant to be conveyed in the original conceptualization of the autonomous person.

The author purports some current interpretations of the notion of relational concept foster hyper-individualism. Furthermore, many current interpretations of relational autonomy problematically import a perfectionist view of human values into the account of autonomy and, thereby, threaten to undermine the usefulness of the concept in certain theoretical and practical contexts in which it is often seen to function.

The Meanings of Autonomy for Physical Therapy, Sandstrom, R. (2007). *Physical Therapy*, 87, 1. pp. 98-110.

Professional autonomy differs from technical and socioeconomic autonomy and professional autonomy in the field of physical therapy is being affected as a result. Physical therapy is being jeopardized by dominance of other professions, the influence of social institutions, as well as the insular internal disposition of the profession. The article referred to these concepts as relationalization and deprofessionalization. The author argues how the physical therapy profession can increase its professional autonomy; however, there will always be limitations by the trends outside of the profession itself. The field of interpreters is attempting to define its own professional autonomy, yet we are struggling with our own insularity and the outside forces that can create limitations on our own field through relationalization and deprofessionalization. This article might provide insight to the obstacles faced by ASL-English interpreters as they work to understand the nature of their own autonomy.

Readings Related to Competencies and Certification

How Professionals Learn – The Practice! What the Empirical Research Found.

Cheetham, G. and Chivers, G. (2001). *Journal of European Industrial Training*: 25, 5, pp. 270-292.

From an exploration of research data involving a range of professions, there are some patterns related to how professionals learn. The author discusses specific contributions to competence including different avenues of learning, role of professional models, the importance of articulation and reflection and implications for professional developers (that might be us?) and implications for the practitioners. We may be able to extrapolate from this paper to give us insight into the interpreter generalist and/or the specialist.

NIC Bulletin (2003). Registry of Interpreters for the Deaf, Inc.

This is a publication of the RID that describes the National Interpreter Certification process, how it was developed, what it tests, testing procedures and policies, and rating criteria. It is useful in gaining a historical and contextual framework for the current certification system being used by RID. Of particular interest is Section F which describes the tasks of interpreting that are assessed as part of the certification process.

The Expert-Novice Paradigm in Interpreting Research. Moser-Mercer, B. (1997). In E. Fleischmann, W. Kutz, & P.A. Schmitt (Eds.) *Translationsdidaktik: Grundfragen der Übersetzungswissenschaft*, Germany: Turtleback. pp. 255-261.

Moser-Mercer proposes that the difference between expert and novice interpreters lies in the knowledge base and level of strategies that individuals bring to the work. According to Moser-Mercer, experts proceed from “the known to the unknown” while novices get stuck on unknown in the source language. Further, experts exhibit global thinking strategies, while novices favor a microcontextual level of analysis.

Using a Prediction Paradigm to Compare Levels of Expertise and Decision Making Among Critical Care Nurses. Cesna, M. and Mosier, K. (2005). In Montgomery, Lipshitz and Brehmer (Eds.) *How Professionals Make Decisions*. Chapter 7, pp.107-117.

Studies examining the difference between expert and novice decision-making are discussed in general and then examine the research done on expert-novice practice in the field of medicine. From this review of the literature, a discussion of a research project looking at the decision making of expert and novice critical care nurses offers findings that indicate more experienced and highly trained nurses make consistently more reliable decisions—particularly in complex scenarios where prediction skills were needed to anticipate, plan and address a wide range of potential variables. The study demonstrates the importance of expert nurses as consultants for novice nurses.

Readings Related to Demand-Control Schema

Application of Demand-Control Theory to Sign Language Interpreting: Implications for Stress and Interpreter Training. Dean, R. and Pollard, R. (2001). *Journal of Deaf Studies and Deaf Education*, 6:1 Winter, pp.1-14.

In light of autonomy, the theoretical components of the Demand-Control Schema (DCS) strongly ties into applications of the decision-making processes of interpreters. The

principles of DCS, when incorporated into interpreter education, can be applied to specialization, autonomy, and decision latitude, etc. This article provides another lens of looking at education, training and approaches for interpreters to apply in their work which can also decrease job dissatisfaction, burn out, etc.

Readings Related to Research in Interpreting

Opening Up in Interpretation Studies. Gile, D. (1994). In Snell-Hornby, Pochhacker and Kaindl (Eds.) *Translation Studies an Interdiscipline*. John Benjamins. pp. 149-158.

This article speaks to the history and development of research and practice in interpretation and interpretation studies and to the future of the research and practice connection. It comes from the spoken language interpreter/translator communities.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Appendix C: Terms and Definitions

The following terms and definitions were developed based on the literature reviewed as part of this project and were further evolved during and after the discussion among the Think Tank experts. They are offered as a reference tool for the range of concepts discussed in this report related to specialization in interpreting.

Autonomy- the capacity of professionals to make informed decisions based on discretion derived from standards of professional practice and the ability to justify and explain professional acts based on a conception of the whole profession and its ethical principles. “Autonomy has both a descriptive and prescriptive aspect and the two are inter-related. Descriptively, autonomy is the capacity for self-governance. Prescriptively, respect for autonomy means (at least) not interfering with a practitioners control over their decision-making. This of course assumes the decision-making is in accordance with professional standards of practice. If our factual understanding of the preconditions for autonomous action is flawed, so will be our ethical reaction to that autonomy” (MacDonald, 2002).

Antagonistic autonomy- a pattern of resistance and hostility in behavior and decision-making by one or more individuals in an interdependent situation that inhibits or reduces effective collaboration needed to achieve common/shared goals.

Collective professional autonomy- the condition that results from a profession’s deep conceptualization of the professional acts and professional practices of its members and the agreement of its members to behave and act in a manner that is similar to each other based on the following elements: a systematic body of relevant knowledge; systematic proficiency (or competence) in solving problems; a practice of constant improvement of relevant knowledge and proficiency; local understanding of claims of knowledge and methods of proficiency; and a global understanding of the nature of the system of knowledge and proficiency (ethics) (Kasher, 2005).

Competent Autonomy- the capacity of qualified practitioners to make informed decisions based on discretion derived from standards of professional practice and the ability to justify and explain professional acts based on a conception of the whole profession and its ethical principles (Witter-Merithew & Johnson, 2005).

Default autonomy- action and decision-making of practitioners who are not sufficiently trained or qualified to work according to the norms and standards of the profession and should be under close and/or direct supervision. Default autonomy exists for a wide range of reasons including: graduation of students prior to mastery of entry-to-practice standards, gaps in competence, the lack of standardized practice, isolation of new practitioners, insufficient training, and market trends and conditions (Witter-Merithew & Johnson, 2005).

Relational autonomy- professional action that is based on the recognition that “autonomy is socially constructed; that is, the capacity and opportunity for autonomous action is dependent upon our particular social relationships and power structures in which professional practice is embedded. It requires that one’s professional relationships with particular individuals and institutions be constituted in such a way as to

give one genuine opportunities for informed and transparent decision-making (MacDonald, 2002).” Relational autonomy as applied to interpreting requires the interpreter to recognize the interdependence of individuals in a communication event and requires the capacity and willingness, in consultation and collaboration with others, to make well-informed and situationally-sensitive decisions and actions based on professional standards of practice. The practice of relational autonomy requires a degree of professional maturity that develops over time under the guidance and supervision of master practitioners.

Sources of autonomy- laws, regulations, policies, standards of professional practice, education, training, credentials, and life experiences of individuals.

Care ethics- an orientation or perspective to the moral world that emphasizes concern and discernment about impact on consumers, habits and proclivities of interpretation, and selectivity in decision making to achieve an outcome in which consumers are provided with care.

Compassionate interference- form of a caring relationship in which the responsibilities of the care-giver as well as of the care-receiver are put at the forefront—emphasis is on care as a process and interventions in care can be seen as interventions for attaining autonomy on the part of the care-receiver rather than a threat to his or her autonomy (Marian Verkerk, 2001).

Centricity- the focus and orientation upon which actions are geared.

Deaf-centric- gearing actions to the interest of Deaf people and their various needs when conceiving standards and delivering services.

Interpreter-centric—gearing actions to the interest of interpreter practitioners and their various needs when conceiving standards and delivering services.

System-centric- gearing actions to the interest of the system and the individuals it serves when conceiving standards and delivering services.

Client- an individual or system that pays for goods or services.

Competence- the demonstrated capacity to apply appropriately and effectively domain knowledge, skills, attitudes and values acquired in organized sequences of education, training, supervision, and study based on the foundational and functional competencies that define the discipline of interpreting.

Functional competency- the application of knowledge, skills, attitudes and values that create the foundation for the professional practice of interpreting—generalist competency.

Foundational competency- the knowledge, skills, attitudes and values that are foundational to professional functions and are based upon the theory and practice of the discipline of interpreting. Examples of foundational competencies include, but are not limited to: a) self-assessment and reflective practice; b) adherence to ethical and legal standards; c) capacity for effective relationships; d) bilingual competencies.

Specialty-specific competency-- The competencies that distinctively characterize a specialty. Specialty-distinctive competencies result from the combination of foundational and functional competencies in relation to specific patterns of practice defined by

populations served, problems targeted, and procedures or methods used in the context of various settings of practice common to a specialty.

Conditions- the prevailing context and circumstances that influence the performance or outcome of a process.

Consumer- a broad label that refers to any individual who use the services generated by interpreters.

Critical mass- the minimum number of individuals necessary to initiate and sustain any action, (e.g., the development and maintenance of specialization areas within the interpreting profession).

Designation- recognition and classification of professional standing.

De facto process- consensual or self-designated standing; informal processes.

De jure process- formal process of endorsement, certification or accreditation based on established criteria.

Decision making- the outcome of mental processes leading to the selection of a course of action among several options.

Decision latitude- the measure or range of decisions a professional can make that fall within the realm of standard professional practice.

Naturalistic decision-making- the process by which individuals make decisions and perform cognitively complex functions in demanding situations. These include situations marked by time pressure, uncertainty, vague goals, high stakes, system constraints, changing conditions, and varying amounts of experience.

Domain- broad area of practice, (e.g., within the discipline of interpreting, there are different domains) (NCIEC maturity matrix, Year).

Discipline- the knowledge, skills, attitudes, and values of a professional practice.

Dispositions- the set of habits, tendencies, characteristics that are best suited to a particular field of work.

Expert- a professional recognized as a reliable source of skill and knowledge whose faculty for judging or deciding rightly or wisely is accorded authority and status by their peers or the public in a specific well-distinguished domain.

Expertise- the set of capabilities that underlies the performance of experts, including extensive domain knowledge, heuristic rules that simplify and improve approaches to problem solving, meta-knowledge and meta-cognition, and compiled forms of behavior that afford great economy in skilled performance.

Function- a) the actions and activities assigned to or required or expected of a person or group; "the function of a teacher"; "the government must do its part"; "play its role" and b) a relation such that one thing is dependent on another (e.g., "height is a function of age"; "price is a function of supply and demand").

Generalist- a practitioner with broad general knowledge and sufficient skill proficiency to work in a range of settings that do not require specialized knowledge and advanced standards of practice.

High Autonomous Professions (HAP) - Professions in which a practitioner has *significant* decision latitude which affects any aspect of the work-life in the place of work and the ability to pass such decisions on to others who can then act as instruments for the execution of these decisions. Individuals in HAP often demonstrate *competent or relational autonomy*.

High-Risk Situations—Situations where the activities and outcomes are not necessarily routine or predictable and the health, welfare and freedoms of the consumer(s) involved are at risk. These situations often require the interpreter to be able to function under the pressure of time restraint, high scrutiny, or a complex constellation of demands requiring high degrees of competence and reliable/quick decision-making.

Low Autonomous Professions (LAP) - Professions in which a practitioner has *limited* decision latitude which affects any aspect of the work-life in the place of work and are unable to pass such decisions on to others who can then act as instruments for the execution of these decisions. Individuals in LAP often demonstrate *antagonistic autonomy*.

Low-Risk Situations- Low-risk situations are those involving routine and predictable activities and outcomes, and allow sufficient time for the parties involved to negotiate meaning and understanding as necessary. In low-risk situations, the interpreter has the ability to apply a range of controls necessary to pace and monitor her performance in a way that ensures a high degree of accuracy.

Oversight- management by overseeing the performance or operation of a person or group.

Population- a group of individuals who share common demographics and therefore constitute a recognizable group with specific or unique needs (e.g., Deaf-Blind individuals).

Patterns of Practice- a) unique and reoccurring professional acts based on defined standards of practice; or b) a sphere of regulated intentional activity based on a systematic body of relevant knowledge; competence in solving relevant problems; constant improvement of relevant knowledge and proficiency, global understanding of the nature of the system of knowledge and proficiency (ethics) associated with the practice of a specific profession (Kasher, 2005). Unique patterns of practice are typically associated with specialized practice—particularly when the patterns of practice are outside the norms or grasp of generalist competence.

Professional Maturity- the capability of a fully competent practitioner to respond to circumstances and environments in an ethical and professional manner while demonstrating respect to the effectiveness and efficiency of interpreting processes and practices.

Qualified- meeting the proper standards and requirements and training for a specified task.

Scope of practice- the procedures, actions, and processes that are within the realm of competence of a practitioner. A scope of practice is limited to that which a practitioner is prepared to do as a result of specific education and experience, specific demonstrated competency, specific certification and in some states includes what is allowed by laws, licensing bodies, and regulations.

Self designated- an individual's determination and public indication of readiness to practice in a particular area.

Setting-- refers to the time, place and circumstance in which interpreting is set and all the context that surrounds it including the backgrounds and characteristics of the consumers. For example, a classroom, medical, or legal setting each involve a unique set of factors and considerations that impact the patterns of practice of interpreters.

Specialist- a credentialed practitioner who self-identifies specialty expertise and who practices in one or more areas of specialty areas based on appropriate didactic and experiential preparation, and actively engages in generating and creating new knowledge.

Specialty- an area of practice in which one specializes; a chosen area of expertise.

Specialization- an 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.

Standards- established norms or requirements usually outlined in a formal document that establishes uniform norms or technical criteria, methods, processes and practices.

Status- a person's position or standing relative to that of others.

Systems theory- an interdisciplinary field of science and the study of the nature of complex systems in nature, society, and science. More specifically, a framework by which one can analyze and/or describe any group of objects that work in concert to produce some result.

Systematic training- a logical and planned scope and sequence of learning that is informed by recognized standards of practice.

Supervision- a process to guide, support and assist practitioners to carry out their duties and assigned tasks so as to achieve competent and standard professional practice.

Self supervision- the ability of an individual, on the basis of professional maturity and self awareness, to monitor personal performance in a manner that achieves competent and standard professional practice.

Self regulation- the ability of an individual, on the basis of professional maturity and self awareness to monitor, regulate, adapt and control personal performance in a manner that achieves competent and standard professional practice and to know when to seek and engage in consultation with peers or supervisors.

Technique/strategies- a plan of action designed to achieve a particular goal or task that occurs during interpreting that is derived from practice and experience.

Thought world- the way of thinking about and approaching situations in the world that is based on knowledge, experience, values, beliefs (and standards) of the individual.

Transparency- openness in application of standards of practice as part of practitioner accountability and relational autonomy.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Appendix D

Case Study: Interpreting in the Public School Setting

Legal Foundation

In 1975, Congress passed Public Law 94-142 (Education of All Handicapped Children Act), codified in 1990 as the Individuals with Disabilities Education Act (IDEA). In order to receive federal funds, states must develop and implement policies that assure a free and appropriate public education (FAPE) to all children with disabilities.

There are a number of **key provisions** associated with IDEA.

Identification--the state and local education agencies must actively seek out and identify children who have special education needs (Child Find).

Evaluation--a child must be evaluated appropriately prior to placement. All methods used for testing and evaluation must be in the primary language or "mode of communication" of the child. No one test may be the determining factor for placement.

Individualized Education Plan (IEP)--an IEP must be prepared for each child based on their individual educational needs.

Parents are equal participants in the decision-making process and students may be participants in their IEP development.

Related Services--shall be provided on an individualized basis to assist the child to benefit from special education.

Least Restrictive Environment (LRE)--each child shall be educated to the maximum extent appropriate with children who are non-handicapped and children should be educated in more restrictive (different) settings only when less restrictive alternatives are not appropriate.

Early Intervention and Preschools--the IDEA now makes early intervention services available to children ages 0 to 5 years.

Due Process--rights of parents and children must be guaranteed by states and localities; including notice, right to hearing and appeal procedures.

Advisory Board--each state must set up an advisory board, including handicapped individuals, teachers and parents of handicapped children.

Funds--IDEA/PL 94-142 provides flow-through funds per child per year to supplement state and local program efforts. Funds may be withheld for non-compliance. Payments by the state to local school districts may also be suspended for non-compliance.

Records--parents have access to their child's educational records and can request that they be amended.

Essentially, when these key provisions are applied to Deaf and hard-of-hearing children, it typically means placement in a public school mainstream and/or self-contained classroom in the child's home community with an interpreter and/or possibly a Deaf or special education teacher, and provision of other related services¹⁰.

The implementation of PL-94-142/IDEA and its provisions has significantly changed the landscape and context of the education of Deaf and hard-of-hearing children. Prior to the implementation of this law, the majority of Deaf and hard-of-hearing children were educated in state-funded, residential Schools for the Deaf or in programs specifically designed for Deaf children. Some of the functions typically assigned to education professionals within these schools and/or special programs and who worked directly with Deaf students shifted to interpreters and classroom teachers who typically have no experience in working with Deaf children. As a result, interpreters working in this setting perceive their work as unique when compared to working with Deaf adults—particularly relating to the ethical framework that guides professional behavior and actions, and the patterns of practice that are employed. Because interpreters in this setting work with children and because the interpreters are employees of the school system they are engaged in professional activities that previously were not associated with interpreters—such as reporting requirements, knowledge of, contribution to and participation in the individualized education plan (IEP) process, tutoring and/or other forms of mediation of meaning in a public school setting.

Schools for the Deaf and/or special programs are considered by some experts to be the most ideal context for a majority of Deaf or hard-of-hearing children due to their language- and identity-rich learning environments (Stinson & Kluwin, 2003; Lane, Hoffmesiter & Bahan, 1996). Accordingly, a shift in the placement of Deaf and hard-of-hearing children has raised professional concerns within the fields of Deaf education and interpreting, and within the Deaf Community-at-large.

Shifting Demographics Lead to Increased Demand

Marschark (2007) illustrates the shifting demographics in the number of children served by Schools for the Deaf versus local public schools.

"According to the Gallaudet Research Institute 2003 Annual Survey of Deaf and Hard-of-Hearing Children and Youth, which includes just over 40,000 children in the United States, 27 percent of those children identified attended a special school or center, compared to 46 percent who were fully mainstreamed in a regular public school. The latter is likely to be an underestimate, however, as many of the children who were not identified by the survey would likely be those who are in mainstream classrooms, where they might be the only Deaf or hard-of-hearing child. Indeed, 2004 data from the United States Office of Special Education Programs indicated that of all students, ages 6 to 21 years and being under IDEA due to hearing loss, over 85 percent attended regular public schools for all or part of the school day (pp. 138-139)."

¹⁰ See Marschark, M. (2007). *Raising and Educating a Deaf Child*. Oxford University Press for a detailed discussion of misunderstandings and confusion which exist around the interpretation of least restrictive environment and unique challenges associated with the education of Deaf children in a mainstream classroom.

These changing demographics increased the demand for interpreters in public school settings. As a result, the vast majority of Deaf and hard-of-hearing students are currently receiving a *mediated* education—one in which instruction is delivered through an interpreter versus through direct instruction by a teacher. Questions exist as to whether the methods and structure of the mainstream classroom are appropriately suited to Deaf children (Marschark, Convertino & LaRock, 2006; Cokely, 2005; Winston, 2004; Ramsey, 1997). As well, questions exist as to whether a mediated education can result in the same outcomes as direct instruction. There are claims, “that direct instruction is superior to mediated instruction (i.e., through interpreters), an assertion also found in the literature but apparently one without empirical support (Sapere, et. al, 2005, p.285).” Notwithstanding, concerns exist regarding an interpreted education (Johnson, 1991; Schick, Johnson & Williams, 2004; Marschark, Sapere, Convertino & Seewagen, 2005).

Efforts to Set a National Standard

Recommendations to set standards for formal training and credentialing of interpreters in public school began shortly after the demand was identified in the interpreting and Deaf Education literature (Hurwitz & Witter-Merithew, 1979; Witter-Merithew & Dirst, 1982), and has been reinforced regularly since that time (Zawolkow & DeFiore, 1986; Stuckless, Avery & Hurwitz, 1989; Schein, Mallory, and Greaves, 1991; Gustason & Sanderson, 1991; Seal, 1998; Jones, 2004). Consistently, when interpreting in this setting is envisioned ‘*as it should be*’ by interpreting practitioners and Deaf educators, it is described as involving competent specialist knowledge—of child development, language acquisition and teaching-learning processes—and specialist skills evidenced by satisfaction of agreed upon performance standards (Seal, 1998; Jones, 2004; Schick, 2004).

A National Task Force on interpreting in Public School Settings was established in 1985 for the purpose of examining and clarifying the roles and responsibilities, training, certification, and other related areas of potential standard-setting (Stuckless, Avery & Hurwitz, 1989). Forty (40) individuals representing seven (7) national organizations were involved in this task force: American Society for Deaf Children, Alexander Graham Bell Association for the Deaf, Convention of American Instructors for the Deaf, Conference of Educational Administrators Serving the Deaf, Conference of Interpreter Trainers, National Association of the Deaf, and Registry of Interpreters for the Deaf. Two critical needs were identified by this task force—the establishment of standards for interpreters in order to assist in insuring equal access for Deaf and hard of hearing students and promotion of improved working conditions and equitable salary ranges as determined by skill level and advanced training (Hurwitz, 1991).

The task force also identified a range of barriers impacting the effectiveness of classroom interpreting—all of which continue to persist today. These include, but may not be limited to, 1) the evolving nature of interpreting as a profession, 2) inconsistent role expectations, 3) diversity in background and experiences of Deaf children, 4) a lack of understanding by hiring entities regarding what constitutes a qualified interpreter, 5) working conditions that do not allow for adequate interpreter preparation, 6) working conditions that result in work-related injury to interpreters, 7) lack of informed and impartial guidance within school systems regarding a range of appropriate and necessary support services for Deaf children, 8) isolation and lack of appropriate supervision of interpreters—particularly in rural areas, 9) lack of specialized training and certification of public school interpreters and 10) lack of consumer education that extends to students, teachers, parents and school administrators.

The National Task Force submitted a proposal to the Registry of Interpreters for the Deaf (RID) and Council on Education of the Deaf (CED) to explore a joint certification system for public school interpreters. Subsequently, the RID and CED set up an ad hoc committee on Educational Interpreter standards that was charged with 1) developing model certification standards for public school interpreters, 2) encouraging the adoption of these standards at the national and state level, and 3) determine the feasibility of a joint RID/CED certification based on these standards (Hurwitz, 1991). The committee reported its findings back to RID (Gustason and Sanderson, 1991). Relying heavily on the standards articulated by the National Task Force, the ad hoc RID/CED committee recommended educational standards commensurate with undergraduate baccalaureate study with emphasis in public school interpreting and several possible paths to certification—including generalist certification from RID and specialized certification adopted by state departments of education and/or public instruction.

These two documents remain as evidence of important efforts within the fields of interpreting and Deaf education to establish a framework and guiding principles for a set of national standards for public school interpreters. Although initially both documents were well received and the content generally agreed upon by a significant number of stakeholders, the recommendations were never formally pursued or funded by the RID or CED. As a result, they serve mostly as historical documents that are referenced from time to time when states begin the individual process of setting standards. And, regrettably, the high standards of competence recommended by the National Task Force and the RID/CED ad hoc committee have not been adopted in the majority of state standards. Instead, lower and varying degrees of qualifications for interpreters prevail. A chart illustrating the state standards for interpreters in this setting in 37 states can be found at <http://www.unco.edu/doit> under the Products & Resources link on the homepage.

Preparation of Public School Interpreters

During 1990-1995, the US Department of Education, Rehabilitation Services Administration (RSA) funded a national grant of significance awarded to Northwestern Connecticut Community College (NCCC) for the purpose of providing technical assistance to programs and schools hiring and/or training persons to work as interpreters in educational and rehabilitation settings. Towards this end, a curriculum for the preparation of interpreters working in the public school setting was designed. This curriculum became known as the *Professional Development Endorsement System for Educational Interpreters (PDES)* and includes twenty-five modules of continuing education and specific professional development endorsements for educational interpreter practitioners, and twenty-five hours of videotaped public school classrooms entitled *The Public Schools in Action*. These materials became the first comprehensive set of materials to address the specialized knowledge and skills defined in the 1989 National Task Force Report.

The curriculum was designed as flexible units of learning that could be organized and delivered in a variety of formats, but generally seen as specialized knowledge build upon already existing generalist practice. In the introduction to the PDES, there is a statement of mission that reads as follows:

The mission of the Professional Development Endorsement System is to provide a systematic, practical approach to the study of the theoretical foundations and technical skills needed to interpret in educational and/or rehabilitation settings. It is designed as an interim continuing education system for those who have graduated from two year

interpreter training programs and are already employed as interpreters, but who have had little or no specialized course work in educational or rehabilitation interpreting.¹¹

One of the first formal academic programs targeting a public school interpreter audience was a thirty-credit hour, in-service training program started at Front Range Community College in 1995—the Educational Interpreter Certificate Program (EICP). This program was initially built around the PDES materials and translated into a scope and sequence of college-based coursework. Because the audience for this program is working interpreters, it assumes a basic generalist foundation in interpreting as a pre-requisite.

The EICP program was initially funded by the Departments of Education/Public Instruction in Montana and Wyoming, with additional funding from the Office of Special Education Programs. The next offering of the EICP expanded to include the 10 Mountain Plains Region states and was funded by the state education authorities from each state and the Bureau of Indian Affairs (Johnson & Witter-Merithew, 2004). This program was re-located to the University of Northern Colorado in 2005, as part of a transition of the DO IT Center and is now in its seventh offering. It continues to be funded by state education authorities in primarily rural states. To date, twenty-two states have supported over three hundred and fifty (350) interpreters through this program.

The EICP coursework focuses on specialized knowledge sets related to school interpreting, including the history of Deaf Education, child development, language acquisition and development of Deaf children, teaching and learning in a school setting, curriculum and materials and other related information. As well, skill sets focus on the acquisition and mastery of ASL and interpreting skills and their application to interpreting in the school setting. The curriculum has been revised several times since its initial offering to reflect contemporary theories of teaching interpreting and to include total immersion ASL classrooms during summer coursework followed by one year Deaf Language mentorship. Successful completion of the program requires a 2.0 GPA and exit score of at least 3.5 on the EIPA, resulting an undergraduate certificate.

Also in 1995, the Office of Special Education Programs (OSEP) began awarding federal funds to train public school personnel—including interpreters—and continues this funding today. Typically the grants are four years in length with the bulk of funds expected to be focused on student support. As of January 2001, a service obligation of two years of work for every year of funding has been required. This means students receiving OSEP scholarships to attend college are obligated to work with a child who qualifies under IDEA regulations for two years for each one year of funding they receive, or re-pay the scholarship funds.

There are a number of pre-service baccalaureate programs receiving OSEP funding and preparing graduates to work in a public school setting. The majority of these programs require a

¹¹ Copies of the PDES materials were placed within each of the RSA regional centers. At the time of the grant to NCCC there were ten (10) centers. In the 2000-2005 RSA funding cycle, the regional center at UNC- DO IT Center captioned all of the videos in the *Public Schools in Action* series and created a resource manual that describes each of the tapes and offers an analysis of the classroom discourse according to a range of discourse features. These materials were also given to each of the RSA regional centers for distribution. In the 2005-2010 funding cycle, RSA reduced the number of centers to six—one national and five regional. Interested persons can contact the center in their region to inquire about how to access these materials. Go to the National Consortium for Interpreter Education Centers (NCIEC) website at <http://www.nciec.org/> under the About Us tab to go to the regional maps and access contact information. As well, copies should be available through the National Clearinghouse of Rehabilitation Training Materials at <http://ncrtm.org/>.

generalist foundation in ASL and interpreting first, followed by a sequence of courses that create an emphasis in interpreting in a school setting. These courses typically focus on classroom discourse, teaching and learning processes, child development, language acquisition, and role and ethics. In recognition of some of the dual-roles performed by some interpreters in this setting, coursework in tutoring and notetaking is also often included. Such programs are currently housed at the University of Arizona, University of Arkansas-Little Rock, University of Northern Colorado-DO IT Center, and Western Oregon University.

As well, other interpreter training programs often offer one or more courses in public school interpreting. For example, the National Technical Institute for the Deaf, which employs the largest number of post-secondary interpreters in the world, offers an introductory knowledge based course focused on public school interpreting and two skills courses which focus on interpreting in K-6 or 7-12 settings (Kevin Williams, personal communication on 2/25/10).

Assessment and Certification of Public School interpreters

The prevailing assessment tool for K-12 interpreters—developed and implemented in 1991—is the Educational Interpreter Performance Assessment (EIPA) and the written and performance portions of this tool underscore the unique and specialized work of interpreters in this setting. This tool was developed in response to the growing demand from state education authorities to have a mechanism for verifying competence of interpreting personnel. The Registry of Interpreters for the Deaf (RID) certification system is based on interpreting with adult Deaf individuals versus children. The EIPA knowledge test measures specialized knowledge of child development, language acquisition, teaching-learning processes, linguistics, among topics more common to the work of all interpreters. Further, the performance assessment focuses strictly on interpreting for specific age groups and language users, narrowing the practice of interpreters in this setting even further. This narrowing of practice is customary as part of specialized practice in any setting.

At least thirty-eight (38) states use the EIPA as a standard of competence, with the majority requiring a 3-3.5 as the minimum assessment score (Schick and Williams, 2004). A 3.5 or above rating indicates the interpreter has broad competencies in grammar, vocabulary, and textual processing. However, only about a third of the EIPA test-takers actually achieve a 3.5 or above, thus indicating that most interpreters in this setting are still making a significant number of errors, particularly with more complex language and discourse (Schick, Williams and Bolster, 2000). This is one of the factors contributing to the delay in recognition and acceptance of public school interpreters as professional practitioners.

The EIPA does not require a pre-requisite of generalist competence in interpreting. Yet, what is required to move individuals to a higher score on the EIPA is more training in the foundational skills associated with generalist interpreting—specifically the visual-spatial language features associated with ASL and the mental processes associated with interpreting (Johnson & Witter-Merithew, 2004). In a data-driven analysis of performance improvements of graduates of the UNC DO IT Center EICP, public school interpreters were able to improve their EIPA performance score by nearly one full scale as a result of a one-year Deaf Language mentorship focused on the acquisition of ASL, followed by a one-year interpreting mentorship with a certified interpreter. Therefore, requiring generalist competence prior to assessing the specialized competence of interpreters in this setting may have merit in advancing the overall performance and standing of interpreters in this setting.

In the limited scope of certifying specialist competence within RID (legal and performing arts), requirements for eligibility include possession of generalist certification for a period of time prior to specialist examination. This standard appears consistent with the assumption of many interpreting practitioners that one must first be a competent generalist practitioner with foundational competence before specializing¹². However, a decision of the RID Board of Directors in 2006 represents a departure from the assumption of generalist competence prior to specialization. The RID Board agreed with Boys Town—who administers the EIPA—that individuals who achieve a passing score on the EIPA knowledge exam and achieve a score of 4.0 or above on the performance assessment, and join RID, will be recognized as certified members of RID.

RID membership records indicate that 304 individuals possess an EIPA 4.0 or above designation—forty-two percent (42%) of which possess only an EIPA designation¹³. So, to date, one hundred and twenty-seven (127) individuals have taken advantage of the agreement between RID and Boys Town to have the EIPA score recognized as eligibility for certified member recognition by RID. The remaining fifty-eight percent (58%) hold other certifications awarded by the RID—most typically the CI and CT or NIC. These 127 individuals are now treated as possessing generalist certification within RID and can sit for other certifications of the RID, like the Special Certificate: Legal, (assuming they satisfy the other stated pre-requisites).

This departure in determining what sets of skills and knowledge are considered specialist versus generalist and in who is qualified to sit for specialist examination by RID has further deepened the division among practitioners related to public school interpreting. All indication is this decision by the RID, was based on political rationale versus the standard assessment parameters previously recognized by the organization.¹⁴ The result of the decision is a significant disconnect between the fields' assumptions and values related to interpreting practice and the pathway to specialist recognition.¹⁵ So, although the interpreters working in the this setting and the EIPA administrators view the work of interpreters through a lens of specialized practice, this ideal is not reinforced at an organizational level by RID. Nor is it evident in standards used in hiring individuals to work in this setting. Further, the fact the majority of candidates for the EIPA fall below the score of a 3.5 underscores the continuing concern within the field-at-large and the Deaf Community that foundational competence is not held by the majority of interpreters working in the public school setting.

¹² Respondents participating in a series of focus groups held during 2005-2009 by the NCIEC Legal Interpreting Workgroup indicate a strong assumption that generalist competence must precede any specialist endeavor. This assumption was also held by the experts convened for a Think Tank on Specialization conducted by the MARIE Center of the NCIEC in November, 2009.

¹³ Data collected from the membership database at the RID website at <http://www.rid.org> under the find a member tab and by entering a request for a listing of all EIPA holders.

¹⁴ See *EIPA-RID Membership Agreement Rationale* at the RID website at <http://www.rid.org> under the initiatives tab for a list of the reasons the agreement was entered into.

¹⁵ An independent Yahoo listserv was established by members of the RID for the specific purpose of discussing recognition of public school interpreters as certified members of RID and to engage in general discussion about the work of public school interpreters. The pros and cons of the board decision, whether the board had authority to act without a vote of the certified membership, whether generalist interpreting competence should be required first, then specialized competence, and concerns about the mainstreamed education of Deaf children, among other topics, have been the subject of debate for several years within this list. The author of this case study is a member of that listserv.

General Standing as Professionals

The increase in the demand for interpreters in the public setting occurred at such a rapid and dramatic rate since the passage of PL-94-142/IDEA that the profession was not prepared to respond (Witter-Merithew & Johnson, 2004). As a result, many public school interpreters have and continue to work outside the norms of the profession, are relatively uninformed about the profession-at-large, and have yet to satisfy the standards set by the states where they work or by the RID. Recent survey results of interpreters in this setting illustrate this reality.

During 2007-2009 the RID's Educational Interpreter Committee (EIC) and Interpreter in Educational and Instructional Settings (IEIS) Member Section implemented two surveys¹⁶ related to public school interpreters. One was with RID affiliate chapters to determine what services they were providing to this audience and the other with practitioners to collect some basic demographic information and to see what benefits they were deriving from the RID at a local/state/national level.

The results from the practitioner survey offer some interesting insight into the experiences and standing of interpreters in this setting. There were nine hundred and fifty-five (955) respondents. Thirty-three percent (33%) responded that they were not members of the national RID and thirty-nine percent (39%) indicated they were not members of a state affiliate. As well, another 3-4% of respondents chose not to answer the question of membership, possibly inferring they too are not members at either a state or national level. Forty-eight percent (48%) reported no certification—either by RID or EIPA. Yet, when asked what their top issues are related to their work, sixty-three percent (63%) indicate the need for increased pay, need for professional development and direction in resolving ethical issues. This means that even some of those interpreters who do not possess any certification or professional membership, seek the benefits of professional standing.

Certainly, it could be argued that the RID and the field of interpreting in general have not been historically welcoming of public school interpreters into the profession. And, the 2006 decision of the RID Board to recognize certain EIPA holders as certified members of RID, has further complicated the acceptance of these interpreting colleagues by the field-at-large due to a lack of consensus-building around that decision. However, changes can be seen in the EIC and IEIS survey of affiliate chapters. Thirty-seven (37) affiliate chapters responded and more than a third report having an educational interpreter committee within the state organization. Approximately a third of the chapters indicate that up to 25% of their membership is comprised of interpreters working in the public school setting. Another quarter of the chapters indicate that more than 25% of their membership is comprised of interpreters working in this setting. As well, approximately half of the chapters responding indicate that they collaborate with state departments of education, Schools for the Deaf, Commissions for the Deaf, and parents related to the work of public school interpreters. Eighty-nine percent of the responding affiliates indicate that they are offering workshops for interpreters in this setting as part of their professional development agenda. As well, fifty-one percent (51%) indicate that their state departments of education have standards or regulations in place for public school interpreters.

When the affiliate chapters were asked what interpreters in this setting indicate as their top three concerns, recognition as professionals, need for professional development, and need for the school system to better understand the nature of the work of interpreters in this setting were noted. All three of these concerns relate to professional standing. Clearly, from these survey

¹⁶ These survey results are available at the RID website at <http://www.rid.org> under the RID Initiatives tab, at the For Educational Interpreters link.

results, and the other literature discussed herein, interpreters in the public school as a whole lack standing within the system in which they work and the field-at-large. And, although the affiliate chapter survey statistics indicate a commitment to serving the needs of interpreters in this setting, there is still much more that could and should be done.

Impacting Change

Impacting change in the delivery of public school interpreting is challenging. Clearly one of the lessons available from a case study of interpreting in this setting is the importance of working to bring interpreters from this setting into the norms of the profession. This requires greater acceptance and understanding on the part of the profession-at-large. As well, it requires a commitment from practitioners in the public school setting to seek ways to identify with the profession-at-large and to embrace the general standards and practices common to all interpreters regardless of setting.

Further, the fields of interpreting and interpreter education need to work more collaboratively and in advance with policy makers and legislators as decisions impacting the work of interpreters are being planned and made. Otherwise, the fields will remain in a position of reacting to rules and regulations set outside the norms of the profession. Being proactive will require the fields to see as one of their primary responsibilities the duty to regulate their specialties as a means of recognizing and promoting advanced knowledge and skills and of ensuring orderly development of the field.

To achieve an orderly development of the field, leaders must be more involved in anticipating market trends and responding to them through research that informs best practices. The absence of orderly development has resulted in the type of market disorder and lack of standardized patterns of practice discussed within this case study and elsewhere (Witter-Merithew & Johnson, 2004).

Another lesson to be learned is the importance of the fields of interpreting and interpreter education knowing and adhering to the core values of our profession—the majority of which are deeply rooted in the relationship of interpreters to the Deaf Community (Cokely, 2005). The tension that exists between the interpreting field-at-large and public school interpreters is attributable—at least in part—to the shift from Schools for the Deaf to public classrooms and the implication for the linguistic and social development of Deaf children. Because the interpreting field-at-large grew out of the contributions and investment of many adult Deaf leaders and Deaf educators, many interpreters are acutely aware of these implications and the political, social and linguistic struggles that result. Therefore, the resolution to this tension rests in an open and responsible dialogue between all of the stakeholders—the focus of which is to identify and recommit to core values and examining ways in which these core values translate into professional action and behavior.

Further, historically, interpreter education and the RID testing system are rooted in the Deaf Community as well. Interpreter education programs are expected to consistently employ Deaf teachers of ASL and interpreting, and ensure the involvement of Deaf people in practicum monitoring and advisory boards. Interpreting students are taught the value of building long-term relationships within the Deaf Community. In terms of the RID certification system, Deaf adults have been engaged at each stage of the process—from content expertise about test items to rating of performance. The current National Interpreter Certification system is a joint effort of the NAD and RID. Any entity which trains or credentials public school interpreters but excludes the expertise of Deaf individuals throughout the process will be suspect by the interpreting field- and

Deaf Community-at-large. This becomes even more evident in the case of Deaf children who typically are not empowered or able to speak on their own behalf. Ensuring that the wisdom and counsel of the Interpreting and Deaf Communities are evident in all standards of practice and certification is central to advancing the standing of public school interpreters.

Another element that requires further exploration is whether or not interpreters in this setting can in fact gain the professional standing to which they aspire given the standing of teachers within the same setting. Public school teachers have struggled for decades to achieve professional standing and adequate decision latitude in their classrooms. Instead, they are faced with increasing regulations and mandates that restrict the scope of their work and/or the degree of decision latitude they can apply. Further, they find themselves being required to teach content for which they are not qualified in order to fill staff shortages. It seems unlikely that interpreters in this setting can or will gain professional standing unless it is simultaneously attributed to the teaching professionals as well—particularly given that the educational background and credentialing requirements of teachers exceeds that of school interpreters. Therefore, creating collaborative relationships with teachers and being contributing members of the educational team is central to making some of the desired changes public school interpreters seek.

References:

- 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*. pp. 3-28. NYC, NY: Oxford University Press.
- Gustason, G & Sanderson, G. (1991). *Model standards for the certification of education interpreters for Deaf students and suggested options for routes to certification*. Silver Spring, MD: Registry of Interpreters for the Deaf and Council on Education of the Deaf.
- Hurwitz, T. A. (1991). Report from national task force on educational interpreting. In *Conference Proceedings: Educational Interpreting: Into the 1990's*, November 9-11, 1989, 19-23. Washington, DC: Gallaudet University College of Continuing Education.
- Hurwitz, T. A. & Witter, A. (1979). Principles of interpreting in an education environment. In M. Bishop (Ed.), *Mainstreaming: Practical ideas for educating hearing-impaired students*. Washington, DC: Volta Bureau.
- Johnson, K. (1991). Miscommunication in interpreted classroom interaction. *Sign Language Studies and Deaf Education*, 6, 43-53.
- Johnson, L. & Witter-Merithew, A. (2004). Interpreting skills acquired at a distance: Results of a data-driven study. In D. Watson (ed.), *2004 Journal of Interpretation*. Alexandria, VA: RID Publications.
- Jones, B. (2004). Competencies of K-12 interpreters: What We Need Versus What We Have. In E. Winston (Ed.), *Educational Interpreting: How It Can Succeed*, pp.113-131. Washington, DC: Gallaudet University Press.
- Lane, H., Hoffmeister, R. & Bahan, B. (1996). *A Journey into the Deaf-World*. San Diego, CA: DawnSignPress.
- Marschark, M. (2007). *Raising and Educating a Deaf Child*. NYC, NY: Oxford University Press.

- Marschark, M., Sapere, P., Convertino, C. & Seewagen, R. (2005). Educational Interpreting: Access and Outcomes. In M. Marschark, R. Peterson and E. Winston (Eds.), *Sign Language Interpreting and Interpreter Education*. pp. 57-83. NYC, NY: Oxford University Press.
- Ramsey, C. (1997). *Deaf Children in Public Schools: Placement, Context and Consequences*. Washington, DC: Gallaudet University Press.
- Sapere, P., LaRock, D., Convertino, C., Gallimore, L. and Lessard, P. (2005). Afterword: Interpreting and Interpreter Education—Adventures in Wonderland? In M. Marschark, R. Peterson and E. Winston (Eds.), *Sign Language Interpreting and Interpreter Education*. pp. 3-28. NYC, NY: Oxford University Press.
- Schein, J., Mallory, B., & Greaves, S. (1991). *Communication for Deaf students in mainstream classrooms*. Edmonton, Alberta: University of Alberta.
- Schick, B., Johnson, L. & Williams, K. (2004). Look who's being left behind: Deaf children with interpreters in public schools. Paper presented at the Office of Education Personnel Preparation Conference, 24 April, Washington, DC.
- Schick, B. & Williams, K. (2004). The Educational Interpreter Performance Assessment: Current Structure and Practices. In E. Winston (Ed.), *Educational Interpreting: How It Can Succeed*, pp. 186-205. Washington, DC: Gallaudet University Press.
- Schick, B. & Williams, K. & Bolster, L. (2000). Skill levels of educational interpreters working in the public schools. *Journal of Deaf Studies and Deaf Education* 4: 144-55.
- Seal, B.C. (1998). *Best Practices in Educational Interpreting*. Needham Heights, MA: Allyn and Bacon Publishers.
- Stinson, M., & Kluwin, T. (2003). Educational consequences of alternative models for school placement. In M. Marschark & P. Spencer (Eds.). *The Handbook of Deaf Studies, Language, and Education* (pp. 52–64). London: Oxford University Press.
- Stuckless, E. R., Avery, J. & Hurwitz, T. A. (1989). *Educational interpreting for Deaf students: Report of the national task force on educational interpreting*. Rochester, NY: National Technical Institute for the Deaf at Rochester Institute of Technology.
- Winston, E. (2004). Interpretability and Accessibility of Mainstream Classrooms. In E. Winston (Ed.), *Educational Interpreting: How It Can Succeed*, pp. 132-168. Washington, DC: Gallaudet University Press.
- Witter-Merithew, A. & Dirst, R. (1982). Preparation and use of educational interpreters. In D. G. Sims, G. G. Walker and R. L. Whitehead, *Deafness and Communication*. 395-406. Baltimore, MD: Williams & Wilkins.
- Witter-Merithew, A. & Johnson, L. (2004). Market Disorder Within the Field of Sign Language Interpreting: Professionalization Implications. In D. Watson (Ed), *Journal of Interpretation*. RID Publications: Alexandria, VA.
- Zawolkow, E. & DeFiore, S. (1986). Educational interpreting for elementary and secondary level hearing-impaired students. *American Annals of the Deaf* 131 (1): 26-28.

Conceptualizing a Framework for Specialization in ASL-English Interpreting

Appendix E

Case Study: Interpreting in the Legal Setting

Legal Foundation

At the federal level, PL 95-539, known as the Federal Court Interpreters Act, establishes a statutory right to an interpreter for any party or witness in an action initiated by the federal government. The court is responsible for determining that the individual requesting the interpreter uses a language, other than English, as a primary language (Mathers, 2007). This Act, passed in 1978, was the first regulation of the quality of interpretation in federal courts. ASL-English interpreters who possess the RID's Special Certificate: Legal (SC: L) are determined qualified to interpret in federal court.

As of January 26, 1992, all state and local court systems, regardless of receipt of federal funds, were prohibited from discrimination based on disability. This federal mandate is found in Title II of the Americans with Disabilities Act, 42 U.S.C. SS12131-12134. The U.S. Department of Justice has issued regulations explaining the requirements of that Act. Under the ADA and the associated regulations, local and state courts are required to provide qualified ASL interpreters, and other auxiliary aids, to ensure effective communication with Deaf and hard of hearing individuals (Mathers, 2007).

Demographics Sustain the Demand

The U.S. Commission on Civil Rights found in a 1980 study that there is a general atmosphere of intolerance and insensitivity toward the use of foreign languages in the U.S. and that linguistic minorities have long faced discrimination and misunderstanding (U.S. Commission on Civil Rights, 1980:66-74). Yet, the number of non-speaking individuals in the United States has continued to increase since that time. The 2000 census reflected 47 million individuals speaking a language other than English—18% of the total population which is double the number from the 1980 census (U. S. Census Bureau, 2000). It is anticipated that the 2010 census currently underway will reflect further increase. As a result, court systems are accustomed to providing spoken language interpreters for many kinds of proceedings and in some states have created fulltime positions for interpreters of various languages, including ASL.

Determining the number of Deaf and hard-of-hearing persons in the United States is difficult due to inconsistencies in how information is collected. For example, in the 2000 U.S. census the form did not separate questions about sensory loss for those who are Deaf from those who are blind. However, according to the Gallaudet Research Institute website, about 2 to 4 of every 1,000 people in the United States are "functionally Deaf," though more than half became Deaf relatively late in life; fewer than 1 out of every 1,000 people in the United States became Deaf before 18 years of age. The only comprehensive census of the number of Deaf people who sign in the United States was done over 30 years ago—the National Census of the Deaf Population [NCDP]. "If the proportion of Deaf signers has remained roughly the same, then they would continue to number in the hundreds of thousands today (360,000 to 517,000) (Mitchell, Young, Bachleda, and Karchmer, 2006)".

Although the actual number of Deaf individuals who sign can only be roughly estimated, what can be documented is an increase in the number of interpreters who have achieved the RID's SC: Legal certification. According to the 1994 RID membership directory, less than 100 individuals held the SC: Legal certification. According to the 2010 membership database of RID, there are currently over 250 individuals who hold this specialty designation (Retrieved from <http://www.rid.org/> on 3/10/10). In a 2009 survey of 168 interpreters specializing in legal interpreting, 72% report that at least 25% of their practice is interpreting in the legal setting. Over 60% of the interpreters in this same pool of respondents report an increase in the frequency and severity of cases for which they interpret-- including cases that involve foreign born Deaf individuals (Witter-Merithew, 2010). The combination of these factors provides illustration that the need for specialized interpreters in this setting exists.

Efforts to Set a National Standard

When PL 95-539 the Federal Court Interpreters Act was passed in 1978, the national standard of qualification of ASL interpreters was set as the Registry of Interpreters for the Deaf (RID's) Special Certificate: Legal (SC: L). This standard remains intact and serves as an example of the field being ready when a standard was needed. The RID developed and implemented the SC:L examination beginning in 1974.

At the state level, what constitutes qualified interpreters under the ADA is subject to a wider range of interpretation than at the federal level. The RID Standard Practice Paper for Legal Interpreting (2007) promotes the following standard.

“The Americans with Disabilities Act of 1990 (ADA) requires the use of “qualified interpreters.” The implementing regulations define a qualified interpreter as one “who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary.” Additionally, legal interpreters are governed by the NAD-RID Code of Professional Conduct. The Code requires that interpreters “possess the professional skills and knowledge required for the specific interpreting situation.” In the context of legal interpreting, “necessary specialized vocabulary” and “professional skills and knowledge” are obtained through specialized interpreter training. As with other professions, the field of sign language interpretation has developed specific credentials that indicate minimum levels of competency to interpret in legal settings. RID awards the Specialist Certificate: Legal (“SC: L”) to interpreters who meet specific criteria regarding prior certification, education and experience. While the number of interpreters holding the SC: L has increased, not enough interpreters hold this credential to fully satisfy the demand for legal interpreters. As a result, much legal interpreting is done by individuals certified as generalist practitioners to interpret in the language used by the Deaf person and who also have successfully completed legal interpreter training in order to understand and use the necessary specialized vocabulary associated with legal settings (p.1).”

This standard of using an individual with a Special Certificate: Legal or an RID generalist certified practitioner who has completed appropriate training is recognized in most states. An examination of state interpreter laws indicates that 37 court interpreter laws specify RID certification as the minimum standard for qualified interpreters in that setting (Witter-Merithew, 1995). This standard is also reinforced by the National Center for State Courts (NCSC) Consortium—which is made up of forty (40) state Administrative Offices of the Court and their personnel responsible for the management of interpreting services. This consortium recognizes the Special Certificate: Legal (SC: L) as the standard for court interpreters in their member

states (Mathers, 2007). Further, the unique patterns of practice associated with interpreting in this setting have been identified and documented in various publications—most recently in *Best Practices: American Sign Language and English Interpretation within Legal Settings*, a product of expert consultation and survey conducted by the National Consortium of Interpreter Education Centers (NCIEC) legal interpreting workgroup (Stewart, Witter-Merithew and Cobb, 2009).

Preparation of Legal Interpreters

The first formal training of ASL-English interpreters to work in the legal setting was during 1974-1976 through the Center for the Administration of Justice at Wayne State University Law School, which received a federal grant from the Office of Deafness and Communicative Disorders, Department of Health, Education and Welfare, Social and Rehabilitation Service, then under the leadership of Dr. Boyce Williams, Director, a Deaf man.

In 1974 the National Interpreter Training Consortium (NITC) was created and also funded by the Rehabilitation Services Administration. This consortium resulted in regional centers being established—several of which took on the role of continuing the training of interpreters to work in the legal setting when the Wayne State grant ended. Specifically, two centers—the one at Gallaudet University and the one at California State University at Northridge—became the entities to consistently offer training for this group of specialists during 1976-1988. The training modeled the curriculum of the Wayne State program—distributed during a 3-week intensive format and open to individuals who possessed generalist certification by the Registry of Interpreters for the Deaf.

In 1986 Montclair College received a small federal grant to pilot a joint training of 50 Spanish-English and 50 ASL-English interpreters. This was a first of its kind initiative—all 100 students participated in the same lectures on the legal system, legal terminology, role and function, and ethical standards of practice, and worked separately for skills development. The training culminated in a major day-long mock trial—which has since proven to be an effective strategy for providing supervised and team work experience.

In 1988 California State University at Northridge received a five-year grant of national significance from the Rehabilitation Services Administration to train interpreters to work in the legal setting. The annual training expanded the scope and sequence of coursework offered in the Montclair program, including completion of a series of pre-readings followed by a 5-week intensive onsite and the inclusion of mock proceedings and trials. This was the first training of its kind that included Deaf interpreters as part of the student base.

In 2001, the University of Northern Colorado's DO IT Center expanded the scope and sequence of coursework even further and began offering a series of four (4) courses distributed over four semesters and leading to a specialty certificate. In 2008 this program began extending a graduate certificate in legal interpreting. It is an online program that includes the requirement of a supervised practicum under the direction of a practitioner with specialist certification in legal interpreting.

In addition to the programs offered through university programs, there are various in-service training programs offered to interpreters working in the legal setting by various independent/free-lance trainers. The RID requires anyone holding a Special Certificate: Legal to earn a minimum of two continuing education units—twenty contact hours—per certification maintenance cycle. These two units of learning are in addition to generalist continuing

education requirements. Training that counts towards certification maintenance must be sponsored by an RID approved sponsor.

Certification of Legal interpreters

The Registry of Interpreters for the Deaf (RID) has been awarding the Specialist Certificate: Legal (SC:L) since 1975, with a significant revision to the test in 1991. 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.

Eligibility for this examination requires satisfaction of multiple criteria including possession of a degree, generalist certification, evidence of completion of specialized training and supervised work experience. As well, a minimum of three years of established practice as a generalist is strongly recommended.

According to the RID Specialist Certificate: Legal Examination Information Bulletin (2006), the exam is comprised of a written and performance component. The written test consists of 100 multiple choice questions representing four content domains: language (25%), judicial system (40%), team interpreting (15%) and professional issues (20). An applicant must receive a score of 77 or better to pass the test and must pass in order to schedule the performance portion. The performance test is presented on videotape, and the candidate's performance will be videotaped for later evaluation by raters. The vignettes to be interpreted include: 1) two renditions of the Miranda Warning; 2) a courtroom scene which includes the testimony of a Deaf witness, motions, objections, and a bench conference; 3) the qualifying of both a Deaf and a hearing interpreter in which the candidate a) interprets for a Deaf interpreter and, b) is him/herself qualified by a judge; and 4) jury instructions for a criminal trial. These elements clearly mark the SC:L as a specialist certificate for court interpreters. Because assignments outside the scope of the courtroom or custodial interrogation are not included, it can be assumed these settings do not require this level of certification.

General Standing as Professionals

Interpreting in the legal setting is a long-recognized area of specialization in the field of ASL-English interpreting. Tradition from the field of spoken language interpreting and legal community contribute to the conventional way legal interpreting work is performed. As well, practices have been conceived by ASL-English interpreter practitioners over time through a process of application of theory drawn from the profession's scholarship. As more scholarship and research emerge, practices evolve, improve and change. To this end, an annotated bibliography of resources has been developed by the NCIEC Legal Interpreting workgroup and is available on the NCIEC website (Mathers, 2010).

Interpreters who specialize in court interpreting and have achieved the designation of Specialist Certificate: Legal from RID, experience a high degree of decision latitude and professional standing when working within the legal system. Court proceedings interpreters are viewed as officers of the court and therefore have a great deal of decision latitude in working with the court, as well as the accompanying duty to serve the interests of the court, As an officer of the court, the interpreter can request to approach the bench to discuss issues impacting the interpretation, request correction to the court record, request assistance of other practitioners

and/or experts, and a variety of other practices that constitute the unique patterns of practice of legal interpreters. The court considers these practitioners experts and expects them to possess a thorough knowledge of the legal system, legal procedure, legal terminology, standards of practice, and a high degree of competence and reliability in their interpreting performance. Further, the court expects court interpreters to report to the court any barriers to effective performance and/or consumer understanding, and to collaborate with the court in resolving issues that may arise. These expectations align the decision latitude of the interpreter within the paradigm of relational autonomy and give evidence to the need for legal interpreters to possess and demonstrate HAP behaviors.

Additional evidence of the professional standing of legal interpreters is the professional networks that exist—many of which bring together both spoken language and sign language interpreters. The Court Interpreters and Translators Association (CITA) was established in 1978 and changed its name to the National Association of Judicial Interpreters and Translators (NAJIT) in 1988. The upcoming 2010 conference schedule includes presentations by ASL-English legal interpreting specialists, among many other spoken language experts. The RID established a member section for legal interpreters in 2007.

Impacting Change

Although the development of interpreting specialization in the legal setting is unfolding in a logical and organized manner, there are many areas which require attention and improvement. Three particular areas will be discussed—reconciling best practices with actual practices, education of the judiciary and law enforcement and consumer education and advocacy.

Best versus actual practices

In the 2009 national survey of 168 interpreters specializing in legal interpreting respondents were asked to rate the degree of importance of 37 patterns of practice (Witter-Merithew, 2010). On a scale of 1-5 with 1 representing not important and 5 representing essential, all 37 patterns of practice received a rating of at least 3.6 or higher—meaning a rating of very important or essential. Conversely, when asked to indicate the extent to which the same practices were applied to their work in the legal setting, the results were much less consistent and including indications of occasionally or rarely. Of particular interest, application of practices relating to consecutive interpreting, notetaking during consecutive interpreting, and working with Deaf interpreters were some of the less frequently applied standards.

A study by Russell demonstrates that the use of consecutive interpreting in legal settings results in higher degrees of accuracy than does simultaneous interpreting (2002). Accuracy is further enhanced when advanced preparation and notetaking is used. Yet, only a small percent of survey respondents rated their mastery of consecutive interpreting above a general level and even fewer indicated mastery of notetaking. Further, respondents report a lack of training in consecutive interpreting and notetaking during consecutive interpreting as a primary barrier to more consistent application of this best practice. Other reported barriers included time restraints, the court's preference for simultaneous interpretation, consumer dislike for the practice and a general lack of social conditions that support its use. As illustration, the RID SC:L examination does not allow for the use of consecutive interpretation when interpreting Deaf witness testimony—a practice that would normally be customary.

The importance of working with Deaf Interpreters has been examined through a review of case law by Mathers (2009). She identifies a range of factors that when present are strong indication of the necessity to rely on the unique and foundational expertise of a Deaf Interpreter.

Although survey respondents strongly agreed with the importance of this practice, overall, they report applying it on a limited basis. Those interpreters living in high populated areas report working with Deaf Interpreters much more frequently than those in rural areas. Several barriers to using Deaf Interpreters were repeatedly indicated—a lack of training in how to work with a Deaf Interpreter and a lack of availability of trained and certified Deaf Interpreters in their local or surrounding community being the most frequent.

Clearly, these findings provide some insight into the need for more or improved training related to consecutive interpreting and the need for training and marketing Deaf Interpreters. It is unlikely that the number of Deaf Interpreters will significantly increase if there is not a market to support their work. And, it is unlikely that interpreters will gain advanced competence in applying consecutive interpreting skills and notetaking as part of the process unless interpreter education programs and professional associations that test and certify interpreters evaluate their programs to ensure that these skills are taught and assessed for appropriate degrees of mastery.

Education of the Judiciary and Law Enforcement

Members of the National Center for State Courts Consortium, which is comprised of the individuals who manage the interpreting programs within state Administrative Offices of the Court, report the need of the judiciary to be educated about the unique patterns of practice associated with ASL-English interpreters—particularly when the patterns differ from the customary practices of spoken language interpreters. In particular, the judiciary seeks a better understanding of how to staff cases involving Deaf individuals, placement considerations, working with Deaf Interpreters and teams of interpreter in general.

Law enforcement personnel will benefit from an understanding how to work with an interpreter, particularly when interviewing Deaf witnesses or engaging in custodial interrogation of a Deaf suspect. Appreciating the best practices and ethical standards designed to avoid conflicts of interest can significantly impact the outcome of police investigations. There have been a series of serious felony cases where the interpretation provided to a Deaf suspect has been the focus of legal debate and statements made by suspects suppressed as a result of interpreter-related issues (Witter-Merithew, 2003). Further, challenges associated with the interpretation of the Miranda Warning have also been documented (Hoopes, 2003).

Developing print and mediated materials that can be used to help in educating the judiciary and law enforcement has been identified as a priority by the NCIEC Legal Interpreting Workgroup and its partner networks. A plan of action remains to be defined.

Consumer Education and Advocacy

The Deaf Community is filled with shared experiences of misunderstandings, injustices and lack of access related to the legal system (Geer, 2003; Castelle, 2003). Resolving many of these difficulties involves not only educating the judiciary and law enforcement, but also members of the Deaf Community. Knowledge of the legal system and how it works, as well as knowledge of one's legal rights and how to self-advocate are an important elements of empowering members of the Deaf Community.

In the 2005-2010 grant cycle NCIEC developed the Deaf Advocacy Training program. Expanding this program to include education about the legal system and how it works is one option for addressing this need. As well, exploring ways to make a range of existing educational materials accessible to Deaf individuals through ASL translation and/or captioning is another

possible approach. The NCIEC Legal Interpreting Workgroup and its partner networks has identified this as another priority.

These three areas of need provide a brief overview of some of the ways in which specialization in legal interpreting can be advanced. As well, there is the need for research into the effectiveness of the many patterns of practice that have been identified and documented. Although specialization in legal interpreting appears to be on an orderly path of development, it is still a young discipline that will continue to evolve for many years to come and the consistent and appropriate access to the legal system and qualified interpreters are still elusive for many members of the Deaf Community.

References

- A Brief Summary of Estimates for the Size of the Deaf Population in the USA Based on Available Federal Data and Published Research*. Gallaudet University Research Institute Retrieved from <http://gri.gallaudet.edu/Demographics/Deaf-US.php> on 3/10/10.
- Castelle, G. (2003) Misunderstanding, Wrongful Convictions, and Deaf People. In C. Lucas (Ed.), *Language and the Law in Deaf Communities*. Washington, DC: Gallaudet University Press.
- Geer, S. (2003). When “Equal” Means “Unequal”—And other Legal Conundrums for the Deaf Community. In C. Lucas (Ed.), *Language and the Law in Deaf Communities*. Washington, DC: Gallaudet University Press.
- Hoopes, R. (2003). Trampling Miranda: Interrogating Deaf Suspects. In C. Lucas (Ed.), *Language and the Law in Deaf Communities*. Washington, DC: Gallaudet University Press.
- Mathers, C. (2010). *Deaf Interpreters in Court: an Accommodation that is More Than Reasonable*. Legal Interpreting Workgroup: National Consortium of Interpreter Education Centers. Available online at <http://www.nciec.org/>.
- Mathers, C. (2010). *An Annotated Bibliography of Resources of Interest to ASL Legal Interpreters*. Legal Interpreting Workgroup: National Consortium of Interpreter Education Centers. Soon to be available online at <http://www.nciec.org/>.
- Mathers, C. (2007). *Sign Language Interpreters in Court: Understanding Best Practices*. Bloomington, IN: Author House.
- Mitchell, R. E., Young, T.A., Bachleda, B., and Michael A. Karchmer. M. A. (2006). How Many People Use ASL in the United States? Why Estimates Need Updating. *Sign Language Studies*, Vol. 6, No. 3.
- RID Membership Directory (1994)*. Alexandria, VA: RID Publications.
- RID Specialist Certificate: Legal Examination Information Bulletin (2006)*. Alexandria, VA: RID Publications. Retrieved from <http://www.rid.org> on 3/10/10.
- RID Standard Practice Paper: Interpreting in Legal Settings (2007)*. Alexandria, VA: RID Publications. Retrieved from <http://www.rid.org> on 3/10/10.
- Russell, D. (2002). *Interpreting in Legal Contexts: Consecutive and Simultaneous Interpretation*. Burtonsville, MD: Linstok Press, Inc.

Stewart, K., Witter-Merithew, A. & Cobb, M. (2009). *Best Practices: American Sign Language and English Interpretation within Legal Settings*. Legal Interpreting Workgroup: National Consortium of Interpreter Education Centers. Available online at <http://www.nciec.org/>.

Witter-Merithew, A. (1995). *Interpreting in the American Judicial System: Workbook and Study Guide*. Burtonsville, MD: Sign Media, Inc.

Witter-Merithew, A. (2003). The anatomy of an interpretation: An examination of decision-making during the interpretation of a police interrogation. Paper presented at RID National Conference, Chicago, IL. July 29, 2003.

Witter-Merithew, A. (2010). *Report of the 2009 National Survey of Best Practices and Competencies of Legal Interpreters*. Legal Interpreting Workgroup: National Consortium of Interpreter Education Centers. Soon to be available online at <http://www.nciec.org/>.