Embracing Vulnerability: Exploring the Need for Strength-Based Interventions to Support the Mental Health of Sign Language Interpreters

Darcie L. Chin
Western Oregon University, chind@mail.wou.edu

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Embracing Vulnerability: Exploring the Need for Strength-Based Interventions to Support the Mental Health of Sign Language Interpreters

Darcie L. Chin

Western Oregon University
WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSLED

Action Research Project Title:
Embracing Vulnerability: Exploring the Need for Strength-Based Interventions to Support the Mental Health of Sign Language Interpreters

Graduate Student: Darcie L. Chin

Candidate for the degree of: Master of Arts in Interpreting Studies

and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment of the requirements of this master's degree.

Committee Chair:
Name: Elisa M. Macarney
Date: 12/2/2019

Committee Member:
Name: Amanda R. Smith
Date: 12/2/2019

Dean of Graduate Studies and Research:
Name: ________________________________
Date: ________________________________
The writing of this action research project has been a challenging and long journey, but also one of the most rewarding experiences I could have ever asked for. I have been blessed with a network of teams, colleagues, mentors, family and friends to support me. I could not have survived this journey without you.

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ABSTRACT

This action research project focuses on one American Sign Language (ASL)/English interpreter’s mental health journey in the first two years of her professional career over two six-month periods. The aim of this study is to present strength-based interventions that may help support interpreters’ mental health and professional development. A secondary purpose is to reduce stigma by educating the ASL/English interpreting profession and opening a discussion about mental health. Burnout, compassion fatigue, and vicarious trauma are discussed as some of the complexities of mental health strain that ASL/English interpreters face in the field. Strength-Based Theory and Self-Efficacy Theory are used as the theoretical frameworks. The methods used in this project included journaling and grounded theory analysis. Strength-based interventions such as workplace accommodations, personal therapy, and coaching were utilized and implemented for the stabilization of the mental and emotional health for this interpreter. However, the results showed a lack of strength-based interventions accessible to this interpreter during the six-month periods. Such interventions may have been beneficial in the prevention of and recovery from mental health strain experienced on the job. Results show this interpreter achieved mental health stability, yet lacked support when returning to work after a mental health leave of absence. Strength-based interventions, including supervision, extended internships, and the Mental Health First Aid training course are suggested for further research for the ASL/English interpreting field to reduce mental health strain. Mental health resources are listed at the end of the paper.

Keywords: mental health, sign language interpreters, strength-based interventions
EXPLORING STRENGTH-BASED INTERVENTIONS

CHAPTER 1: INTRODUCTION

The Center for Disease Control and Prevention (CDC) (2018) reports that one in five adults in the U.S. will experience a mental illness in a given year, and statistically speaking, some of these adults will be American Sign Language (ASL)/English interpreters. The World Health Organization (WHO, 2018a) identifies mental illness as the leading cause of disability for Americans between the ages of fifteen and forty-four. This project explores the experience of one interpreter’s mental health journey during the first two years of her career. The interventions that were used and their impacts are discussed. Additional strength-based interventions that can be introduced into the field to reduce mental health strain, and encourage emotionally and mentally healthy ASL/English interpreters are also offered. Mental health resources are listed at the end of this paper for further support.

Background

The aim of this study is to research interventions that may help interpreters in their time of need. I share my story here so that others know they are not alone. Using my personal journey as data is a vulnerable choice, and I am grateful that I am here today to be able to share it with you. As Dr. Brené Brown wrote in her book Daring Greatly, Vulnerability is not weakness, and the uncertainty, risk, and emotional exposure we face every day are not optional. Our only choice is a question of engagement. Our willingness to own and engage our vulnerability determines the depth of our courage and the clarity of our purpose; the level to which we protect ourselves from being vulnerable is a measure of fear and disconnection (p. 2).
Success looks different for each one of us. The interventions discussed in this action research project are meant as a starting guide for interpreters as they find their way through their professional work. In addition, the research is designed to provide options of strength-based interventions that are encouraged to become more accessible for ASL/English interpreters and easily understood so interpreters can adopt these interventions comfortably into their work for maximum mental health potential.

Previous research (Heller, Stansfield, Stark & Langholtz, 1986 as cited in Humphrey, 2015; Hetherington, 2012; Schwenke, 2015; Timarova & Salaets, 2011) in the ASL/English interpreting field shows that the work of interpreting is challenging and can have an impact on an interpreter’s well-being, resulting in burnout, compassion fatigue, and vicarious trauma that can cause symptoms such as sadness, nervousness, and stress. Personal reflection from this interpreter’s journal entries reveals signs of sadness, nervousness, difficulty concentrating, and making decisions during jobs. Interventions such as accommodations from this interpreter’s employer, personal therapy, and mentoring/coaching were instrumental in the recovery and sustainability in this interpreter’s mental health journey.

**Statement of the Problem**

This case study’s interpreter found gaps in interventions provided during her mental health journey. Interventions were not readily available once this interpreter graduated from an interpreter training program and entered the profession. In the case study of this action research project, a lack of mental health support such as training, continued education, and ongoing interventions to support the mental health of interpreters in the profession, with or without a mental illness, to prevent burnout, compassion fatigue, and vicarious trauma was found.
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In addition, the stigma that surrounds mental health in the U.S. can prevent the public, including ASL/English interpreters, to seek support and treatment out of fear of being judged, looking vulnerable and weak, or unequipped to perform job duties (Crezee, Atkinson, Pask, Au, & Wong, 2015). Education and awareness of mental illness and the understanding of the impacts stress has on mental health, can reduce stigma and better equip interpreters to incorporate strength-based interventions into their professional lives for mental and emotional health. This action research project began with focusing on interventions to provide stability in a time of need. During the research process, it became an additional goal to reduce stigma around mental health by simply talking about it.

Purpose of the Study

The purpose of this project is to educate and bring awareness of strength-based interventions to encourage interpreters to remain mentally and emotionally healthy. My research explores strength-based interventions that exist and what other interventions can be introduced into the ASL/English interpreting field to reduce mental health strain for interpreters. Although this research is the examination of one case study, it is relevant due to the fact that 1 in 5 American adults will experience mental illness (CDC, 2018) and as of yet, no research has been found on how these issues are impacting ASL/English interpreters.

Theoretical Framework

The overarching theoretical frameworks that guided the conception and execution of this study were Self-Efficacy Theory (Bandura, 1977; Gull 2016; Nolen 2018), Strength-Based Theory (Pattoni, 2012), and the Junto Institute’s Emotion and Feeling Wheel (n.d.). Strength-Based Theory and Self-Efficacy Theory were two theories that showed the strongest connection to the research topic and data. This section summarizes
each theory to lay the foundation for discussing the methodology, data collection, analysis, and results.

In 1977, American psychologist Albert Bandura was the first to establish the Self-Efficacy Theory. Author Nolen (2018) writes that Bandura (1977) defined self-efficacy as “the belief in one’s own capabilities, as an effect on what individuals choose to do, the amount of effort they put into doing it, and the way they feel as they are doing it” (para.7). Self-efficacy is an essential part of mental health (Gull, 2016, p. 44). One method of self-efficacy measurement, according to Bandura (2006), is using a Likert scale. Bandura (2006) describes that in “the standard methodology for measuring self-efficacy beliefs, individuals are presented with items portraying different levels of task demands, and they rate the strength of their belief in their ability to execute the requisite activities” (p. 312). In this study, self-efficacy is relevant because it is related to the belief in this interpreter’s ability to overcome the challenges faced professionally and personally.

According to research by Bandura (1977), Bavjdan, Towhidí, and Rahmati (2011), and Puhlman (2017), individuals with high self-efficacy are able to cope with adversity more effectively than individuals with low self-efficacy. In other words, self-efficacy helps to control stressors. Individuals with high self-efficacy are committed to overcoming challenges, more invested in their life activities, and are more resilient. Compared to individuals with low self-efficacy, who tend to avoid challenges or difficult tasks, center on negativity, and experience defeat quickly. Interpreters face stressors that cause burnout, compassion fatigue, and vicarious trauma (Anderson, 2011). However,
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with appropriate training on how to achieve self-efficacy there can be a higher chance of overcoming said stressors.

It is suggested that educators provide students with “authentic mastery experiences” or opportunities to experience a variety of situations to develop their self-efficacy skills (Artino, 2012, p. 81). More specifically, training should include: helping students set clear and specific goals, encourage the application of challenging goals, providing honest and explicit feedback, facilitating the measurement of confidence in performance and actual performance, and finally, using peer modeling (Artino, 2012). Giving students this training will better prepare them to manage the demands of the field.

Strength-Based Theory, as defined by Pattoni (2012), is an approach that “value[s] the capacity, skills, knowledge, connections and potential in individuals and communities” (para. 1). The strength-based practice or approach is used primarily in the field of social work. Xie (2013) speaks in regard to mental health practices that a “Strength-based approach moves the focus away from the deficits of people with mental illnesses (consumers) and focuses on the strengths and resources of the consumers” (p. 5). Strength-based approaches can be applied to ASL/English interpreters in a way that honors their established values, knowledge, skills, and strengths. For example, interpreters can focus on their strengths as a way to further develop confidence and resiliency in their professional work.

For this study, emotions identified in this interpreter’s journal entries were categorized using the Junto Institute’s Emotion and Feeling Wheel (n.d.). The Junto Institute’s mission with the Emotion and Feeling Wheel started as an emotional intelligence tool. The Junto Institute describes emotional intelligence as the ability to
understand how our emotions interact with our behavior (para. 2). The Emotion and Feeling Wheel acts as a tool to assist with “the development of self-awareness and emotional intelligence” so individuals can better articulate their feelings and mood while also encouraging the development or strengthening of positive habits (para. 12).

The inner circle of the Wheel represents six core emotions: love, fear, anger, sadness, surprise, and joy. The middle and outer circles “contain more specific emotions that are related to the core one” (Chada, n.d., para. 7). For example, under the core category of sadness there is an array of more detailed emotions such as depressed, disappointed, and hopeless (see Figure 1). The middle and outer circles provide a wider range of emotions for an individual to pinpoint a descriptive word for their feelings and mood that will match more accurately.

![Emotion and Feeling Wheel](https://www.thejuntoinstitute.com/blog/the-junto-emotion-wheel-why-and-how-we-use-it)
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Limitations of the Study

While the self-reflective nature of this data enables unique insight and interpretation of the findings in contrast to other methodologies, the approach used here has its limitations. The study is by its nature subjective. The journal entries were originally written for personal reflection and as an outlet of expression, rather than originally intended for data collection and an action research project. It is possible that retroactive analysis may introduce errors through distorted memory or reframing of the entries given the researcher’s historical perspective. Nevertheless, I believe the benefits of self-analysis outweigh the limitations of this study. The self-analysis of this interpreter’s journey has shed light on an otherwise stigmatized topic, thus giving an opportunity for mental health to be discussed in an open platform. The benefit of this research is that it provides a holistic and accessible perspective for professional development for colleagues as well as curriculum suggestions for interpreter training programs. A journal is a means of authentic and raw data collection that, although it cannot be replicated, provides an honest perspective on mental health strains and their effect on novice interpreters.

Additionally, as with all case-studies, the results from this analysis may apply to other interpreters to varying degrees. There are many factors including, but not limited to one’s own personal experience with mental health, life events, stressors such as horizontal violence, and experience in the field.

Finally, the interventions that were applied during the two years of analysis were not applied intentionally for this study. The incidental nature of the interventions is dramatically distinct from a preplanned, controlled, experimental study. While this retrospective approach certainly offers an individual’s unique experience within the
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ASL/English interpreting field, the findings are organic, rather than those that might be claimed by a formal scientific approach.

**Definition of Terms**

The following terms will occur throughout this action research project and are defined here for the purpose of this study.

*Anxiety* - an emotion indicated by stress, worry, and physical changes (American Psychological Association, 2019)

*Burnout* - emotional exhaustion, including negative attitudes and feelings towards an individual’s own job (Wilson, 2011).

*Compassion Fatigue* - physical and mental exhaustion that occurs as a result of caring for sick or traumatized people for an extended period of time (Merriam-Webster Online dictionary, 2019)

*Mental Health* - “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2018b, para. 2).

*Mental Illness* - a wide range of conditions that affect mood, thinking, and behavior (Mayo Clinic, n.d.).

*Stigma* - judgment and negative stereotypes against a specific population (Aberholden, 2019).

*Vicarious Trauma* - an emotional imbalance that occurs after hearing and/or witnessing a person’s traumatic events (as cited in American Counseling Association, n.d.)
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CHAPTER 2: LITERATURE REVIEW

Personality traits and cognitive ability are closely related to job performance and the type of job an individual chooses for their field of occupation (Bontempo & Napier, 2011). Previous research identified the following personality traits for signed language interpreters as self-confidence, optimism, flexibility, stress-resistance, and task-oriented character (Bontempo & Napier, 2011; Lopez Gomez, Bajo Molina, Padilla Benitez, & Santiago de Torres, 2007; Shaw, Grbic & Franklin, 2004). Likewise, in Jimenz Ivers, Pinazo, and Ruiz’s (2014) study, they found a prerequisite for spoken language interpreters was the ability to control stress. Kurz (2003) stated an individual’s personality traits, such as self-confidence, affects the individual’s perspective on stress (p. 55).

However, studies have found that the traits that draw people into a helping profession like the field of psychiatry, for example, may be the same traits that possibly increase the likeliness of experiencing stressors such as burnout (Kumar, Hatcher & Huggard, 2005). The same may be said of the interpreting field; the personality traits that draw individuals toward the profession can be the very traits that are detrimental.

While Bontempo and Napier (2011) note there is limited research on emotional stability of interpreters, there are parallels between psychiatrists and interpreters that can be seen in the personality traits that are at play. Regarding psychiatry, Kumar (2007) says psychiatrists “internalize their stressful experiences” (p. 187). Similar to psychiatrists, interpreters can internalize their experiences, causing vicarious trauma (Harvey, 2003).

Interpreting is a fast-paced, challenging, and professional practice (Schwenke, 2015; Timarova & Salaets, 2011), and the interpreting process is “extremely demanding
work -- emotionally, intellectually, physically, and ethically” (Heller et al., 1986 as cited in Humphrey, 2015). Hetherington (2012) affirms that interpreting jobs “can be highly emotional, and witnessing the distress of others can be distressing for interpreters” (p. 64). The psychological stressors that interpreters face, Schwenke (2015) states, “significantly impair an interpreter’s linguistic and cognitive capacity, physical stamina, and emotional stability” (p. 123). Interpreters need to be capable of analyzing, comprehending all the communication demands of any given job, as well as coping with a range of challenges and stressors (Dean & Pollard, 2013; Schwenke, 2015). The stressors that are inherent to the job can lead to psychological distress like burnout, compassion fatigue, and vicarious trauma (Anderson, 2011). Symptoms of stressors can appear as extreme sadness, hopelessness, worry, nervousness, and fear (American Institute of Stress, 2019).

Stressors of the job may include an interpreter’s personal life such as finances, physical and mental state, resilience level, emotional intelligence, and the type of interpreting job that can trigger specific memories for the interpreter (Anderson, 2011, p. 76). Schwenke (2015) says, “Overall, stress can tax the body and mind,” (p.4), increasing the vulnerability to emotional and physical fatigue which parallels with the symptoms of burnout. Burnout symptoms can include negative thoughts and attitudes related to work (Keidel, 2002, as cited in Alkema, Linton, & Davies), as well as depression and anxiety (Muller, 2013). Results of burnout can lead to early withdraw from the profession and high turnover rates (Dean & Pollard, 2001).

One contributing factor to increased anxiety and depression that interpreters encounter is horizontal violence. Horizontal violence as defined by Ott (2012) is
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“infighting within a group of people who experience stress related to powerlessness” (p. 11). Ott’s study compared horizontal violence in the nursing profession to the interpreting profession. Ott reported that horizontal violence is a stressor that can lead to increased anxiety, depression, and lack of confidence. This is not this interpreter’s experience, however, it is still a stressor worth mentioning that interpreters face in the field.

Interpreters may experience conflicting emotions when they work with a cultural or linguistic minority group (MacDonald, 2015). Audism, a form of discrimination often faced in the Deaf community, is defined as the negative attitudes towards the Deaf community or the belief that the hearing community is superior (Bauman, 2004; Humphries, 1975; Silva, 2005). Examples of audism are “ignoring or not providing reasonable accommodations” and “inappropriate, negative, or lower expectations of success” towards Deaf or hard of hearing individuals (Deaf Choice, Inc., 2012, para. 4). When interpreters bear witness to such events, they may experience a sense of powerlessness while at the same time feeling responsible and a need to take action on their emotions.

In addition, ASL/English interpreters use first-person voice when working with a Deaf/deaf/hard of hearing consumer. When using first-person voice for emotionally charged communication events, the interpreter is at risk for vicarious trauma (Bontempo & Napier, 2011). Vicarious trauma symptoms can include anger, decreased feelings of personal accomplishment, and feelings of hopelessness associated with work. Although vicarious trauma is common among ASL/English interpreters, there is a lack of assistance and training for handling vicarious trauma (MacDonald, 2015).
Another psychological strain is compassion fatigue. Compassion fatigue is a form of stress that occurs when vicarious trauma and burnout combine for an extended period of time after exposure to a traumatized individual as found in the healthcare profession. Symptoms of compassion fatigue include posttraumatic stress disorder (PTSD), anxiety or depression. As a result, patient care and collegial relationships are affected (Cocker & Joss, 2016). As Alkema, Linton, and Davies (2008) state, “...Compassion fatigue is the direct result of specific experiences in the helping professions. Put simply, compassion fatigue is a professional hazard for those who chose to help others” (p. 104). The stress occurs from either directly helping or the desire to help a person who has been traumatized (Figley, 1995 as cited in Hetherington, 2012).

Interpreters are prone to compassion fatigue due to the nature of the work as a helping profession. Compassion fatigue impacts ASL/English interpreters because as professionals in a helping field, as Showalter (2010) writes, “Professionals are walking into another’s life, meaning system, culture, journey, and leaving their personal issues/beliefs and ideas at the doorstep” (p. 240). As well, Deaf/deaf/hard of hearing and hearing consumers can disclose trauma in any given interpreting situation leading to a higher chance of interpreters experiencing compassion fatigue from the exposure of trauma.

An emotional and psychological impact for interpreters can be working with a vulnerable population and job settings, such as “child protection, social work, and mental health settings” (Hetherington, 2012, p. 47), as well as hospitals, courts, prisons and shelters often in the same day (MacDonald, 2015). In the variety of settings, there is a likelihood interpreters will work alone, experiencing professional isolation or work in
is isolated, rural areas. In a study performed by Trimble (2014), 70% of the rural interpreter participants “experience[d] professional isolation either sometimes or all the time” which leads to additional stress and burnout (p. 42; Dussault, Deaudelin, Royer, & Loiselle, 1999).

Interpreters, on average, are put in unique situations where they are frequently “the only person present with access to both languages during interpreted events” (Hetherington, 2012, p. 50). The issue of isolation continues with lack of on-the-job supervision (Dean & Pollard, 2001). Dean and Pollard (2001) report that interpreters feel unsatisfied with interpreter training and post-graduation support that does not prepare them for the transition to the professional world. This has the potential to cause “feelings of insecurity, fear of failure and heightened stress” (Kurz, 2003, p. 64). Recently graduated interpreters are typically unsupervised and without a mentor in the beginnings of their professional careers. Continued learning of dynamics and demands of the profession are acquired through “on-the-job experience” (Dean & Pollard, 2001, p. 11). Though interpreters face similar demands found in professions like medicine and mental health, they are expected to perform without long-term supervision post-graduation.

All the above mentioned risks of a working professional ASL/English interpreter remains a concern for interpreter educators, students of interpreting programs, professional interpreters, and consumers alike (Schwenke, 2015). The lack of education for self-awareness of the risks of the profession may result in interpreters not understanding the potential impact the demands of the job have on their physical and emotional well-being, which could give them a sense of vulnerability and weakness (Anderson, 2011; Harvey, 2003; Hetherington, 2012; Humphrey, 2015). This may create
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a sense in interpreters that they are not equipped to perform the job or accept future assignments. Interpreters become hesitant to admit their vulnerability and weakness out of fear of being judged or losing future assignments (Crezee, et al., 2015).

Although there is a sufficient amount of research about the causes and effects of stressors and demands of the ASL/English interpreting profession, it seems research is limited in regards to interventions to prevent and reduce said mental health strains. However, there are interventions proven to be beneficial in other fields such as medicine, teaching, and mental health that could be applied to interpreters in the ASL/English interpreting field. These interventions are mentoring (Boeh, 2016; Delk, 2013; Locken & Norberg 2015), extended internships (Dean & Pollard, 2001; Schnoes et al., 2018), supervision (Curtis, 2017; Dean & Pollard 2013), self-care, and personal therapy (Grimmer & Tribe, 2001; Khan, Khan, Khan, & Khan, 2017; Patel, Omar, & Terry, 2010). They are shown to reduce the symptoms of stress, burnout, compassion fatigue, and vicarious trauma. Strength-based interventions will be discussed further in this action research project.
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CHAPTER 3: METHODOLOGY

Grounded Theory

The data in this study were analyzed using a Grounded Theory approach. A Grounded Theory approach to analysis begins with a generalized topic. The researcher collects, codes, and compares data in a highly systemic way, following the outline by Glaser and Strauss (1967), eventually developing a theory based directly in the data through comparison and saturation, with thorough note taking. Once a theory has risen from the data, the researcher seeks out relevant literature to find if and how it correlates with previous research (Brown, 2012; Glaser & Strauss, 1967).

I chose this approach because it parallels with the process of action research. The generalized topic is researching strength-based interventions for the mental and emotional health of ASL/English interpreters. The researcher of this action research project collected data through personal journal entries, then coded and compared data from the journal entries. Literature was then sought out to find correlations between previous research on the topic and the current research on the topic being discussed.

Personal Data

The data for this study consisted of personal journal entries completed from January 1, 2018 to June 1, 2018 and January 1, 2019 to June 1, 2019. While personal journaling is a daily practice, the six-month time periods selected were chosen as they were the busiest and most eventful seasons for this interpreter in both 2018 and 2019, and required the most interventions. The entries were coded by following the Junto Institute’s Emotion and Feeling Wheel (n.d.). See Figure 1.

Words and phrases related to an emotion were color-coded based on the core categories of the Emotion and Feeling Wheel: anger, sadness, surprise, joy, love, and
fear. The frequency of words and phrases in each category were calculated and recorded into the six columns noted in Figure 2. The number of words pertaining to each core emotion is totaled in each column. The chart in Figure 2 represents both 2018 and 2019 combined.

In addition to the emotion words provided in the Emotion and Feeling Wheel, some phrases appeared in the journal entries that were not on the Wheel. Some phrases, specifically positive word associated phrases, were converted into one-word synonyms to fit into a core category. These phrases were synthesized into synonyms to capture the emotion into a single word. These words are in bold in Figures 2, 3, and 4.

**Synonyms**

**Thankful:** Thank you, God/Thank you, Lord  
**Better:** better emotions-wise, more comfortable, under control, wasn’t as bad as yesterday, stress level dramatically decreased, haven’t been as anxious/anxiety level down  
**Unmanageable:** out of control, not able to control, can’t control  
**Control:** under control  
**Concern:** not functioning, not fully functioning, isn’t functioning  
**Low:** tired, exhausting/ed, weary, drowsy, sleepy  
**Timid:** lack of confidence, no confidence, confidence is so low, give me confidence, confidence is shaken
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CHAPTER 4: RESULTS AND DISCUSSION

The purpose of this study was to research strength-based interventions to be utilized in an interpreter’s time of need. Research was provided by examining a case study of one interpreter’s personal accounts with mental health and her experience with strength-based interventions over two six-month periods in 2018 and 2019. In this section, each chart and graph is explained in detail to provide a deeper understanding of this interpreter’s mental health journey. The data prepared below begins with the overall data of emotion words collected in both 2018 and 2019. Further details of the emotion words are separated by year. Followed that data are more specific details breaking the data down by month in each year. Finally, the data pans out to a more generalized view by presenting both 2018 and 2019 six month-periods combined. This section also presents a timeline of this interpreter’s mental health journey including the strength-based interventions utilized during the case study.

Below, in Figure 2, is a detailed list of emotion words that chronicles this interpreter’s journal entries used to describe her professional and personal experiences during 2018 and 2019.
### Anger

<table>
<thead>
<tr>
<th>Anger</th>
<th>Sadness</th>
<th>Surprise</th>
<th>Joy</th>
<th>Love</th>
<th>Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Sadness (2)</td>
<td>Confusion</td>
<td>Exploded (2)</td>
<td>0</td>
<td>Fear</td>
</tr>
<tr>
<td>Irritable</td>
<td>Sad (4)</td>
<td>Confused</td>
<td>Inspired (2)</td>
<td>Nervous (10)</td>
<td></td>
</tr>
<tr>
<td>Cranky</td>
<td>Depressed (5)</td>
<td>Confusion</td>
<td>Awake (2)</td>
<td>Insecure (5)</td>
<td></td>
</tr>
<tr>
<td>Frustrated (2)</td>
<td>Depression</td>
<td>Confusion</td>
<td>Alive (2)</td>
<td>Scared (9)</td>
<td></td>
</tr>
<tr>
<td>Frustrating</td>
<td>Pain</td>
<td>Confusion</td>
<td>Good (7)</td>
<td>Anxious (14)</td>
<td></td>
</tr>
<tr>
<td>Grumbled</td>
<td>Loss</td>
<td>Confusion</td>
<td>Hope</td>
<td>Anxiety (17)</td>
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<tr>
<td>Punished</td>
<td>Discouraged (2)</td>
<td>Confusion</td>
<td>Normal (2)</td>
<td>Panic (2)</td>
<td></td>
</tr>
<tr>
<td>Defensive</td>
<td>Lost (7)</td>
<td>Confusion</td>
<td>Motivated</td>
<td>Afraid (8)</td>
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</tr>
<tr>
<td>Hate</td>
<td>Numb</td>
<td>Confusion</td>
<td>Perky</td>
<td>Unsure</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Defeated (2)</td>
<td>Confusion</td>
<td>Full of energy</td>
<td>Scary (2)</td>
<td></td>
</tr>
<tr>
<td>Empty (2)</td>
<td>Confusion</td>
<td>Confused</td>
<td>Thankful (2)</td>
<td>Overwhelmed (4)</td>
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<tr>
<td>Hard</td>
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<td>Confused</td>
<td>Embarassed (4)</td>
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</tr>
<tr>
<td>Disappointed</td>
<td>32</td>
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<td>Concerned</td>
<td></td>
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<td>Bad (2)</td>
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<td>Confused</td>
<td>Concerning (2)</td>
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</tr>
<tr>
<td>Hurt</td>
<td>32</td>
<td>Confusion</td>
<td>Confused</td>
<td>Concern (4)</td>
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</tr>
<tr>
<td>Shunned</td>
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<td>Confused</td>
<td>Shaken</td>
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<tr>
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<td>Confusion</td>
<td>Confused</td>
<td>Timid (4)</td>
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<tr>
<td>Stupid</td>
<td>32</td>
<td>Confusion</td>
<td>Confused</td>
<td>92</td>
<td></td>
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<td>Ashamed</td>
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<td>Confusion</td>
<td>Confused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
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<td>Confusion</td>
<td>Confused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foggy (2)</td>
<td>32</td>
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<td>Confused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmanageable (8)</td>
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<td>Confusion</td>
<td>Confused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (14)</td>
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<td>Confused</td>
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<td></td>
</tr>
<tr>
<td>64</td>
<td>32</td>
<td>Confusion</td>
<td>Confused</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Figure 2. Detailed list of emotion words used in 2018 and 2019**

The color coded core categories and the correlating emotion words shown in Figures 3 and 4 are separated by year to show a more detailed look into what emotions were expressed throughout both six-month processes. The emotion words and their frequency are listed under each core category then totaled. For example, emotion words under the core category of anger appeared five times over the six-month period in 2018.
EXPLORING STRENGTH-BASED INTERVENTIONS

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Words</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadness</td>
<td>Sadness 2, sad 3, depressed 1, depression 1, pain 1, loss 1, discouraged 1, lost 3, numb 1, defeated 1, hard 1, struggle 1, lonely 1, unmanageable 7, low 13</td>
<td>38</td>
</tr>
<tr>
<td>Fear</td>
<td>Nervous 1, scared 2, anxious 4, afraid 3, unsure 1, scary 1, concern 3</td>
<td>15</td>
</tr>
<tr>
<td>Joy</td>
<td>Excited 2, inspired 2, awake 2, alive 2, good 3, hope 1, normal 1, motivated 1</td>
<td>14</td>
</tr>
<tr>
<td>Anger</td>
<td>Angry 1, irritable 1, cranky 1, frustrating 1, grumbled 1</td>
<td>5</td>
</tr>
<tr>
<td>Surprise</td>
<td>Confusion 1</td>
<td>1</td>
</tr>
<tr>
<td>Love</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 3. Breakdown of emotion words for 2018

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Words</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Fear 1, nervous 9, insecure 5, scared 7, anxious 10, anxiety 17, panic 2, afraid 5, overwhelmed 4, overwhelming 1, freaking out 3, embarrassed 4, scary 1, concerned 1, concerning 2, shaken 1, concern 1, timid 4</td>
<td>78</td>
</tr>
<tr>
<td>Sadness</td>
<td>Depressed 4, lost 4, defeated 1, disappointed 1, sad 1, bad 2, hurt 1, shunned 1, ignored 1, stupid 1, ashamed 1, alone 1, foggy 2, discouraged 1, empty 2, unmanageable 1, low 1</td>
<td>26</td>
</tr>
<tr>
<td>Joy</td>
<td>Good 4, normal 1, perky 1, full of energy 1, thankful 2, better 8, control 1</td>
<td>18</td>
</tr>
<tr>
<td>Anger</td>
<td>Frustrated 2, punished 1, defensive 1, hate 1</td>
<td>5</td>
</tr>
<tr>
<td>Surprise</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Love</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 4. Breakdown of emotion words for 2019

Following the list are Figures 5 and 6 pie charts. The pie charts provide a visual contrast of the emotions side by side. In 2018, journal entries show multiple counts of the words unmanageable (7) and low (13) lasting approximately two months (January - February; unmanageable) and one month (March; low), which resulted in absenteeism. This interpreter experienced sadness as she was unable to return to work full-time and graduate school. Although accommodations through this interpreter’s employer were
used during this time to allow the transition from full-time to part-time work with flexibility of hours as needed, this interpreter experienced isolation from colleagues as a ramification. As stated in previous research (Dussault et al., 1999), professional isolation can have a psychological impact resulting in additional stress an individual may already be experiencing. The pie chart shows the majority emotion in 2018 is sadness.

In 2019, there are 37 tokens of fear (anxiety, 17; anxious, 10; and nervous, 9) during the return to work after a mental health leave of absence, as shown in Figure 6. Previous research (Anderson, 2011) shows that stressors such as an interpreter’s mental state and resiliency can impact the level of anxiety an individual may experience. This interpreter entered back into the workforce without the support of mentoring, supervision, or through an internship. As previous research (Boeh, 2016; Delk, 2013; Locken & Norberg, 2005) shows, mentoring, especially for novice interpreters, such as this case study’s interpreter, and supervision provides a community of collegial support, and a decrease in anxiety and stress experienced on the job. As well, internships provide the opportunity to increase confidence and self-efficacy skills while under the support of supervision (Schnoes et al., 2018).
Figure 5. Pie chart 2018

A bar graph, Figure 7, is also provided to show the visual comparison of emotional words between 2018 and 2019.

Figure 6. Pie chart 2019
Figure 7. Bar graph 2018 and 2019 comparison

Next, line graphs Figures 8 and 9 show the change over time of emotion words by month between January and June 2018 and January and June 2019.

Figure 8. Line graph 2018
In February 2018, the journal entries indicate a transition from anxiousness to sadness. This transition coincided with the switch from full-time work to part-time work. The journal entries record feelings of “deep, defeated sadness” and “discouragement” over the loss of the stability of work (February 2, 2018; April 3, 2018). Grieving about work impacted emotions as shown in Figure 8.

Another factor mentioned in the journal entries was the struggle to continue graduate studies. By mid-March 2018, all mention of emotions began to lessen in frequency. This decrease coincided with a voluntary term off from graduate school, receiving more medical attention to manage emotions (personal therapy), and accommodations provided by the employer. The accommodations provided by the employer paralleled with those provided to an employee with a physical illness (e.g., sick leave, temporary or limited work hours). The collaboration with the mental-health-informed employer was crucial for treatment and the journey to stabilization. As will be discussed in the interventions portion of this project, education of mental health can make a difference in an employee’s ability to successfully re-enter the workplace after a leave of absence due to mental health conditions.

April 2018 shows a significant drop for all six core category emotions. The line chart shows that mentions of joy in the journal entries became more frequent while at the same time more support was provided, such as personal therapy and continued accommodations through the employer.
In April 2019, fear plateaued. Joy rises similarly to the previous year in April 2018 as again, support was provided. Interestingly, in April 2019, the intervention of coaching provided through the Masters of Arts in Interpreting Studies (MAIS) graduate program at Western Oregon University (WOU) in Monmouth, Oregon began. Coaching provided collegial support that fostered the ability to regain confidence as an interpreter after a turbulent year personally and professionally. Sadness begins to rise in April 2019 as well. However, this coincided with the anniversary of a major life event that occurred the previous year in April 2018.
2018

Figure 10. Line graph for 2018 and 2019

1  2        3          4        5
6         7     8  9      10        11

2019

Figure 11. Interventions and life events represented for 2018 and 2019

Line one of the interventions and life events chart displays increasing sadness because the interpreter is “not able to go back to work or school full time” due to declining mental health (February 8, 2018). Line two shows an increase of a range of emotions: sadness, anger, joy, surprise and fear. The journal entry states, “Tomorrow I
return to work after two weeks off” (February 11, 2018). Between lines two and three, there is a decrease in sadness, anger, and surprise for the reason of receiving accommodations through this interpreter’s employer. There was constant confidential communication between this interpreter and supervisors, as well as flexible work hours.

However, on line three, there is an increase of fear as this interpreter was returning to work without additional support, other than accommodations, in place. Lines three and four show in journal entries for March 20, 2018 and April 15, 2018 indicating medical intervention. On line five, joy and sadness both begin to increase. This interpreter is put on a medical leave of absence and receives support from her family and friends. The journal entries record fear out of inability to return to work full-time in the upcoming fall season. Joy increases towards the end of May 2018 because the interpreter claims their experience can benefit others with mental illness (May 22, 2018).

The data transitions to 2019 on line six. Line six shows a noticeable spike in fear. This interpreter writes, “I am so anxious to return to work. My confidence has been shaken after a month off” (January 1, 2019). This interpreter returned to work less than ten hours a week during the fall season (September-November). This interpreter also reports they are “hyper focused trying to follow what was being said...but not understanding” during interpreting and continues saying, “It was concerning.” (January 16-17, 2019). She proceeds to say she is “overwhelmed with work and school,” her “anxiety is paralyzingly high at work,” and states that her “confidence is so low” that it impacted her work (January 19, 22, 23, 2019). As stated before, an interpreter’s lack of confidence affects their ability to manage stress (Kurz, 2003), as seen in this case study. This interpreter also writes, “...the anxiety [is] taking a toll on my body” (January 25,
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2019), reinforcing Schwenke’s (2015) statement that stress can tax the body, as well as the mind, increasing the vulnerability to emotional and physical fatigue. The emotional and physical fatigue also impacts the interpreter’s cognitive capacity to analyze and comprehend the message to be conveyed through interpretation (Schwenke, 2015).

On line seven, medical intervention (medication) is introduced to reduce symptoms of anxiety. Line eight shows an increase in fear and sadness. This was a result of an external factor that played into additional stress experienced alongside graduate work responsibilities and insecurities about interpreting work (March 3, 2019).

Line nine shows an increase of fear and sadness when the interpreter begins to question her ability to become nationally certified (March 14, 2019). On line ten, fear and sadness start to decline. This correlates with the start of coaching through the graduate program. It also coincides with a life event from the previous year that occurred in April 2018. On line eleven, sadness and anger begin to increase. Journal entries show that because of the inability to work and attend graduate school full-time, this interpreter experienced anger. Personal life events and stressors contributed to the increase of sadness during this time.

**Strength-Based Interventions**

What do we do about the concerns of the stressors and demands of the ASL/English interpreting field? In my opinion, it relates back to mental health education in training programs, mental health training for professional interpreters, and strength-based interventions for effective and efficient work. This section suggests items that interpreters might like to add to their personal self-care plans. The journal entries identify a few interventions that aligned with improved mood over the two years analyzed, as well as gaps with interventions. Several other interventions would be worth exploring. In the
two years of the data collection for this action research project, the interventions used were accommodations, mentoring/coaching, and personal therapy.

Reavley, Ross, Killackey, and Jorm (2012) state, there is limited support for employees with mental health disorders because existing return-to-work models focus on accommodations for physical conditions rather than mental health conditions. WHO (2019) says it is beneficial for employees with mental health disorders to have flexible work hours and “confidential communication with management” for the capacity to successfully return to work (“Supporting people with mental disorders,” para. 1).

However, WHO states that,

Because of the stigma associated with mental disorders, employers need to ensure that individuals feel supported and able to ask for support in continuing with or returning to work and are provided with the necessary resources to do their job. (“Supporting people with mental disorders,” para. 1)

In this case study it was shown that accommodations such as confidential communication with supervisors and flexible hours provided by the employer of this case study’s interpreter, were instrumental in the interpreter’s recovery and ability to return to work. These accommodations were specifically helpful during mid-February to mid-March 2018 as shown in Figure 11.

One intervention proven to be effective in the nursing, medicine, and teaching fields is mentoring (Delk, 2013). As represented in Figure 11, mentoring or “coaching” as used by the graduate program at WOU, was beneficial and aided in improved mood. Mentoring could be beneficial for creating support, especially for novice interpreters in various settings, says Boeh (2016). Mentoring can be used to establish “an internal
network of support within the interpreting community” (Delk, 2013, p. 3). In addition, in their nursing study, Locken and Norberg (2005) found that mentoring reduced nursing students’ anxiety and stress. However, Boeh (2016) states in her research about mentoring that there is limited research on the benefits of mentoring in the ASL/English interpreting field.

As indicated in journal entries, the intervention of personal therapy provided ongoing support in improving mental health symptoms during January to June 2018 and January to June 2019. For professional athletes, it is common to experience high and sometimes debilitating sports-related performance anxiety. One approach to managing the sports-related performance anxiety is through cognitive behavioral therapy (CBT) (Khan, et al., 2017; Patel, Omar, & Terry, 2010). It was shown in Patel, Omar, and Terry’s (2010) study of young female athletes, that CBT reduced anxiety and improved focus and concentration.

As well, in helping professions like counseling use personal therapy as a way to manage and maintain positive mental health. In the U.S., counselors are encouraged to participate in personal therapy. In the U.K., counselors-in-training are required to participate in personal therapy (Kumari, 2017). Previous research, as indicated in Grimmer and Tribe (2001), found that counselors-in-training reported improved self-esteem, work function, and mental health symptoms after engaging in personal therapy (p. 288). Therefore, this action research project suggests personal therapy for interpreters to seek support for stress caused by the demands of the job.

Another intervention that can be beneficial in reducing stress is self-care plans. Self-care is important for the individual interpreter, but what can interpreters practice to
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even mental health stability? Some self-care strategies that can be applied in general include community with others (Mental Health America, n.d.), self-awareness (Hall, 2019), ability to ask for help (Bacznski, 2019), and education about how to do self-care (Davis, n.d.), which are all incorporated into the established interventions for ASL/English interpreters. Interpreters are advised to create personal self-care plans to maintain self-awareness for their psychological well-being, otherwise they become prone to burnout, compassion fatigue, and negative self-talk (Humphrey, 2015).

Although some may consider it a divergence from the psychological interventions, the importance of diet and exercise is worth a mention. The psychological benefits of physical care cannot be overstated. Crezee et al. (2015) finds “cutting back on meals and sleep has long-term effects on physical and mental health” (p. 78). Crezee et al. (2015) continue to say burnout and vicarious trauma can be minimized through relaxation and mindfulness exercises, exposure to nature, and awareness of the body.

Other interventions were not used, but hold promise for supporting the mental health of interpreters. The interventions reviewed above were identified and found effective in this data. Several other interventions are offered, because they may be worth exploring by interpreters and in future studies. Strength-based interventions explored for this study, but not utilized during the two year case study are demand-control schema (DC-S), supervision, extended internship, and Mental Health First Aid training courses.

One recommended approach (framework) specifically designed for the ASL/English interpreting profession is the Demand Control Schema (DC-S) established by Dean and Pollard (2001). Demands of interpreting are facts about the work that “impact the decision-making involved in your work” (Dean & Pollard, 2013, p. 4).
Demands are categorized into four sections: environmental, interpersonal, paralinguistic, and intrapersonal. Controls are the responses and decisions made by the interpreter based on the demands of a particular job. Dean and Pollard (2013) define DC-S as “a framework for understanding, analyzing, and talking about the work of interpreting” (p.4). This framework also includes discussions about the participants in an interpreted event and how the interactions are shaped by an interpreter’s participation in the event (Curtis, 2017; Dean & Pollard, 2013).

The DC-S model is used as the framework for supervision, a suggested intervention for interpreters. As recommended by Dean and Pollard (2013), supervision, a form of confidential case conferencing, is an intervention that can reduce psychological strain such as burnout, compassion fatigue, and occupational stressors that are related to the job (Curtis, 2017). During supervision, dialogue is centered on control options that are discussed and analyzed to provide the interpreter with tools and resources to incorporate into their work accordingly (Curtis, 2017; Dean & Pollard, 2013).

Supervision is utilized in both the medical and mental health professions, but still new to the ASL/English interpreting profession. There is a need for emotional support among colleagues, especially those experiencing vicarious trauma, isolation, and burnout. Still, there is a lack of supervision practice in the interpreting field, and there is no available data about supervision attendance, reasons for participating, features of a session, or benefits (Curtis, 2017).

An intervention proven to be effective for professions like medicine and mental health are extended internships and residencies. Internships are beneficial for increasing overall confidence and decision-making skills, and providing a social network. In
addition, internships are an opportunity to learn roles and responsibilities of the job from experienced professionals in the field (Schnoes et al., 2018). There are a variety of internship hours required depending on the professional training program, anywhere from eight weeks to one year. For the ASL/English interpreting field, internships are on average ten weeks (120-300 hours) (Community College of Philadelphia, n.d.; Kent State University, n.d.; S. Hewlett, personal communication, April 3, 2019) during interpreter training programs. For counselors, according to the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2019), students are required to complete 600 supervised internship hours with clients. In addition to internships, counseling students participate in regularly scheduled group supervision on average for 1.5 hours per week.

Nursing students complete residency programs lasting six to twelve months (Bleich, 2012). The residency programs’ goal is to “help recent graduates transition into clinical practice” (Nursing Centralized Application Service, 2018, para. 1). In the field of psychology, most internships require 40 hours a week for ten to twelve months. Dean and Pollard (2001) emphasize the need for an “extended period of supervised practice for sign language interpreters” comparable to internships and residencies of other demanding professions such as medicine and the mental health field (p. 13). These professions are supervised for extended periods of time after classroom-based learning has been completed. Extended internships can provide the additional support recent graduates of interpreting programs need for entering the professional world.

A final intervention is a Mental Health First Aid training course. A study was conducted in Australia by Kitchener and Jorm (2004) who offered a Mental Health First
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Aid training course. While first aid training courses are designed to provide appropriate help at the first signs of a medical emergency, a majority of first aid training courses do not provide training on mental health (Kitchener and Jorm, 2004; Svensson & Hansson, 2014). The course was confirmed to be effective because of the improved awareness of mental health literacy, confidence in offering appropriate help, decreased social distance from individuals with mental illness, as well as benefiting participants own mental health (Kitchener & Jorm, 2004). Still, Kitchener and Jorm (2004) report, the “potential criticism of Mental Health First Aid training is that it will lead to excessive labeling of life problems as mental disorders by members of the public” (p. 6). Despite the potential criticism, the study showed no impact on this issue. Kitchener and Jorm (2004) recommend the course is applicable to a variety of settings.

In the United States, Mental Health First Aid training courses are offered through Mental Health America and the National Council for Behavioral Health. Through Mental Health America, the training is an eight-hour course taught by a trained facilitator (Mental Health America, 2019). Through the National Council for Behavioral Health, the Mental Health First Aid training course provides information about warning signs, the impacts, and common treatments for mental health problems. The training also includes role play and simulations to show how to assess a crisis situation and how to provide help. It also includes an overview of interventions, as well as connections to resources (National Council for Behavioral Health, n.d.)
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CHAPTER 5: CONCLUSION

This action research focused on strength-based interventions that were applied to one ASL/English interpreter during two six-month periods in her mental health journey in 2018 and 2019. In this case study, research of training, continued education, and the implementation of ongoing strength-based interventions were limited regarding the prevention of mental health strain experienced by interpreters in the ASL/English interpreting field. It is encouraged that the topic of mental health become an open discussion to reduce the stigma that prevents interpreters from seeking help in their time of need. Further research is suggested and recommended in this section for interpreter training programs and professional development. Additional resources are provided at the end of this paper for further support.

Further Research for Interpreter Training Programs

It is important to educate interpreting students of the stressors and demands of the profession, such as burnout, compassion fatigue, and vicarious trauma. It is also important to educate interpreting students about the impact the stressors and demands of the job can have on mental health. Students must learn about coping strategies, triggers, awareness of emotional intelligence such as confidence and resilience, and the development of self-efficacy skills (Crezee et al., 2015; Bontempo & Malcolm, 2011, 2012; Jimenz Ivers et al., 2014, Puhlman, 2017, Zenizo, 2013). No previously published research was found regarding mental health and mental hygiene curriculum in ASL/English interpreting programs.

An opportunity for further research may include creating curriculum that focuses on mental health and mental hygiene for ASL/English interpreting students. ASL/English
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interpreter training programs are encouraged to incorporate evidence-based practices discussed in this project in the best interest of future interpreting students. Another suggestion is to provide ASL/English interpreting students with extended internships, possibly lasting a year past graduation from an interpreter training program, similar to the medical and counseling professions.

Further Research for the ASL/English Profession

To date, there is minimal previous research about strength-based interventions for the mental health of ASL/English interpreters. Previous research has focused more on physical care rather than mental and emotional care. A topic of research could include why there is a lack of strength-based interventions in the field of ASL/English interpreting. Data collection could consist of interviews with professions that use strength-based interventions, such as supervision. Interviews could also be conducted with professional interpreters to find out what interventions have been successful for them and other suggestions they may have. In addition, it may be beneficial to study what interventions work best in the process of interpreting: pre-assignment, during the assignment, and post-assignment. Several strength-based interventions were offered as suggestions in this action research and may be worth exploring by interpreters and in future studies, such as supervision, extended internships, and Mental Health First Aid training courses.

Further research may also involve collaboration of interpreting programs with other educational programs in colleges and universities. For example, WOU has a master’s program for Rehabilitation and Mental Health Counseling (RMHC). A practicum is required for RMHC students to practice their counseling skills. A suggestion for both the RMHC and ASL/English interpreting programs is to collaborate with both
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groups of practicing students to satisfy skill development (RMHC) and mental health support (interpreting program). This type of collaboration can be modeled in interpreter training programs across the country.

A final suggestion for further research may include the benefits of performance anxiety and how, if managed appropriately, can have a positive impact on performance. Although anxiety has a reputation of negatively impacting the ability to learn or perform a task, research shows moderate levels of anxiety can make for greater results in performance (as cited in Khan, et al., 2017). One suggestion is interviewing interpreters about their experience with anxiety and how it has benefitted their work, and whether anxiety has decreased over time with experience in the field.

In Closing

The purpose of this action research project is to educate and bring awareness of strength-based interventions to encourage and support the mental and emotional health of ASL/English interpreters. An accompanying purpose of this action research project is to reduce stigma through education and prompt discussion about mental health. The hope is to find an effective way to bring awareness of mental health to the field to promote mental hygiene for all interpreters, as well as make the research accessible and easily understood so interpreters can adopt strength-based interventions comfortably into their work. I also hope my research will inspire and encourage interpreters to openly and bravely discuss their work with colleagues and trust each other through the process of strength-based interventions.


EXPLORING STRENGTH-BASED INTERVENTIONS


EXPLORING STRENGTH-BASED INTERVENTIONS


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EXPLORING STRENGTH-BASED INTERVENTIONS


RESOURCES

- Anxiety and Depression Association of America
  - https://adaa.org/

- Depression and Bipolar Support Alliance (DBSA)
  - https://www.dbsalliance.org

- Mental Health America (MHA)
  - http://www.mentalhealthamerica.net/

- National Alliance on Mental Illness (NAMI)
  - https://www.nami.org/

- Mental Health Emergency Planning Packet

- Mental Health First Aid training
  - https://www.mentalhealthfirstaid.org/ (pp. 28-33)

- National Prevention Strategy

- If you are in an emergency, please call 911 or the National Suicide Prevention Lifeline at 1-800-273-8255