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Self-care in the field of interpreting

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Self-Care in the Field of Interpreting

By

Amy Lyn Zenizo

A thesis submitted to

Western Oregon University

In partial fulfillment of the

requirements for the degree of:

Master of Arts in Interpreting Studies

April 2013

EVALUATION PAGE

The undersigned members of the Graduate Faculty of Western Oregon University have examined the enclosed thesis entitled:

Self-Care in the Field of Interpreting

Presented by Amy Lyn Zenizo

A candidate for the degree of: Master of the Arts in Interpreting Studies

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

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ABSTRACT

Self-Care in the Field of Interpreting: Promoting Longevity in the Field

By

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Master of Arts in Interpreting Studies

College of Education

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The purpose of this research is to investigate what interpreters for the Deaf perceive as self-care and how much time they engage in self-care per week. This study takes a holistic approach to looking at interpreters for the Deaf who work in the field and what their practices of self-care are. Self-care was examined within the context of the physical and emotional impacts of interpreting.

I approached this study from inside the profession by asking a sample of nineteen interpreters to participate. Other published works make

recommendations for interpreters; however, this study looks at activities interpreters participate in that focus on self-care to sustain balance between their career and personal lives.

This study reveals that interpreters identify self-care as the physical need to exercise, stretch, or receive bodywork. When interpreters were asked about self-care, only one mentioned the moral support of colleagues, debriefing, or peer review. Many who participated stated that they would like to take part in more identified acts of self-care and believe that doing so would be beneficial in avoiding injury and promote longevity in the field.

The findings that emerged from this study exposed the fact that many interpreters benefit from debriefing with colleagues. Further investigation could uncover why interpreters do not consider speaking with their colleagues as a form of self-care. The main reason they do not consider debriefing self-care could be because of the Code of Professional Conduct set forth by the Registry of Interpreters for the Deaf (RID), and professional practices around confidentiality (NAD RID, 2005).

Chapter 1

INTRODUCTION

Background

After working as an interpreter for over 25 years, I began to examine my own stress level and the amount of hours I was working. It became clear to me that I needed to take better care of myself if I were to remain in the field of interpreting for the Deaf. Many of my scheduled activities revolved around work and very little time was focused in the area of self-care and promoting my own well being. I had heard anecdotes about interpreters for the Deaf sustaining injuries caused by the repetitive motions of signing that lead to their no longer being able to work in the field. As a result, I began to inquire, within my professional contacts, as to what other interpreters did for self-care. Though this was not an organized study, it lead me to seek out more information about how practicing interpreters and other professionals engage in identified actions of self-care. In the setting of graduate studies at Western Oregon University, I have been able to organize a formal study within the framework of an institutional review board to take a more in-depth look at how interpreters for the Deaf engage in self-care.

According to Scoggins (2012) the field of signed language interpreting has grown exponentially in recent years, from 400 members of RID in 1972 (Cokely, 2005) to over 16,000 members in 2012 (RID, 2012). This growth is the result of an abundance of work and a high demand for ASL interpreters (p. 24). In spite of

the rapid growth in the field of interpreting, the demand still exceeds the number of trained interpreters available to work. This creates pressure on interpreters to work for many hours each week, sometimes resulting in physical and emotional stress on the interpreter. Physical stress or injuries can occur due to repetitive motion, strained muscles and joints from moving in awkward positions, and tactile contact. The profession of interpreting for the Deaf requires “physical stamina, [and] endurance” (RID, 2013). Emotional stress may be caused by mental fatigue from vicarious trauma that is caused by interpreting content that can be emotionally challenging, as well as the pressure to keep up with the message. The demands of interpreting require “the ability to emotionally handle an assignment and adhere to confidentiality” (RID, 2013). In more recent years, interpreters who work in a specialization called Video Relay Service (VRS) are expected to interpret for phone calls that are processed for people nationally and sometimes internationally about a wide variety of topics. The interpreters usually do not have any way to prepare for the topics on which they interpret other than their own training or prior knowledge for understanding content. The interpreter then processes the information into American Sign Language (ASL) or English and is expected to express it cohesively.

The purpose of this thesis is to take a closer look at what practicing professional interpreters for the Deaf perceive as self-care, and what identified actions they participate in to minimize the impact of both physical and emotional stressors, and how much time they engage in those activities.

With the diversity of information processed and the sheer volume of interactions, interpreters are at risk for vicarious trauma or empathetic fatigue (Harvey, 2003). One of the ways interpreters contend with psychological stressors while still functioning in the role of professional interpreter is to debrief and connect with someone who is supportive and who will not pass judgment. By conversing with colleagues about what has transpired, one can affirm one's own professional choices. If interpreters are not able to debrief about their own choices in any interpreting assignment, they may have the ability to let go of it on their own; however, connecting with those who understand the field, the culture of interpreting, and the vast variety of choices that can be employed has proven to be a more efficient and safe way to move beyond internalizing these situations. The ability to deal with these diverse situations, recognize the possibility of vicarious trauma and learn how to navigate physical and emotional health can be a solid base to build as new interpreters are trained.

Statement of the Problem

This research is important because in the field of interpreting injury is common due to the length of assignments, the amount of time that interpreters work in any given shift and the biomechanical factors involved in the work that they do (Johnson & Feuerstein, 2005, p. 414). In this study, the researcher takes a distinct look at the different ways interpreters for the Deaf view and identify their own actions of self-care, and how often they practice self-care. This study will focus on self-care in the field of interpreting for the Deaf, to promote longevity in

the field by investigating the ways that a small sample of professional interpreters avoids injury, psychological trauma and how they practice self-care.

Considering self care and the traditional practice of interpreting, in the past, according to Dean and Pollard (2001), interpreters often perceived the tenet of the RID Code of Ethics related to confidentiality, as a rule, meaning that they were not allowed to share any aspect of their work with each other or anyone else. It is considered an infraction to reveal anything that has transpired (p. 29). However, collaborating and discussing professional choices with colleagues may be a way to maintain health and well being in an ongoing career as an interpreter.

As the field of interpreting has evolved, the need for professional, educated, well-trained interpreters has grown exponentially. Part of their training must include practice around the ability to know one's own limits physically and mentally, to develop ways to recognize when one has breached those limits, and structure self-care into daily routines. Physical health is of the utmost importance to keep body parts functioning well so that the physical demands of interpreting can be met. Psychologically, interpreters must also develop healthy practices to remain cognitive of their own well-being and still be able to interpret, while avoiding empathetic fatigue which can lead to negative and destructive thought patterns (Stebnicki, 2008, p. 113).

Purpose of the Study

The purpose of this study is to determine how interpreters protect their own physical and psychological health. Interpreters and people of other professions such as nursing and education enter their fields with vigor and excitement, ready to work. They may or may not be trained in different ways to keep up with the stamina that is required involving ethical decision-making and physical demands. Occasionally interpreters are required to work for more than an hour at a time with no break. The problem with continuously staying focused on processing language auditorily, visually and physically is that the accuracy of the message may begin to be compromised. Focusing on visual and auditory input for long periods of time can be taxing. Often interpreters work for multiple hours in each day for multiple consumers on a wide range of topics and throughout this time the mental strain, emotional variation of content as well as physical demands, could put a strain on the emotional psyche and the overall physical health of the interpreter. The key questions and ideas this research focuses on are:

- What do interpreters practicing in the field identify as actions of self-care?
- Do interpreters practice self-care regularly?
- What do interpreters do to stay healthy in their own life?
- What recommendations do interpreters in the field have for those new to the field to establish healthy professional practices?

Clearly these are not all the questions that could be investigated, but I chose these essential questions to approach a preliminary study of what is happening currently in the field within this small sample of professionals. I also researched if those who participated in this study have experienced injuries and how they identify best practices around avoidance of injury while working.

Theoretical Basis and Organization

This research is done from a qualitative approach working towards understanding behavior of professional interpreters who work between signed and spoken languages. Using the qualitative method and open coding, stemming from the grounded theory or bottom up approach, analysis of the data is being conducted (Glaser & Strauss, 1999). Grounded theory approaches the subject matter with data collection as one of the initial steps rather than starting with a hypothesis. Reviewing the data, several patterns emerged. These patterns are then “coded” or highlighted, circled, making notes in margins on the actual data, and tallied to notate when they occur or reoccur in the data that has been collected. Open coding is used to bring forward those patterns and repeated responses from the surveys (Corbin & Strauss, 1990). Coding patterns and terms that were repeated among responses, revealed that interpreters have their own ideas for self-care; ways that allow them to stay healthy in their professional and personal lives.

I was fortunate to have an insider perspective enlisting the participation of a group of professionals most of whom I have worked closely with for more than

five years. This also brings bias to the research study because my perspective is limited to the position of viewing it from within the field. The research is based on qualitative methods taking an epistemological approach recognizing methods and identified actions interpreters engage in for self-care. Asking open-ended questions about what participants identify as self-care, how they debrief, to promote psychological wellness if they have had injuries and how they believe injuries are avoided are all investigated using responses to questions in the form of a survey (Blaxter, 2010, p. 66). The surveys were handed out and collected at the site where interpreters work. This research is modeled from a basic qualitative approach called grounded theory (Glaser & Strauss, 1999), clustering common responses and themes that repeated throughout the survey process. Some responses were more elaborate in volume where participants chose to share their own personal experiences where as others were simple one word answers. Identified actions or beliefs were also coded and evaluated for both content and meaning. Gathering responses from participants was studied as a collection of facts about what interpreters practice. This is a similar approach to data collected in a study done by Temple and Young (2004) when examining the translation differences focused on by the translator in the research.

This study is organized to help interpreters, agencies that employ interpreters, and educators of interpreters understand the importance of self-care, not only physically but also psychologically, in order to promote fulfilling careers. To the best of my knowledge, no study has been organized in this way. While the recommendations flourish, taking a look at what actually happens is a

step toward developing training and requirements to maintain mental and physical health during the educational process of interpreter training programs. Because the skill of interpreting for the Deaf is culturally sensitive, navigating between two cultures within one nation requires specialized training and years of practice. A well-trained, educated interpreter is precious to our unique culture. Trained interpreters for the Deaf promote respect and support for Deaf people and their right to self-determination and true communication access (CIT, 2004). There never seems to be enough interpreters to fulfill the demand. Promoting self-care to keep interpreters safe will help establish longevity so this field will continue to grow and evolve as the profession continues to advance.

Definition of Terms

There are many terms that are used specific to the field of interpreting and several that are specific to this thesis. Below are definitions to terms as they apply to this thesis.

For the purpose of this study, the term “self-care” has been identified as ways to stay healthy. This includes identified actions that promote ways to remain physically and psychologically healthy.

In this study the term “debriefing” refers to speaking with another individual about a period of time during an interpreting assignment where specific decisions were made. Discussing these decisions in order to understand and explain or reflect on these choices can allow the interpreter to gain support or

suggestions about why these choices were made. It is possible they will also recognize other options could have been chosen.

For this study, the term “professional practice” denotes the interpreter’s abilities to design their own best practices in interpreting in accordance with RID’s Code of Professional Conduct (NAD RID, 2005) to establish boundaries and the best possible professional choices.

The “demand-control schema” (DC-S), applying demand-control theory from Karasek (1979), also employs a form of debriefing a “job analysis method useful in studies of occupational stress and reduction of stress related illness, injury and burnout” (Dean and Pollard, 2001, p. 1). Many educators of interpreters have adopted DC-S constructs as a way to process stress on the job and work to reduce stress in the workplace. DC-S helps interpreters develop their own professional practice seeking out the most ethical choices for a variety of possible scenarios that can arise while working. Controls are identified choices of action that could be employed in a given situation, and demands are identified requirements of a job or career.

“Video relay service” (VRS) is a call center where interpreters work to process phone calls between consumers who use signed language to communicate and those who use spoken language. Interpreters are able to see the Deaf consumers on a television screen and process what the Deaf consumer is signing in order to interpret the message into English for the person on the phone who can hear. In turn, the hearing person speaks and as the interpreter hears spoken language they then produce the message back to the Deaf person

by way of a camera that is transmitted to the Deaf person's television or other projection device. Sometimes when the interpreter cannot decipher the language or hear the spoken language consumer, they may opt to call a team interpreter.

“Team interpreters” function as support for each other, offering assistance in comprehension of language and other professional choices, when the assignment may be of an urgent nature (See: [RID Standard practice paper; team interpreting](#)). Team interpreters also work together in other venues on jobs longer than a predetermined length and take turns processing language for consumers at specified intervals of time. Team interpreters also provide support to the interpreter who is working in regard to language if there are any linguistic discrepancies. For example, if an interpreter is working in a large venue, conference, or lecture and has difficulty understanding someone who calls out a question from the back of the room, the team interpreter can move about or listen specifically to these cues and feed missed information to the interpreter in the front of the venue. Another example would be in VRS when the interpreter is having trouble deciphering the message from the auditory source due to either technical connectivity issues or other auditory challenges such as an accent that is difficult to comprehend. The team interpreter can assist by providing a second set of ears to focus on listening to words while the primary interpreter focuses on translation of meaning. This process is also referred to as “teaming” and some of the participants in this study refer to teaming or enlisting the help of a “team” interpreter as self-care.

For this study, the term “balance” refers to the interpreter’s ability to find equilibrium between the sometimes taxing demands of employment and home life or life outside of work.

Certification for interpreters working in the United States takes several forms. A Certified of Interpretation (CI) ensures that the interpreter has taken a national test facilitated by the Registry of Interpreters for the Deaf (RID) and passed at a satisfactory level to interpret between ASL and English. A Certificate of Transliteration (CT) ensures that interpreters are competent at transferring meaning between signed language in English word order and spoken English. The National Interpreter Certification (NIC) is a more recent test (2007) that examines competencies in both transliteration and interpreting within one test. Specialist Certificate: Legal (SC:L) is a type of certification that ensures that specialized knowledge in the area of legal settings and legal terminology has been demonstrated. SC:L certification has been available since 1998, (Registry of Interpreters for the Deaf, 2012). The Educational Interpreter Proficiency Assessment (EIPA) is a test administered by Boys Town National Research Hospital in Omaha, Nebraska. The EIPA is a tool that evaluates skills of interpreters who work in the elementary through secondary classroom that includes a comprehensive rating system. The EIPA has a scoring system that ranges from 1.0 to 5.0 and has been in existence since 1991. The National Association for the Deaf also had a test but in 2003 decided to merge with RID to develop the NIC test.

Chapter 2

LITERATURE REVIEW

In this research, current practices among a small sample of practicing professional interpreters from inside the field was investigated. According to the Registry of Interpreters for the Deaf website, signed language interpreting is a professional practice. RID membership is over 16,000 individuals, some of whom serve consumers nationally and internationally (Member center overview, 2012), and “approximately 9800” of the members are certified (Butts, R., personal communication, November 20, 2012). Though there are approximately 9800 certified interpreters serving consumers, the profession is still in great need of skilled interpreters. For example, Taylor (2005) states the goal, “Increase the pool of interested certified interpreters who may be qualified to work as VRS interpreters. There is a rough estimate stating there are over 500,000 Deaf individuals who use Signed Language to communicate in the U.S.” (Mitchell, Young, Bachleda & Karchmer., 2006). Due to the number of Deaf consumers, growth in the field of interpreting is necessary.

According to Taylor and the task force report of 2005, the diversity of the work and the high physical and mental demands (p. 10-12), show that interpreters strive for perfection, pushing beyond physical comfort to perform and endure emotions that can tax their own mental stability over time (Schwenke, 2012, p. 45). The biomechanical factors inherent in the work and the prevalence of injury in interpreters working long hours (Johnson & Feuerstein, 2005), brings

into question how interpreters practice self-care. This also highlights how much they engage in the identified actions of self-care, if they are aware of the prevalence of injury, whether or not they experience injury, and how they currently practice to avoid injury and keep their bodies healthy.

Physical Risks for Interpreters Working Between Signed Languages and Spoken Languages

Freeman (2010) discusses the movement patterns that occur as a result of the repetitive and rapid nature of interpreting for a high percentage of the time, which can lead to repetitive stress injury (RSI). In addition to the repetitive movement and rapid pace, interpreters are often unable to switch every 20-30 minutes as recommended (Johnson and Feuerstein 2005, p. 414) and, this adds to possible injury from working with the upper extremities under these conditions.

Taylor (2005) writes that VRS is a setting where interpreters work processing phone calls between consumers who use signed language to communicate and those who communicate in spoken language. In this report, some of the findings were related to interpreting at VRS, and concrete strategies that help interpreters maintain health and balance were recognized. Some examples of these strategies are outlined as finding ways to rejuvenate, practicing endurance, and practicing self-talk, “I am doing my job,” “I am doing the best job I can do,” and “just let this run off my back’.”

Dean, Pollard, & Samar (2010) found that many agencies, as well as VRS and educational K-12 settings where interpreters work, are aware of the risks

involved with injury due to the stressful nature of the job. Because of the recent establishment of VRS and the evolution of the standards of practice for interpreters who work in this setting, there is much to be developed to protect the health and well being of interpreters who work in VRS. In this study, finding out what identified actions interpreters engage in for self-care is important and relevant to the health and well being of interpreters. Dean, Pollard, & Samar state that working in VRS settings posed the “highest occupational health risks and is likely a transient artifact of how new the VRS field is” (2010, p. 42). Four years later, the findings remain the same. Authors such as Dean and Pollard (2010), Taylor in the VRS Task Analysis Report (2005), and Schwenke, the dissertation in “The Relationships Between Perfectionism, Stress, Coping Resources, and Burnout Among Sign Language Interpreters” (2012, p. 19) state that the high occupational work hazard, the stressful nature of the job, and the risk of injury are significant factors that raise questions about how interpreters practice and maintain self-care.

According to Karsh (as cited in Freeman, 2010), symptoms associated with RSI’s are neck, shoulder, and arm pain associated with performing static activities using upper extremities for an extended period of time. This is true for many interpreters who work for many hours at a time at VRS as well as in other areas such as college campus interpreting, community interpreting, or interpreting in a K-12 setting. VRS interpreters sit, or sometimes stand, and interpret for potentially hundreds of calls in any given shift. Considering physical discomfort or injury, Dahlen (as cited in Freeman, 2010) explains that poor

posture may result in cumulative trauma disorders such as low back pain, upper back pain, and carpal tunnel. Some recommendations to prevent injury include supportive shoes, alternating between sitting and standing, appropriate posture and stretching or range of motion exercises, limiting shifts to 45 minutes to one hour, then taking a break, and not working for extended periods in any given day (Freeman, 2010). Freeman suggests that interpreters who stretch and hold their arms and shoulders in a certain position before working a shift will have less risk of injury. “The job demands of signed language interpreters require them to perform rapid, repetitive motions with the hands and arms throughout the workday” (Freeman, 2010, p. 3). Ergonomic postures and correct balance while standing promote good health in the work environment and better outcomes for the employer, but do interpreters actually engage in these practices of self-care? In a 1992 study by Stedt, 85% of interpreters interviewed stated that they had experienced RSI’s due to interpreting. Freeman (2010) emphasizes that forceful movements combined with awkward postures for extended periods of time without rest also add to the risk of developing RSI’s.

According to Podhorodecki and Spielholz (1993), American Sign Language is the “fourth most-used language in the United States,” yet signed language communicators have been largely ignored as a population at risk for the development of hand/wrist disorders (as cited in Smith, Kress, & Hart, 2000). This is why it is important to take a focused look at how interpreters identify actions of self-care and learn what current practices are. Scheuerle, Guilford, & Habal write, “Shared experiences of educators and employers can help to

develop strategies to prevent repetitive motion disorders and to design measures for early identification of work-related cumulative trauma disorders in interpreters for the Deaf” (2000, p. 434). According to Jacobs (2008), “primary prevention is focused at reducing the occurrence of injury by integrating anatomy, kinesiology, biomechanics and behavioral sciences” (as cited in Freeman, 2010, p. 2).

Symptoms such as pain to the hands, neck, shoulders, and forearms were the most common reported injury (Feuerstein, Carosella, Burrell, Marshall, & Decaro, 1997). Many studies show that “the hand/wrist problems were significant enough to limit the ability to work” (Smith et al., 2000, p. 22). In contrast, the RID Professional Standards Committee, (1997) states, “The Association believes that through cooperation with employers, appropriate education, and preventative techniques, the interpreter’s years of education, training and experience will not be lost because of Cumulative Motion Injury Professional Standards Committee” (p. 2). While this paper is important and developed by a national organization, the question of what current practices are in place for interpreters who work between spoken and signed language still remains. It has also been recommended in the RID Standard practice paper (1997) to “do stretching and range of motion exercises for body and hands and strengthening exercises for arms and hands”(p. 2). Physical treatments such as “acupuncture, acupressure, chiropractic care, and massage were all listed as treatments that provided varying levels of relief” for interpreters to avoid injury (Feuerstein, et al., 1997, p. 412). Do interpreters who work between spoken language and signed language engage in these practices? Johnson and Feuerstein (2005) studied the way that

upper extremity symptoms remain common among those who work in the field of interpreting for the Deaf. Johnson and Feuerstein, (2005) state that exercise, alternative medicine, and writing about one's experience, all aid in the way interpreters view their own health regarding ergonomics and demands of the work. Throughout the literature studies, there has been little focus on what the interpreters determine to be identified actions of self-care, and how they currently avoid injury and promote balance in their lives. However, this study reflects that interpreters are still challenged to follow the recommended standards and they may still experience injuries.

“Routine use of individually designed warm-up/stretching exercises prior to work sessions, maximizing efficiency of motion and reduction of any tendency to localize or focus body stress and avoid fatigue may also be of value” (Scheuerle et al., 2000). According to Scheuerle, et al. (2000), some interpreter training programs explore the idea that interpreters should stretch before they work. Helping interpreters who are working or being trained know the skill of how to sign with a relaxed cadence, focusing on posture, minimizing impact between hands and limbs could aid in prevention of injury if interpreters practice these methods.

Taking a focused look at a small sample of the interpreting community and what they practice as identified actions of self-care will help bring to the forefront the current practices. Looking at what interpreters have experienced in the way of physical injuries will help us better understand ways self-care can be improved or what identified actions can be encouraged in the workplace.

Mental Risks for Interpreters Working Between Signed and Spoken Languages

Harvey (2003) writes that interpreters sometimes experience secondary emotions as they process or interpret. These emotions can also emerge after the work is over. Some interpreters cannot help, but internalize the information they process, which exposes them to secondary traumatic stress. Finding ways to release situations that have been perceived through their eyes, processed through their voices, and kinesthetically expressed with their bodies is the challenge. Healthcare settings can pose similar situations, in which it is “difficult or impossible to be a neutral, detached bystander when working intimately with patients and providers dealing with emotionally and ethically complex healthcare” (Harvey, 2003, p. 208). Where one traumatic situation may not harm the balance of a professional interpreter, processing these conversations day in and day out can build up and cause vicarious trauma (Tribe & Lane, 2009). Asking interpreters who are currently practicing if they engage in debriefing can help us to understand what current identified actions are employed. According to Yassen, “A number of psychotherapists have called the transfer of trauma from the victim to the caregiver ‘secondary traumatic stress’ or ‘compassion fatigue’” (Yassen, 1995, as cited in Gailey, 2010, p. 71). Using English and signed language, interpreters sometimes process conversations or interactions between consumers that are “transferring trauma” or are emotionally charged. These

traumatic interactions could cause secondary traumatic stress. Understanding how interpreters practice identified actions of self-care such as activities outside of work or debriefing will help us discover how interpreters cope with stressful situations that may arise while working as an interpreter.

Taylor (2005) writes that because of the vast variety of complex situations, interpreters must be versatile in their abilities, cultural awareness, world knowledge and sensitivity, as well as in processing traumatic situations as they arise. The skill set required of interpreters who work between spoken language and signed language is extremely high. At the same time, the versatility of navigating between cultures on a wide variety of topics place high demands on interpreters of signed language. “We may also feel intensified pain because—in a psychological sense—the deaf person gives it to us to ‘hold.’ This psychological phenomenon, called ‘projective identification,’ happens quite frequently between any two people emotionally connected to each other” (Harvey, 2003, p. 208).

Often interpreters are called to court where they are managing information transfer about life-changing events. There are times when they are working to transfer information about joyful events, too. Interpreting appears to present severe restrictions in the ability to use one’s own knowledge to assist the consumer, especially in terms of responding to demands other than linguistic ones. Even though the Code of Professional Conduct (NAD RID, 2005) states that we should “refrain from providing counsel, advice, or personal opinions,” our own humanness often can tempt interpreters to step outside of their role for reasons like content, linguistic abilities or cultural differences (Cornes & Napier,

2005). This combination of high demand and the inability to interject one's own thoughts or opinions puts interpreters at high risk for stress-related illness, injury (including cumulative trauma disorder [CTD]), and burnout, according to demand-control theory and related occupational stress research (Dean, et. al., 2010, p. 42). Understanding how current practices afford interpreters the ability to practice self-care and remain healthy in the wide variety of situations can highlight ideas about the best professional practice. Bringing these ideas to the forefront can help those in the field and be a part of the training of new interpreters to adopt healthy practices.

In other practice professions when practitioners feel fatigue from seeing or participating in human behavior of one type or another, and this is not addressed, it can lead to empathetic fatigue (Harvey, 2003). The mental state of wanting to help people and not being able to interject your own ideas is one of the challenges of interpreting (Harvey, 2003). Conversely, when hearing intense feelings of loss, pain, grief, trauma or suffering, those helping to process communication can potentially experience parallel emotions (Stebnicki, 2008).

The field of interpreting can give one years of enjoyment, but a practice of self-care as one begins one's journey may decrease attrition. Hearing diverse situations day after day, shift after shift, may cause tension or vicarious trauma, and this tension can begin to wear on the interpreter (Harvey, 2003). Vicarious trauma can occur when one is repetitively exposed to the trauma of other people (Splevins, Cohen, Joseph, Murray, & Bowley, 2010), which can lead to long-term problems regarding the way one experiences and deals with one's own life

situations and the world. These theories all play a part in support of why interpreters can benefit from self-care. Identifying current practices and understanding how interpreters find a healthy balance is the focus of this research.

The fluctuation in events during interpreting and variation of possibilities can leave interpreters open to the stress of internal struggles about their own challenges, and their wish to help in situations. Interpreters are bound by the Code of Professional Conduct to remain neutral and refrain from counseling or advise. Some of the situations that interpreters have to face can live on in their minds, and they may experience secondary stress disorder (Harvey, 2003). This emotional burden could be overwhelming and add to interpreters' physical and mental exhaustion as indicated in the following examples where interpreters work with sensitive situations in a healthcare setting while interpreting:

Getting drawn into it. Wishing I could do something. You want to say, 'Well, just come home with me.' . . . You can't do something for all of them . . . you do have to maintain your distance and be professional . . . but . . . you want to pick those kids up and hug 'em. You have to worry because those kids are terrified of you, too. . . . That kind of makes you feel bad. (McDowell, Messias, & Estrada., 2011, p. 143)

For some, it was difficult or impossible to be a neutral, detached bystander when working intimately with consumers and providers dealing with emotionally and ethically complex healthcare. (Harvey, 2003, as cited by McDowell, et al. 2011 p. 145)

Via this delicate emotional and cognitive balance we can safely – to use a hearing metaphor – put our ears into another person's soul and reap many profound empathetic benefits....What happens when one's empathetic pain is 'intensified by imagination and prolonged by a hundred echoes' without being balanced by helpful self-talk, the shield of cognition? (Harvey, 2003, p. 211)

Empathy fatigue is an extreme risk for interpreters recognizing all they witness in their work. Dean and Pollard (2000) also point out that when interpreters become depleted of energy dealing with these situations day after day, they may withdraw from family, friends and colleagues; in the case of interpreters, one may also withdraw because of misinterpreting the RID Code of Ethics as prohibiting the discussion of any thoughts and feelings concerning an anonymous Deaf consumer. However, the Code of Professional Conduct (2005) regarding confidentiality, states under the tenant of illustrative behavior one may “Share assignment-related information only on a confidential and “as-needed” basis (e.g., supervisors, interpreter team members, members of the educational team, hiring entities).

There are even cases where the consumer recognizes the need to “take care” of the interpreter (Tribe & Lane, 2000). “It is important to make interpreters feel at ease and ensure that they have the best opportunity to use their language skills and cultural understandings in the service of the client/patient” (Tribe, 2004). It is important to understand what identified actions interpreters practice regarding debriefing to maintain balance focusing on their mental state.

Recognizing when interpreters deal with various situations and that these traumatic situations can lead to vicarious trauma when the stories of consumers live on within our minds and bodies brings into focus the importance of self-care. If interpreters are trained to be aware of the signs of vicarious trauma and the effects this trauma can have, either short or long term, we can support those

training to become interpreters to learn ways to process this trauma in a healthy way. Tribe & Lane (2009) provide advice in their study to practitioners in health care: “Schedule 10 minutes with your interpreter after the session reviewing how you worked together and any other issues relevant to the session. You may also want to debrief the interpreter...you have a duty of care to your interpreter” (p. 237). This approach reinforces the need for interpreters to understand the idea of self-care and what that may look like for them individually. Having interpreters identify practices of what may bring balance to their lives, as they embark on this journey of providing services to a community of Deaf individuals and consumers who can hear, will support and model healthy practices early on for entry level interpreters while maintaining healthy practices for those professionals in the field.

Another significant factor that can tax interpreters is the amount of strain that is experienced when working long hours (more than six) and how that can affect the quality of the interpretation being produced. This problem, which is highlighted in the study by Gebrian and Williams (n.d.), who wrote that while “working long hours with no break,” or breaks that are too short to recover, can also lead to fatigue or a tired mind and the inability to process information. Accuracy of the message produced into the target language decreases. That the number of omissions steadily increases over time seems to be a clear indication that the interpreter’s mental or physical fatigue is coming into play (Gebrian & Williams). According to Moser-Mercer, et al. (1998), interpreters working for longer than approximately 30 minutes, the recommended turn time in

simultaneous interpreting under standard working conditions, risk a decline in quality of output which appears to be due to a combination of psychological and physiological factors (as cited in Fügen, Waibel, & Kolss, 2007). These additional demands emphasize the need for highly skilled trained professional interpreters to find ways to create balance through self-care.

In the course of my career, being in the field for more than twenty years, I have seen K-12 employers provide more team interpreters, and more frequent timed breaks than they have in the past. Other employers also provide weekly fifteen-minute massages to those who are employed. However, not all agencies are able to provide these types of accommodations to their employees, and many interpreters still practice in an unhealthy way. Schwenke (2012) presents the prospect that interpreters experience stress related to their own efforts and expectations around the achievement of perfectionism. Stoeber & Otto (2006, as cited in Schwenke, 2012, p. 15) write that “While some academic debate remains regarding perfectionism, contemporary scholars generally define it as a multidimensional construct characterized by the setting of high personal standards and that can be experienced as either maladaptive or adaptive” Rice and Slaney (2002, as cited in Schwenke, 2012, p. 15), write that “the maladaptive perfectionist experiences distress from the discrepancy experienced between personal standards and his/her negative appraisals of performance.” When interpreters set extremely high standards for themselves to understand and translate everything providing transfer of meaning in a natural flow the first time a phrase or thought is heard or seen, even when there is no known context,

additional stress in response to the task may be created. Schwenke (2012) also states that, "Overall, stress can tax the body and mind and increase one's susceptibility to emotional and physical exhaustion, and symptoms consistent with the construct of burnout". She also writes that individuals consider self-care strategies for managing these types of stressors (Schwenke, 2012, p. 25) While this is a known area of emphasis, few have taken a focused look at what identified actions of self-care interpreters practice to promote balance and healthy practices. Branam (1991, as cited in Schwenke, 2012) emphasizes the theory that interpreters hold themselves to high or even unattainable standards. Schwenke also recommends finding some ways to cope with the internal stress aligning oneself by engaging in bodywork, spiritual practices, focusing on interpersonal and intrapersonal relationships. While some have mentioned that the practices of self-care are important, no known studies have been conducted on what interpreters practice daily in what they determine as self-care to maintain balance.

These potential situations all create internal stress for the interpreter. Because the Code of Ethics from the Registry of Interpreters for the Deaf (1986) stated that interpreters should "Keep all assignment-related information strictly confidential," many interpreters are unaware that there are ways to debrief and process traumatic information ethically. While the new Code of Professional Conduct protects consumers with confidentiality, there are ways to process decision-making techniques without disclosing confidential information (NAD RID, 2005). Taylor (2005), in conjunction with Witter-Merithew, Assistant Director

Distance Opportunities for Interpreter Training Center Video Relay Task Analysis Project Manager, states that interpreter confidentiality is of the utmost importance in any interpreting work but extremely important for the success of VRS. This creates an added stress when interpreters experience trauma or process phone calls with a high rate of decision making and a low degree of decision latitude which leave them conflicted working in a non-traditional environment.

Dean, Pollard, and Samar (2010) write that demand-control schema and “supervision” is a forum where interpreters and those who are new to the field meet in person, one-on-one, or in a group. In these meetings, a few of the participants present cases about challenging issues. The participants brainstorm and discuss what the demands of any interpreting setting are--environmental, internal conflict, interactions with consumers and colleagues--and consider how all of these factors can overlap and influence decisions professional interpreters make. These challenges are sometimes difficult to navigate, and some practitioners may be unsure of the variety of choices regarding language, skill level, logistical settings, physical or emotional strain and ethical decision-making. There is an emphasis to include practice of demand-control schema in the work setting to allow interpreters to process their own mental strain, risk of negative emotional effects and ways to stay healthy and remain balanced (Dean, et al., 2010). Looking at common practices employed by interpreters will help recognize ways today’s interpreters focus on self-care using debriefing and the support of their own identified actions to promote longevity in the field.

Chapter 3

METHODOLOGY

The purpose of this study is to gain a general overview of what twenty interpreters for the Deaf working in Arizona and one who works in another community, perceive as actions of self-care, and if so, how often. Initially, this survey and study is thought to answer the question about what current practices of self-care are engaged in on a regular basis. This study is preliminary in nature and intended to ascertain the identified actions and confirm the need for self-care in the field. Further elaboration about any injuries experienced and work to prevent injuries confirms that identification of these actions of self-care and recognition of how often these activities are engaged in may open the door to future studies with a wider sampling of professional interpreters. Conducting this qualitative study allows for a more focused in-depth view allowing room for participants to share their experiences and needs. Qualitative study leads participants to express what they believe are healthy practices in the area of self-care. Recommendations based on their own professional experience were given to those new to the field in an effort to promote balance between the different aspects of interpreting, well being and reducing attrition.

Survey Methods

The questionnaire I designed was formatted to identify what ways interpreters today practice self-care and recommendations for those new to the field of interpreting. I also collected data regarding how many hours interpreters work per week and how many hours they engaged in self-care. Questions were asked about the different practices interpreters identify as self-care, how often they participate in these activities and what they consider as ways to avoid injury. I inquired about how interpreters debrief during or after an assignment, considering the mental load required while interpreting regarding hearing intense feelings of loss, pain, grief, trauma or suffering. I also considered the parameters of people helping while interpreting or processing communication and how professional interpreters experience parallel emotions (Stebnicki, 2008, p. 7). Though not all situations that interpreters process are taxing in this way, with the fast pace of VRS, the time allowed to recover between interactions can be very brief. Due to the high call volume (Roberson, & Shaw, 2010 p. 51), processing what happened during interactions of a traumatic nature through debriefing, is often impossible, but is a form of self-care that may aid interpreters in remaining balanced.

The questionnaire was administered in paper form at the facility where I work, to participants who volunteered to participate in this research. They were given the consent form and a list of questions (See Appendix A). After participants consented, they were given the questionnaire, and it was to be filled out and returned to me. Participants all have one thing in common in that they all

work or have worked at a VRS company in some capacity; either part-time or full time as a video relay interpreter. All but one of the participants is certified by RID. Nine of the participants hold the NIC certification and nine hold CI/CT. In the group of participants, two also hold NAD certification and three have SC:L certification. Most questionnaires were returned to me a few days later. I transcribed all of the responses in two forms; one was their responses to each question and the other was in a chart to compile hours worked per week, years interpreting, years of training, level of certification, if the participants have Deaf family members and whether or not the participant identifies ASL as their first language. The responses to questions were transcribed and coded by the number of times specific key words were used in responses. I categorized what participants state as identified actions of self-care. For example: what participants do for debriefing, how often they stretch before and during work, whether or not participants have been injured and how they avoid injury while working. As I recorded and coded the responses, several patterns emerged that are highlighted below.

Interview Methods

Initially, I had planned to personally interview interpreters who work in the fast-paced setting of video relay services. However, I found that since they are busy with work and other life commitments outside of the workplace, their time for face-to-face interviews was limited to non-existent. For this reason, I used a paper questionnaire that was physically handed to most of the participants and

returned to me with the questions answered, resulting in a streamlined tracking of responses. One participant answered the questionnaire over the Internet utilizing an online survey. Enlisting the help of professional interpreters who I come in regular contact with made handing out and collecting the surveys convenient. Participants were able to return questionnaires to me by placing them in my mailbox at work or they could return them to me personally when we saw each other at work. Some participants chose to email their responses to me.

Participants in this study were given a consent form with a detailed explanation of the research and how it will help advance the field, along with the questionnaire to take away and return at a later date (see Appendix A). Information gathered in the questionnaires was transcribed, charted and coded. Data collection consisted of gathering responses written on questionnaires and tallying individual responses based on how often each participant mentioned the identified action. Once the responses were tallied, trends arose and patterns were identified. Conclusions about the trends were determined. I also made charts and graphs to calculate the percentage that identified actions were mentioned related to specific questions. Some participants wrote down one-word answers, while others submitted pages typed for their responses. Each time the participants described a specific approach, reasons for injuries, ways to avoid injury, or recommendations for self-care, these responses were tallied in charts. I recorded each time a person responded about specific practices they identified as self-care, whether or not they debriefed and how they went about doing this if they chose to elaborate on identified actions. I tallied the times they engaged in

stretching before, or during work and those who stated they should stretch more than they actually do in their daily practices. Coding was done by counting how each interpreter responded to the question about receiving bodywork as an identified action of self-care. These numbers were tallied and compiled into graphs showing the percentage of participants who receive bodywork, whether or not it is in the form of massage, if they think they should receive more bodywork, and if they do not receive any bodywork. I also coded by tallying the number of times participants identified injuries that are, according to them, work related. Each time a participant described methods of avoiding injury, these responses were tallied and coded as well. A separate section was coded about the areas interpreters in this study identify stress inducers. In the responses when they chose to elaborate in specific areas on the questionnaire, there were patterns identified around what causes stress while working in the field of interpreting. These areas are in alignment with theories about primary prevention of injury (Jacobs, 2008, as cited in Freeman, 2010) and “promoting a holistic program of wellness” (Stebnicki, 2008, p. 100).

The questionnaires are an integral part of my research to collect information about how interpreters organize their own practice of self-care and what they participate in to keep their bodies and minds healthy as they work. In conducting this research my effort is focused on how to promote healthy practices in the field of interpreting, define what interpreters for the Deaf practice and define as self-care, and how much time they participate in these activities outside of work. I also asked if participants had any injuries. The questions

allowed participants to explain what they believed helps avoid injury and what they would recommend for those new to the field (See Appendix A).

This study was limited to a maximum of twenty participants due to time constraints and scope of the project. I chose to survey interpreters that I come in regular contact with while working at VRS. Many of the interpreters who participated also work in other areas of the field such as: interpreting for post-secondary education, K-12 interpreting, and community interpreting. The qualifications to work at VRS are that one must be certified or actively working towards certification. Having access to this population will yield responses of interpreters with a range of experience representing many facets of the profession.

I developed and administered the questionnaire in order to identify the most frequent practices identified as self-care. All participants were able to determine their own definition for self-care. The description of “self-care” was intentionally not included in order to determine each individual interpreter’s own definition. As has been mentioned, the questions focus on what interpreters consider self-care, how much time they participate in these activities, and any other techniques they determine will allow them to continue to work in the field of interpreting. (See Appendix A for the questionnaire.)

Participants

I collected and reported demographic information about each participant including age, years of school in interpreting training, years practicing as an interpreter, whether or not they were raised by deaf parents, their level of certification, and if they identify ASL as their first language. Five participants have one or more deaf parents, and also identify ASL as their first language.

Twenty-one interpreters were invited to participate in the survey. They were selected by identifying colleagues who primarily work in the field of interpreting, are professionals with whom I am in regular contact, and are interested in self-care in the field. Nineteen out of twenty-two completed the survey. The interpreters who participated in the study range across demographic classifications. Of the nineteen participants, three are male and sixteen are female. They range in age from 24 to 59. Five participants were raised with Deaf parents and one has an extended family member who is Deaf. Five participants ($n = 5$) identified their first language as American Sign Language (ASL) and thirteen ($n = 13$) as English. Three ($n = 3$) have gone through a four-year program for interpreter education, eight ($n = 8$) attended a two-year program in interpreter education and three ($n = 3$) have never attended an interpreter education program. (See Figure 1.)

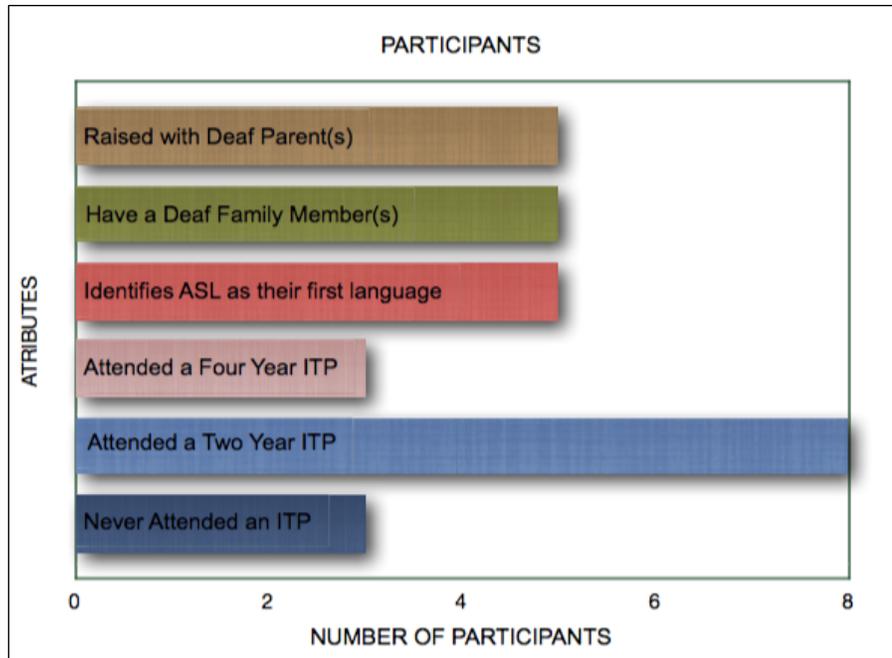


Figure 1. *Chart of Participants*

The participants are professional interpreters working in the interpreting field for up to 40 hours per working week. Some interpreters work part time. For the purpose of this study, the focus was on those who have spent most of their professional lives as interpreters.

The questionnaire was given to interpreters who practice in a wide variety of venues processing language to and from spoken English to signed language. All of the participants, with the exception of one, work some hours weekly at VRS. Some of the participants work primarily in VRS, while other participants work primarily in a K-12 setting, higher education, or out in the community. Participants also indicated having a range of years of experience from as little as five years while others have more than 30 years in the field. This wide variety of work experiences offers a range of responses about identified actions of self-

care, the methods and how often participants debrief, if they engage in stretching to warm-up before working, and what they recommend as a way to engage in self-care.

The interpreters in this study work between 10 and 40 hours per week in the field. All participants have been in the profession for more than 5 years. The highest number of years worked among the participants is 32 years. All but one of the interpreters that were surveyed currently work at a VRS company as well as other settings.

Coding – key words

In this section, I will identify the key words that emerged as I began coding the data. The key words include defining self-care, bodywork, injury, avoidance of injury, and debriefing. These terms are commonly used among interpreters in the field but may be unfamiliar to those looking in. I have outlined the terms and given a brief explanation to introduce terminology for the field of interpreting for the Deaf.

Defining self-care

The first question on the distributed questionnaire was, “What do you do for self-care?” This question helped to identify what the participants in this study determine to be self-care which in regard to this study is defined as the activities interpreters engage in to maintain physical and mental well being. This open-

ended question gave participants the opportunity to define self-care as well as express what they identify as self-care activities.

Debriefing

Next in the survey, I ask, “How do you debrief during or after an interpreting assignment?” Debriefing refers to the ability to discuss one’s work and the reason for specific choices in any given assignment. Since this is the second question on the page, it is unknown if participants associated debriefing as a form of self-care once they read this question. No participants included debriefing in their unprompted definition of self-care. There is a very high expectation to maintain confidentiality in the field of interpreting. As stated in the Code of Professional Conduct set forth by RID, “Interpreters adhere to standards of confidential communication.” and “Share assignment-related information only on a confidential and “as-needed” basis (e.g., supervisors, interpreter team members, members of the educational team, hiring entities)” (2005). In the setting of VRS, standards around confidentiality are very strict and all information between callers and coworkers is not to be shared outside of the work environment (Witter-Merithew, Johnson, & Nicodemus, 2010). In this study, interpreters are asked whether they engage in debriefing and under what circumstances debriefing takes place. Identifying ways that interpreters debrief will help gain understanding about current behaviors and how often debriefing occurs.

Stretching

In addressing self-care as physical wellness the question was asked, “Do you stretch before you come to work?” This question relates to the range of movement and speed at which interpreters for the Deaf move their arms, hands and fingers to express the message of what is heard. RID recommends in the RID Standard practice paper (1997) to “do stretching and range of motion exercises for body and hands and strengthening exercises for arms and hands.” Inquiring about current practices of interpreters and how they prepare for work in the form of stretching is important.

Receiving bodywork

Bodywork in the form of acupuncture, massage, acupressure, and chiropractic care has all been identified as ways to prevent injury or provide relief (Feuerstein et al., 1997). To identify if this is a current common practice in the area of self-care I asked participants, “Do you receive bodywork?” Identifying if interpreters receive bodywork and how often helps understand the type of self-care some interpreters engage in.

Physical injuries

The next question: “Have you ever had an injury due to interpreting?” inquires about whether interpreters have experienced injuries due to the nature

of the work and the “rapid, repetitive motions with the hands and arms throughout the workday” (Freeman, 2010). I asked this question because of the previous research indicating that “the hand/wrist problems were significant enough to limit the ability to work” (Smith et al., 2000, p. 22) and how Freeman (2010) emphasizes that forceful movements combined with awkward postures for extended periods of time without rest add to the risk of developing RSI’s. This question was posed to ascertain whether or not interpreters practicing in the field are frequently obtaining injuries that hinder their ability to work. There was intentionally extra space provided on the questionnaire to allow a written description of any injuries if a participant decided to share their experience. No specific question about types of injuries was posed.

Avoiding injury while interpreting

The next part of the survey asks interpreters, “What do you think helps you avoid injury while interpreting?” It is important to recognize that interpreters currently practicing in the field believe there are substantial ways to avoid injury. This question was framed as an open-ended question, giving participants the ability to freely share their experiences about how they avoid injury.

Additional information about self-care

“What additional information would you like to share with me about self-care?” is an open-ended question that allows the interpreter to describe any other forms of self-care they may deem helpful to themselves.

Hours worked/self-care comparison

Participants were asked about the number of hours they participate in self-care per week. I compared the number of hours participating in self-care to the number of hours each participant works in the field of interpreting per week.

Ways to avoid injury

I posed the question, “What are some other ways that you find to help you avoid injury?” as a follow up open-ended question to allow for more detailed responses about prevention of injury.

Recommendations for new interpreters

The next question, “What would you recommend for those new to the field to avoid injury?” was asked to encourage participants to share their own ideas about methods they have found to be successful and that they feel could be helpful to those new to the field.

Follow up

The statement allowing for follow up conversations or questions, “Follow up questions as needed,” was placed at the end of the questionnaire to alert participants that there may be a need for clarification or more discussion about their responses.

Methodological strengths

Using qualitative research is a way to gather data by asking open-ended questions to obtain a wide range of information that touches on the scope of professional experiences. Creating an opportunity for the participants to describe their own experiences on the subject of various aspects of self-care, allows for a wider range of ideas most likely going beyond the pre-existing knowledge of the researcher. Allowing participants to answer with short or long answers gives them the freedom to express any thoughts they have about self-care, debriefing, injuries due to interpreting and recommendations for avoiding injury.

An additional area of strength to the methodology of this study is the triangulation used by engaging participants who work in many areas of the field such as K-12 interpreting as well as VRS, or secondary education interpreting as well as VRS, and finally community interpreting. Participants in this study also have a wide range of professional experience, ranging from 5 to 32 years, creating a wide range and in-depth look at professionals both new and seasoned in the field of interpreting.

Methodological limitations

This research has limitations because it was conducted from within the profession of interpreting. I function within the field of interpreting and have culminated many ideas about what self-care is throughout my career. When I contemplate the idea of self-care, I think of physical well being and living without pain in muscles or joints. When examining psychological self-care, I think of ways to build a solid bridge toward knowing myself and who I am. When I consider physical self-care and the health of my body, related to interpreting, what comes to mind is maintaining a healthy practice of exercise, eating regularly, stretching before, during, and after work, weight training, relaxed signing with an even cadence, avoiding repetitive motion activities such as, knitting, typing, and awkward twisting activities. Warming wrists and arms before working, receiving weekly bodywork, managing and reducing stress, and seeking the attention of a medical professional when necessary, all fall in the category of self-care.

Considering psychological well being in the area of self-care and interpreting, I have many ideas and experiences that keep the bridge to self, stable and strong. Psychological stability or mental well being happens for me when I practice self-talk, debrief with others about choices I have made while working, seeking the assistance of a professional therapist or mentor, engaging in outside interests ranging far-and-wide such as, quieting the mind, and recognizing spiritual and emotional needs. These activities help maintain balance, reserving the need to control an interaction while interpreting, or wander off into my own thought world, for time that is my own. For the purpose of this

study, self-care is determined by the participants and has been outlined as physical self-care and mental self-care. Though the responses in this study revealed the main themes of physical and mental self-care, further investigation through personal interviews or sampling a wider population could give rise to more diverse ideas. There is not one definition of self-care that fits for all people. Individuals must develop and practice their own plan that is based on their distinct experience and history. Each person has their own past experience that influences the way they design what helps them relax and feel healthy about what they do while working.

This study was conducted on a small scale compared to the number of interpreters practicing in the US today. All but one of the participants in this study lives and works in Arizona. The responses and data collected could be different if the survey of working interpreters was from a larger sample. The participants in this study all have one commonality, experience working at VRS. The limitations of conducting a study using a qualitative method of research is that throughout the analysis of the data, more unanswered questions are revealed. Time and deadline restrictions resulted in a small sampling.

To date, no known research study has taken an in-depth look qualitatively at personal stories and information surrounding self-care and the identified actions interpreters practice. Being the first of this type of study brought to light many unanswered questions.

RESULTS AND DISCUSSION

Presentation of the Findings

Overall this study reveals that interpreters who participated have a perception of self-care that revolves around physical health and the functionality of their body. Only two participants mentioned the psychological impact that interpreting has on the mind or psyche. The majority of interpreters who participated in this study define self-care as physical exercise.

This study revealed that participating interpreters' practice of self-care might be somewhat limited. Interpreters from this study felt they should engage in more self-care activities like stretching, massage or bodywork, or physical activities. What seems most telling is that no interpreters mentioned debriefing as an identified action of self-care. On the other hand, when asked how they debrief, most of them stated they prefer to speak with a colleague or friend. The idea that most responses revolve around physiological health is intriguing. There were only three times that participants mentioned the direct psychological impact of working under pressure regarding what interpreters' experience. Physical pain or the state of being un-well in your body due to pain from overuse can cause a state of taxation on the mind as well as the body.

Defining Self-care

Most of the interpreters considered self-care to be about physical well being and keeping one's body healthy through exercise, rest, and eating well. Participants also responded that self-care includes activities like praying, walking, receiving massage, reading books, engaging in outside activities or hobbies, watching mindless TV, keeping company with family or friends, avoiding negative coping behaviors, gardening, consuming alcohol, and meditation. Additionally, participants identified actions of self-care by focusing on "stress-reduction," the desire to "discuss syntax and abrupt interactions," "setting boundaries," "separating oneself from problems consumers are having," "paying close attention to their body when the need arises for assistance from a health care provider," "prioritizing self-care," "feeling and looking well-groomed," and "prevention of injury." All of these methods can indirectly help with the psychological stress of interpreting.

This research revealed what a sample of interpreters perceives as self-care. (See Figure 2.)

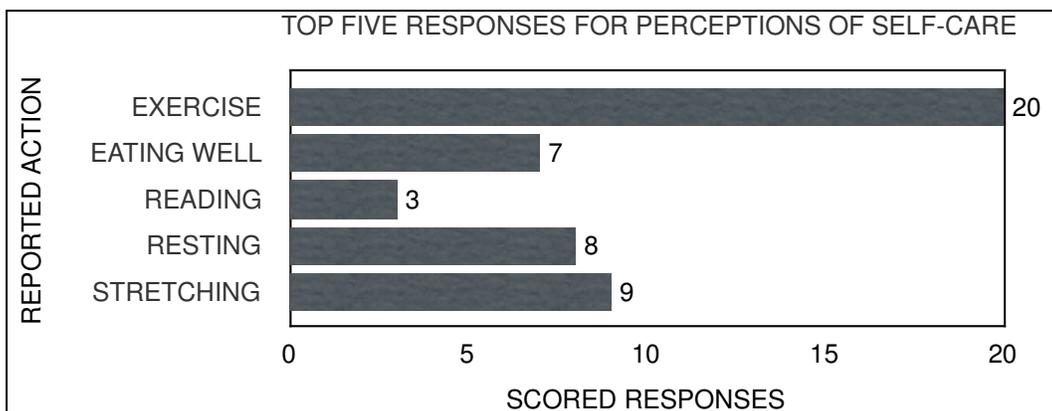


Figure 2. Identified actions of self-care

The main ways participants defined self-care are related to physical health. There were very few responses related to mental health directly, although some did talk about outside interests and having a life outside of the work of interpreting. In fact, less than 2% of responses mentioned the psychological impact that interpreting has on the mind or psyche. The perceptions of self-care emerged in an interesting way. Most interpreters who participated in this study define self-care as exercise, which is something that could be practiced as self-care for most professions. This group of professional interpreters values the importance of staying healthy through exercise (19%). Stretching was the second-most common response to describe practices to maintain self-care. The contorted ways that interpreters move and sometimes hold their hands, or when their hands come in forceful contact with their body or hands, can leave the body tight and the muscles feeling achy or overused.

Talking about this project with peers has inspired discussions around work-related injuries and the importance of self-care to promote longevity in the field. The average number of hours participating in actions of self-care per week was six hours overall and did not differ between genders. In general, the male participants worked more hours per week than female participants. The range of responses was from 0-14 hours per week participating in identified actions of self-care. The perceptions of self-care were scored by the amount of times interpreters mentioned reported actions they define as self-care. The most mentioned item was exercise (43% of all responses). Keeping one's body healthy

through exercise or lifting weights, participation in sport activities, or yoga was mentioned more than any other reported action of self-care (See Figure 3.).

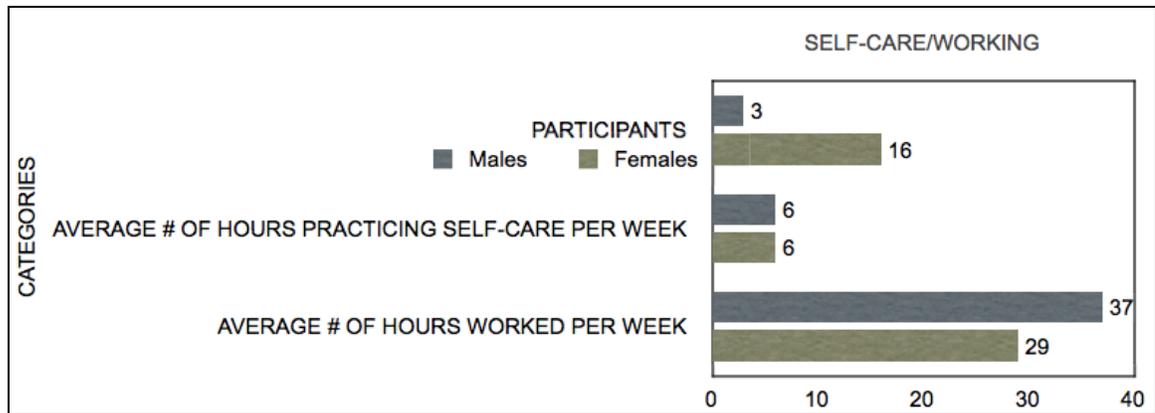


Figure 3. Participants' average hours working compared to average hours spent participating in identified actions of self-care.

Debriefing

One theme that emerged from this research is how professional interpreters engage in debriefing. When processing interpreting assignments that involve challenges with customer service, linguistic or para-linguistic skills, they may choose to engage in debriefing after the assignment. Debriefing may generate brainstorming about professional choices during specific assignments. Thus, the importance was revealed of finding trustworthy people to discuss difficult situations to maintain a sense of confidence and self-worth about what the interpreter is doing on his/her day-to-day job.

The most common way that interpreters responded about debriefing after an assignment was to speak with someone and process what happened or the

decisions they made. Of the participants who reported how they managed debriefing after an assignment, 17% said they engage in self-talk and working through thoughts after an assignment by themselves. An equal number responded saying they work through any difficulties alone but did not mention self-talk. The most common method of debriefing was “talking with other friends, co-workers, family or boss.” Discussing professional choices with other people occurred in 66% of all responses about debriefing. It is thought-provoking that with such a high number of responses about speaking to another person to debrief, self-care was nevertheless identified as physiological methods; little mention was made of collaboration or working with a supportive positive team as a part of self-care.

Though the idea of talking to a trusted friend, coworker, or colleague, was not identified in this research explicitly as a way to practice self-care, many revealed that debriefing is something they engage in regularly. It became clear through this project that the participants, who are all professional interpreters, may not consider debriefing with another person a part of self-care; yet they practice debriefing regularly and mentioned it in response to the survey. (See Figure 4.)

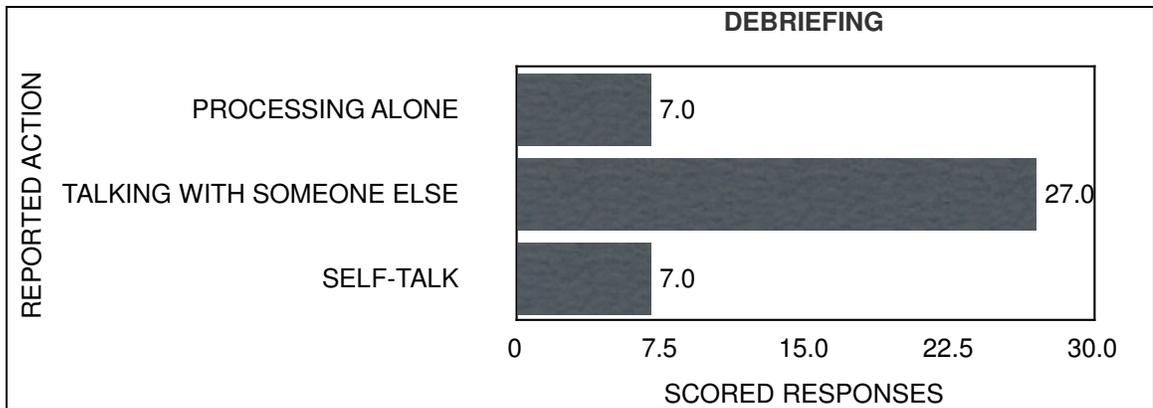


Figure 4. Engaging in debriefing.

The practice of formal collaboration with colleagues has been facilitated by some who are new to the field, possibly, because of their training in recent years and the growing utilization of “supervision” through DC-S. More and more interpreter-training programs are teaching DC-S and “supervision” to aspiring interpreters in training. Participants who have been practicing for more than a few years did not mention this type of collaboration with colleagues as a form of self-care. The participants in this study did reveal significant factors that cause concerns about preventing burnout, such as concerns about injuries due to pain, lack of collaboration with colleagues, rudeness of consumers, the ability to set boundaries, concerns over medical care for injuries, and the risk of permanent damage to their body. All of these concerns point to the psychological affects interpreting could have to those in the field.

Another notable aspect related to interpreting and the ability to practice self-care is the amount of strain that is experienced when working long hours, and the affect this could have on the quality of interpretation. Strain can also lead to fatigue and the inability to process information accurately (Gebrian & Williams,

n.d.). Working in the VRS setting, interpreters are required or may choose to work for many hours and may have limited breaks each hour, which can lead to a breakdown in the interpretation if the interpreter is fatigued, does not feel supported, or is mentally not able to recover. Due to the fast pace of the VRS setting and the speed at which calls are coming in, interpreters may only have a few moments to process interactions after they occur, what choices they made, and what they need to do to complete this process in their own minds. It may be difficult to practice self-care in this setting if a professional interpreter feels he/she cannot take a break to debrief and recover.

Evidence in this study shows that interpreters prefer to discuss and process what they have interpreted or witnessed by debriefing with another person. According to Holmgren, Søndergaard, and Elklit (2003), spoken language interpreters rely on their colleagues to process challenging situations: “Talking to the other interpreters has been my salvation” (as cited in Tribe & Morrissey, 2004, p. 138). Interpreters who are aware of the demand-control schema and “supervision” process of group discussions may feel more supported because these groups provide a forum that is safe, collaborative and non-threatening where interpreters can discuss many things they have dealt with while working. Although this format has been widely used and accepted in the last twelve years, and is growing in utilization, interpreters who have been in the field for many years may not be as open to the benefits of DC-S. The forum of DC-S provides ways of being mindful of consumers--maintaining dignity and respect, but also going forward knowing the support is available when

challenging situations arise -- which can bring confidence to any professional practice of interpreting. "An overabundance of research suggests that the better you become at recognizing, verbalizing, and managing your feelings, the less vulnerable you will be to professional fatigue syndromes such as burnout, compassion, or empathy fatigue" (Stebnicki, 2008, p. 112).

Stretching

Interpreters who participated in this study also were asked about how much they stretch before and during work, and if they felt like they should stretch more. It was revealed in the responses that six of the participants identified they should stretch more than they currently do. Nine participants said that they do not stretch and eleven said they do some form of stretching before or during breaks while working. This question identified that 19% of the participants mentioned stretching as a part of what they perceived as self-care. Seventeen percent of the responses indicated more stretching would be a healthy practice.

The results of the 19 surveys collected were analyzed for the types of self-care that interpreters most frequently engage in. The most common response was exercise and stretching. (See Figure 5.)

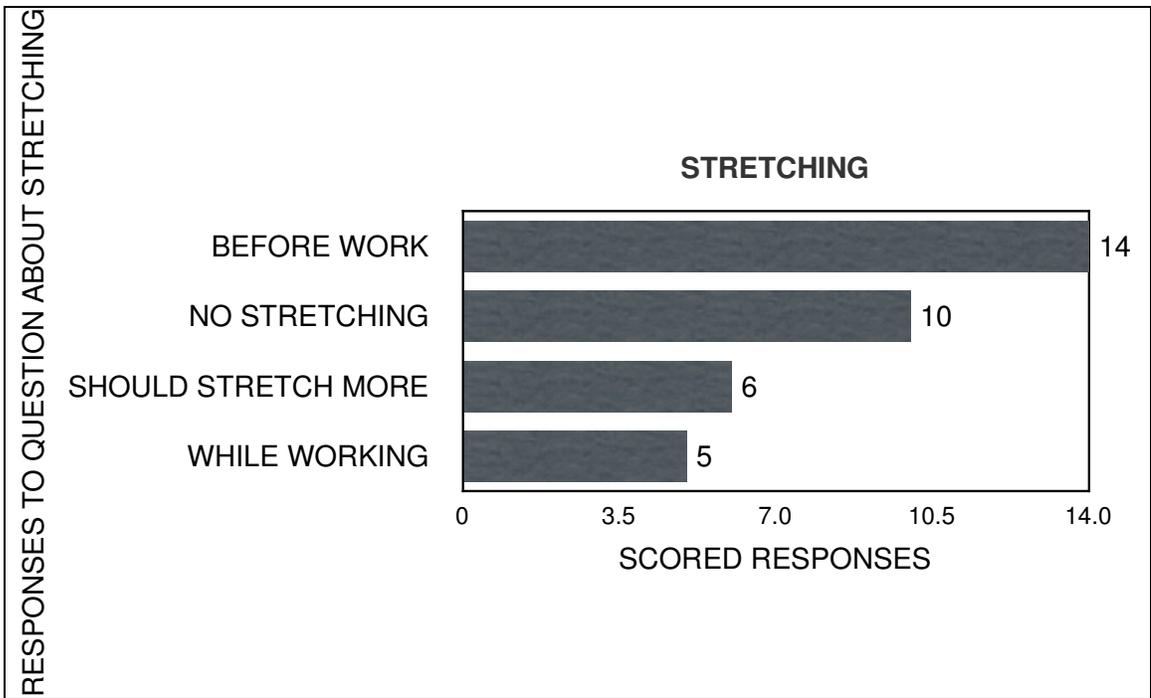


Figure 5. Participation in stretching

When addressing self-care in the manner of stretching before or while working to keep one’s body limber and comfortable, only 11% of the participants reported stretching before work, while 29% percent reported not stretching at all. 14% said they stretch while they are working, and 17% think it would benefit them to stretch more.

Bodywork

Many of the participants identified the types of bodywork they receive and the frequency of events. One participant shared that bodywork is helpful in providing relief but claimed that it is “prohibitive due to cost.” Four participants said they receive some type of bodywork “occasionally.” Three participants said

they received bodywork rarely, and three said they did not receive any bodywork. One participant revealed they receive bodywork three times a month, and one participant said they receive bodywork once every other month. One participant stated they receive bodywork “only when they are hurting.” Less than half of all participants said they receive some type of bodywork. The majority of those surveyed said they would like to have more bodywork to help avoid injury. Of those who were surveyed, 48% indicated that they received massage regularly, 21% said they used other types of bodywork (e.g., acupuncture, chiropractic care) to keep their bodies healthy and pain free to enable them to continue working. Twenty-one percent indicated they do not receive enough bodywork. Participants revealed they would receive more if it was more affordable, if it was covered by insurance, or if their employer paid for this type of maintenance. One interpreter stated that he/she only seeks help with soreness or injury when he/she felt pain. (See Figure 6.)

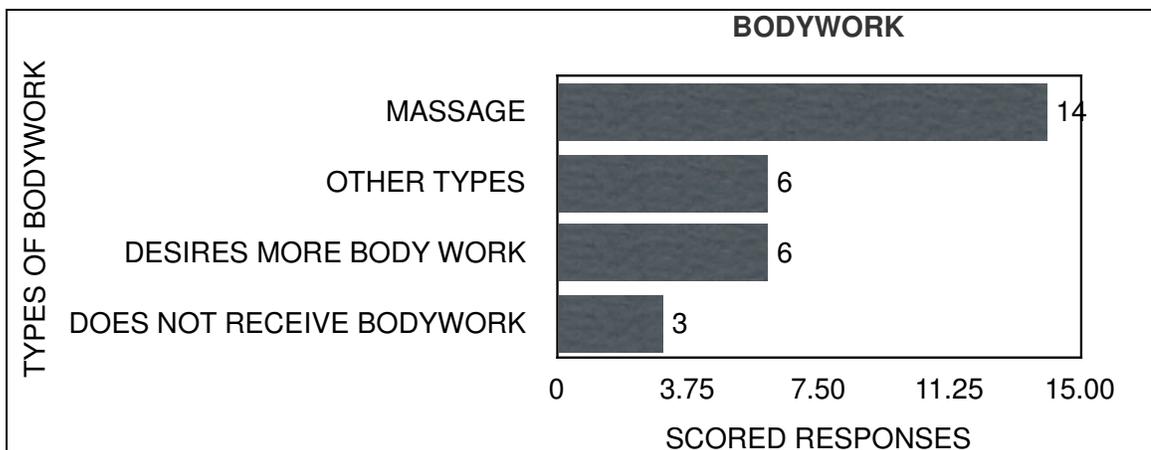


Figure 6. Bodywork

Injuries while interpreting

Seven of the participants in this study have not experienced physical injuries due to interpreting, and nineteen responses were counted mentioning different kinds of injuries they have experienced due to working. Tension and pain were identified responses by three participants. Of the seven participants who identified injuries, three responded with only a “yes” and did not identify the type of injury due to interpreting. One participant identified having a shoulder injury that required surgery. One participant experienced neck tension while working. One participant had a rotator cuff injury as a result of working as an interpreter, while another identified bursitis. Five of the nineteen surveyed participants stated they experience pain while working and two responded with descriptions of numbness in their hands. Seven participants claimed to have a specific type of injury while seven participants described their experience as having no injuries. (See Figure 7.)

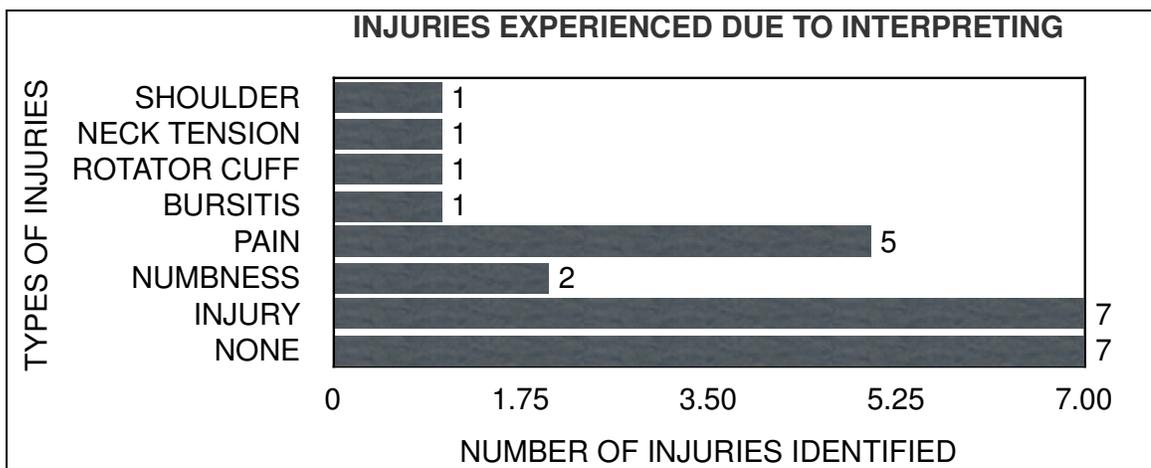


Figure 7. Injuries experienced due to interpreting

Avoiding injury

When asked what helps avoid injury, 46% responded that adequate rest is a good prevention against injury. Some participants mentioned resting between signs, resting hands and arms, or taking micro-breaks when possible. The main areas that were identified are teaming, rest, stretching, and posture. Teaming, as explained earlier, is when two interpreters work together on an assignment for a given period of time. Usually one interpreter is actively interpreting while the other interpreter is helping by listening for linguistically challenging statements or supporting the “active interpreter” by feeding signs or words that the “active interpreter” may have missed. Other areas identified included signing smoothly with a regular cadence, avoiding hard contact between hands or arms when interpreting requires both hands to come in contact (e.g., the signs for *hard*, *school* and *paper*), focusing on calming thoughts, wearing braces for wrist or elbow support, using topical creams, and alternating fingerspelling between hands. Some participants also identified that signing with a natural flow stemming from being a native signer is also a way to avoid injury. Twenty-five percent recommended practicing good posture and utilizing a chair that is comfortable and supportive in order to avoid back and neck strain from interpreting. Stretching is a measurable response in this area, scoring 18%. Teaming with other interpreters and switching every fifteen to twenty minutes is another way that participants avoid injury. One participant also mentioned, “not taking on too much work too early in one’s career.” Another mentioned the “importance of positive thinking, attending to mind, body and spirit.” Another participant also

mentioned the “importance of establishing relationships with positive co-workers, attending “supervision” sessions (DC-S) to consider all options and learning from each other.” (See Figure 8.)

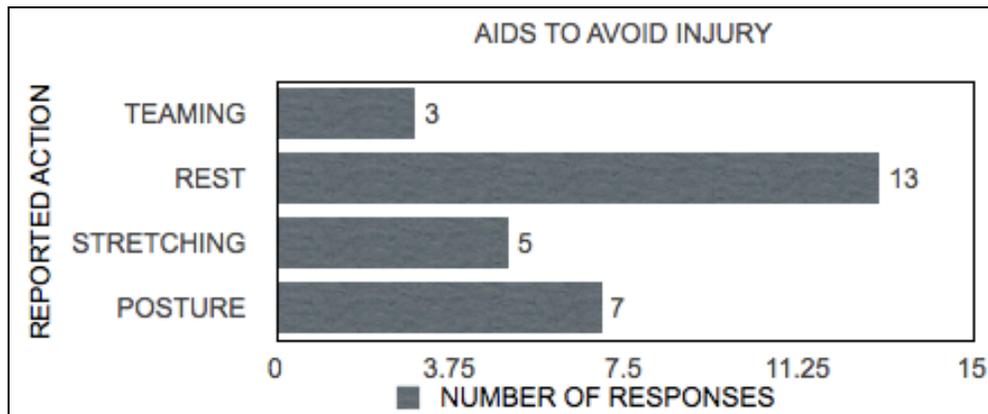


Figure 8. Aids to avoid injury.

Recommendations to those new to the field of interpreting

The recommendations from participants in response to the question, “What would you recommend for those new to the field to avoid injury?,” are as follows:

- Learning about burnout prevention
- Setting boundaries
- Separating oneself from consumer’s life issues
- Engaging in other activities
- Breathing deeply
- Resting
- Looking one’s best

- Learning more about self-care
- Reducing work load
- Sleeping adequately
- Staying active
- Dancing and playing with children
- Stretching
- Engaging in ergonomically appropriate posture
- Recognizing your own limits
- Listening to your body
- Eating well
- Thinking positive
- Having a life outside of interpreting
- Teaming with other interpreters
- Saying “No”

Nine interpreters revealed that they engage in regular exercise as a practice of self-care. In addition to its many physical benefits, exercise helps the mind to relax, and the release of endorphins helps alleviate stress. Other interpreters in this study expressed interest in a meditation practice, and/or spending time with family or friends. These types of identified action help those who interpret for traumatic situations, to let go of these thoughts and ideas that have been processed through their own mind and body. One of the participants surveyed, who has been in the field for many years, believed that healthy practices include, “establishing a life outside of work” and “developing interests

that are not related to interpreting.” These identified actions have two major benefits. First, developing interests outside of interpreting work keeps your mind and body healthy by doing something you consciously choose and enjoy. Second, any skill that is introduced or well developed will enrich the versatility of an interpreter and what he/she can draw from in the diversity of topics that may emerge.

The research in this study also brought to light the focus on one’s posture when sitting or standing for an extended period of time. “Body posture and a relaxed style were associated with symptom prevention and a common response to symptom development” (Johnson, & Feuerstein, 2005, p. 411). Interpreters who were surveyed mentioned that focusing on posture or being “ergonomic” is a method they employ to help avoid injury. Some of the factors that influence possible injury at work are “pressure for speed and accuracy, sustained fingerspelling, specific specialized information, fear of injury, exaggerated signing style” (Fischer, Marshall, & Woodcock, 2012, p. 181), and ballistic signing or signing with high impact for signs such as *stop*, *hard* and *school*. These muscle and skeletal movements repeated for extended periods of time have the potential to lead to musculoskeletal disorders (MSD’s).

The injuries that professional interpreters revealed in this study included shoulder injuries, bursitis, and rotator cuff injuries, as well as having to be referred for surgery. Some shared they have pain in their neck and hands or numbness in their hands. Half of the participants identified some type of injury due to interpreting. Half of the participants stated they had not experienced injury

due to interpreting. The most popular recommendation among participants in this study, for prevention of injury, was keeping in shape or regular exercise. This recommendation even came before stretching, from those practicing in the field. Signing in a relaxed way and avoiding high impact signing, where the hands and body come into contact with force, is also strongly recommended by those who participated in this study. One interpreter wears a wrist brace to keep from extending in positions that are harmful or over-extending.

Another recommendation was to establish a comfortable cadence while signing, not signing too fast or too slow. Following an even cadence keeps pressure off the mind and alleviates the need to rush to keep up with the speaker. One participant also stated that because they are a native signer and identifies ASL as their first language, the ability to sign in a more relaxed way without the endless effort of trying to process makes interpreting less stressful on the body and mind. While this “native signing” is not possible for those who have learned the language to work as an interpreter, it is possible to practice a relaxed type of signing to prevent injury. Warming up muscles and stretching before interpreting jobs and not interpreting in a cold environment also were recommended by participants as ways to avoid injury while interpreting. Results of the questionnaire indicate that interpreters value the ability to take breaks often and consider rest to be an important part of self-care.

Because of the diversity of the work and the fast-paced environment of some interpreting situations, many interpreters experience stress around finding ways to practice self-care so as not to head toward burnout. Several participants

mentioned engaging in self-talk. Examples of this would be saying to oneself things such as: "I am just 'connecting' the two parties involved. I am continually policing myself, monitoring emotional responses." "After an assignment I will begin to let any ties to the call go and begin filtering my thoughts about the assignment with the reality of my role." One participant stated, "When I am significantly off-balance in any of these respects, I suffer personally and my work suffers as well." Another response was, "I make sure I have other things to engage me outside of interpreting, to stay balanced." These responses articulate the way professionals in the field stay healthy and work through ideas and situations that could become internalized. As stated by Stebnicki (2008), referring to professionals in the field of counseling, "At the end of the day, counselors can choose not to take home all of their client's adversity and add this to their own wounded soul" (p. 112). Interpreters also face this same challenge as they process some of the most personal information with emotion attached. If interpreter trainers address these concerns during the educational process; the benefits of self-care and healthy practices can assist the new interpreter to learn how these can be incorporated into their work. This will allow professional interpreters to sustain what comes with processing the intense amount of personal information and occasional intense interactions required with interpreting. The collective experience from those who train and those who mentor can provide the support that is required to nurture those new to the field and redesign how we practice self-care in the field of interpreting.

Chapter 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This study is important to the field because as positions for interpreters increase, there is a need to prevent injury and promote physical and psychological wellness, both for the practitioner and the employer. If this information can be studied further, compiled, presented with evidence and taught to future professionals, the way that interpreters practice and work can evolve to include healthier standards.

Throughout this research participants expressed that there is an increased risk working in the field of interpreting if one works back-to-back shifts, does not get adequate rest, takes on too much without the help of a team or does not get exercise on a regular basis. Many of the participants commented one or more times about the importance of keeping balance between time working and time not working. There was also mention of engaging in activities that did not revolve around interpreting to promote equilibrium in one's life. Developing outside interests and learning about how to prevent burnout are what is recommended for self-care to avoid injury, and may be a key to promoting longevity in the field.

Curriculum for training interpreters of signed language that include elements that emphasize the importance of strengthening arms and hands while maintaining efficient elasticity of the muscles in the arms, hands, fingers, shoulders, neck and back, as well as finding ways to incorporate this practice in life surrounding a professional career that will support healthy practices. Those

new to the field will develop ways to maintain psychological wellness and avoid injury and empathetic fatigue. Allowing interpreters or future professional interpreters to design ways of promoting self-care in their lives will help promote health and well being in the field and endorse longevity in a career of discovery and ever changing technology.

Future Research

Future studies should include a quantitative analysis about what interpreters engage in for self-care. It would help advance the field to continue to learn what interpreters engage in for self-care and how interpreters avoid injury. Tapping into the sample of the thousands of interpreters, through RID or other bodies of interpreters who are employed in this nation today, would be a great way to gain understanding of what professional interpreters actually do for self-care. The recommendation that interpreters have adequate rest and breaks to recover has been known for some time. Employers must honor the interpreter's need to refuse work when occupational stressors indicate possible RSI's, mental stress, and the need for psychological support. Interpreters also need to take responsibility by becoming proactive in recognizing their own needs.

Another idea that emerged is related to how many interpreters who have many years of training or experience may have little knowledge of DC-S and the benefits of engaging in "supervision" collaborative groups as a form of self-care. Future research about how interpreters debrief and in what capacity could be a

way to develop and reach out using professional forums that are confidential and preserve autonomy such as DC-S.

Further data collection among interpreters who work at VRS that have experienced injuries could reveal the type of injuries that are common in this new and growing setting.

This study was limited by the time allotted and deadlines that were set. I would have liked to interview participants face-to-face and collect more information on what they believe keeps them healthy. Due to the busy nature of this culture and the amount of work many interpreters take on, it was challenging to request more time to sit one-on-one with each participant. I was able to hand them a questionnaire and request they return it within a few days. It would also be an asset to the field to conduct a wider study with interpreters nationwide, possibly in the format of an online survey with room to respond with their own stories.

Now that data has been collected from a small portion of the professional population of interpreters, it is possible that a wider study would reveal more substantial data nationwide. Requesting participation from national organizations such as RID or VRS companies would allow for a larger sample of data. There are still many questions that could be answered and ideas about the practices of interpreters in other communities that could further this research.

Practicing Self-Care: Physical Well Being

As indicated in the literature (for example, Cokely, 2005, and Janzen, 2005) the field of interpreting has grown by leaps and bounds over the last thirty years, and the level of professionalism and respect that those who practice have earned is impressive. Many more employers do provide team interpreters more regularly and frequent timed breaks. Some employers also provide weekly fifteen-minute massages to those who are working. This is a huge improvement from the practices that were in place just five years ago.

Many recommendations over the years advise how interpreters can avoid injury by taking breaks. Taking frequent breaks and resting one's arms and shoulders is important. Quieting the mind during a break to allow the mental processing efforts to slow to be ready for the next piece of work can allow the interpreter to re-center and let go of the last transaction. Some recommendations from Freeman (2010) state that taking a break at intervals such as 45 minutes to one hour can assist the interpreter in recovering enough to prepare for the next interaction (p. 5). Depending on the place of employment, taking incremental breaks to recover and stay healthy may or may not be permitted. Making these ideas of practice known to superiors is important and may affect the workload that is expected. Teaching people how to deal with empathetic fatigue in a healthy way may be an opportunity for future research, especially because of the call volume and vast variety of call content in the setting of VRS.

Even though there are written suggestions about how to maintain health and well being as a working interpreter, the question emerged about how those

working actually follow these recommendations of the Professional Standards Committee (RID 1997). Because some agencies may not be able to provide the types of accommodations to their employees to maintain physical and mental health, many interpreters still practice in an unhealthy way. The high demand for interpreting needs, and the low number of interpreters who are available, makes it difficult to turn down work. Some may feel intimidated or that their own employment may be in jeopardy if they turn down hours. Many places of employment have too many hours to cover and too few interpreters to allow for such frequent breaks, vacations or time off. Some participants in this study identified VRS and K-12 educational interpreting as “high-risk” environments in regard to self-care and well being. When employers do not provide the types of accommodations needed to maintain healthy bodies and minds, the interpreters must then take responsibility for managing the demands in the work place to avoid injury. For example, some surveyed participants mentioned that one method they employ to practice self-care is to limit the number of hours they work in what they defined as high-risk environments.

These challenges are not the only difficulties that interpreters face. Many other aspects of interpreting cause internal stressors and put interpreters at risk for burnout. Interpreters work with one of the most unique groups of individuals: people who need meaning transferred from one language to another so they can have access to communication. If we consider the sample population with whom interpreters for the Deaf work, it spans all walks of life. Interpreters must practice in almost every imaginable situation, from scheduling doctor appointments to

lover's quarrels or from announcing the arrival of a new baby to notification of the passing of a loved one. The possibilities are endless.

Education

Teaching the next generation of interpreters how to stay healthy and what they can do to prepare, not only by learning the language and culture which is the primary focus of some educational programs today, but also teaching ways of maintaining self-care to protect the next generation of interpreters from injury and burnout. Modeling teamwork and positive relationships with our colleagues, students, and those who have been in the field for many years is a way to invite constructive behaviors into the work environment. Demonstrating collaboration through "supervision," positive supportive ideas and conversations about what works well, support that is free of judgment, can all lead to an openness and safety that promotes growth. Developing ways to improve our own professional practice of interpreting, such as committed life-long learning, meeting with other practitioners to develop teamwork, and listening to each other's ideas as a tool for learning, will encourage collaboration. Establishing trust and telling stories of our own challenges, how we have found a way to navigate through the cultural differences with respect, and how interpreters uphold a sense of dignity for all consumers with whom we work will help break down the barriers that come from empathy fatigue as a result of holding trauma inside. All of these learning tools could help promote self-care.

From this base of sharing both challenges and successes as educators

who have experience in the field, students or those new to the field can understand limitations. Interpreters can create healthy boundaries and establish a strong professional practice. Building these bridges will be a way to construct professional development of the field and establish best practices for interpreters for Deaf and hearing consumers.

Other recommendations revolve around physical well being and “avoidance of injury by not working extended hours,” “practicing good posture,” and “paying attention to physical needs while working.” Seeking medical advice or alternative solutions for physical wellness is also important. Engaging in diverse activities of high interest outside of work can also be a way to remain healthy. All of the above mentioned ideas and the recommendations from other practicing interpreters that participated in this study are some of the things that could be discussed in sessions where interpreters meet for the sole purpose of growing and improving their practice.

Practicing Self-Care: Mental Well Being

As interpreter educators, we engage learners in considering and identifying their moral convictions and beliefs in a cultural, geographic and historic context, contrasting their convictions and beliefs with those held by others, and ultimately identifying universal principles that transcend different groups—such as truthfulness, trust, integrity, responsibility.
(Witter-Merithew, 2004, p. 164)

Professional choices in some scenarios are challenging in bicultural situations. Future training needs to be geared toward encouraging interpreting students to develop their ability to make ethical decisions to feel a sense of job

satisfaction. When collaborative groups meet to process these scenarios and outline the possible choices, it is called “supervision.” One way to encourage self-care would be to train interpreters to participate in a collaborative practice of “supervision” with other interpreters utilizing demand-control schema (DC-S).

Using the DC-S framework in interpreting is a growing trend. Every job has particular sets of demands, which are also called job requirements or duties. In “supervision” sessions, interpreters listen to all aspects of the given situation and then brainstorm ideas about different ways to approach any particular scenario. Choices an interpreter could make in any given situation, or controls, are then identified in “supervision” meetings as actions that one *could* employ. This method, demand-control theory through “supervision,” has been applied to many fields of work, and has recently been applied to the field of interpreting by Dean and Pollard (2010) using the term “demand-control schema” (DC-S). DC-S has been widely used in many professions as a way to collaborate among colleagues. It has recently been introduced to interpreters through their training and in workshops.

Demand-control schema is a clear, concise way to explain specific demands of interpreting scenarios. These demands may be related to interpreting environments, intrapersonal thoughts and emotions, interpersonal relations, and paralinguistic challenges. In “supervision” collaborative groups, one trained person, who is able to state the goals and ground rules, facilitates the group, and keeps the process on track and moving forward. Through “supervision” leadership and facilitation, everyone is able to have an equal

opportunity to contribute. This is a type of mental self-care that provides a safe, non-threatening environment for practitioners to identify strategies and to debrief about situations that are challenging. These “supervision” groups can meet in person but also meet online in a forum that is open to participants across the nation. Many online platforms, such as Google Hangout, provide online meet-up forums with video capabilities, where up to ten people can join at a designated time. The participants can all view each other and are led through the process by a selected “leader.” The chemistry of meeting with other professionals who are genuinely committed to improving the practice of interpreting has no substitute. The idea that we can meet with other professionals and present cases or tell stories of scenarios that unfold while we are working, for the express purpose of improving our own decision-making process or adding to our own list of control choices, brings a practice of collaboration and professionalism and sets competition and fear aside.

The practice of DC-S through the modality of “supervision” and receiving feedback and insights from other practicing interpreters offers an outlet of collaboration that can help participants gain ideas about different ways to add to their own list of self-care practices. This practice is growing within the field and has a positive effect, not only on the new ideas and practices that are shared, but also on a sense of safety in sharing the dilemmas that interpreters face. The ground rules of confidentiality, respect, and dignity are stated in each meeting at the beginning. Confidentiality for each member and the dilemmas each shares are held in high regard. Allowing interpreters to discuss, within a closed forum,

the things they are challenged by and then being met with ideas that are insightful, provides the grounds for turning away from isolation and harboring the many stories that have moved through each interpreter. Even though DC-S and “supervision” provides an innovative new way to address these challenges, it does not bring to the forefront ways interpreters in our culture, working in the fast-pace, high-demand industry, practice activities they determine as self-care when they are on their own. While “supervision” groups are a great way to gain awareness about how to practice self-care, the identified actions about what those activities are have not been revealed for many.

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FIGURES

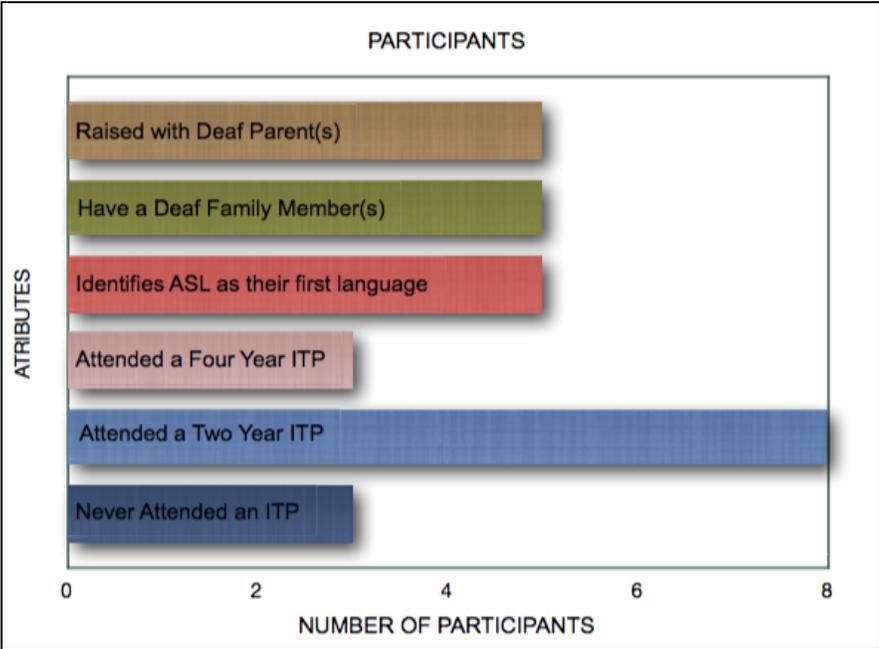


Figure 1. Chart of Participants

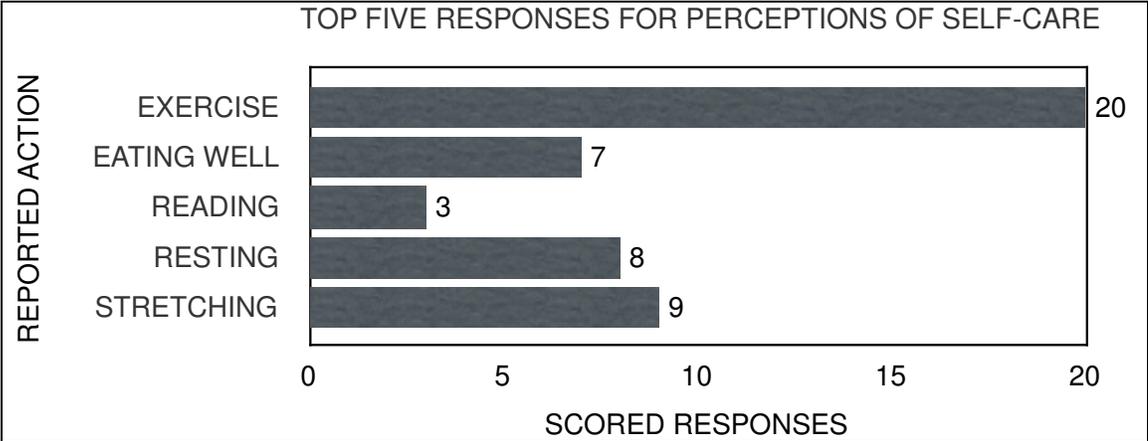


Figure 2. Identified Actions of Self-care

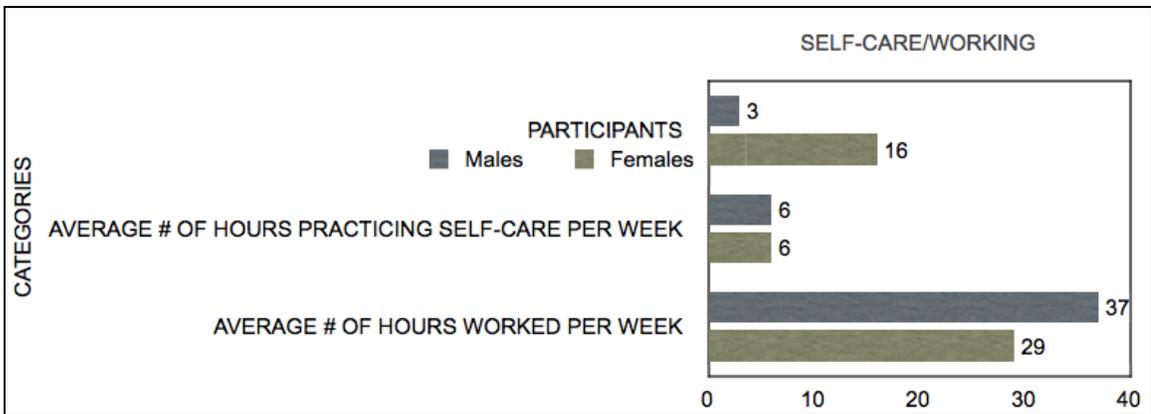


Figure 3. Participants' average hours working compared to average hours spent participating in identified actions of self-care

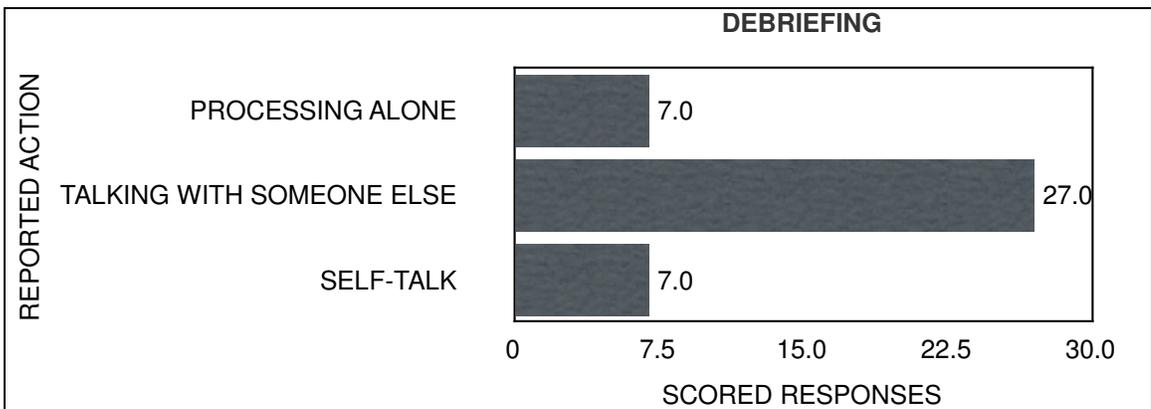


Figure 4. Engaging in Debriefing

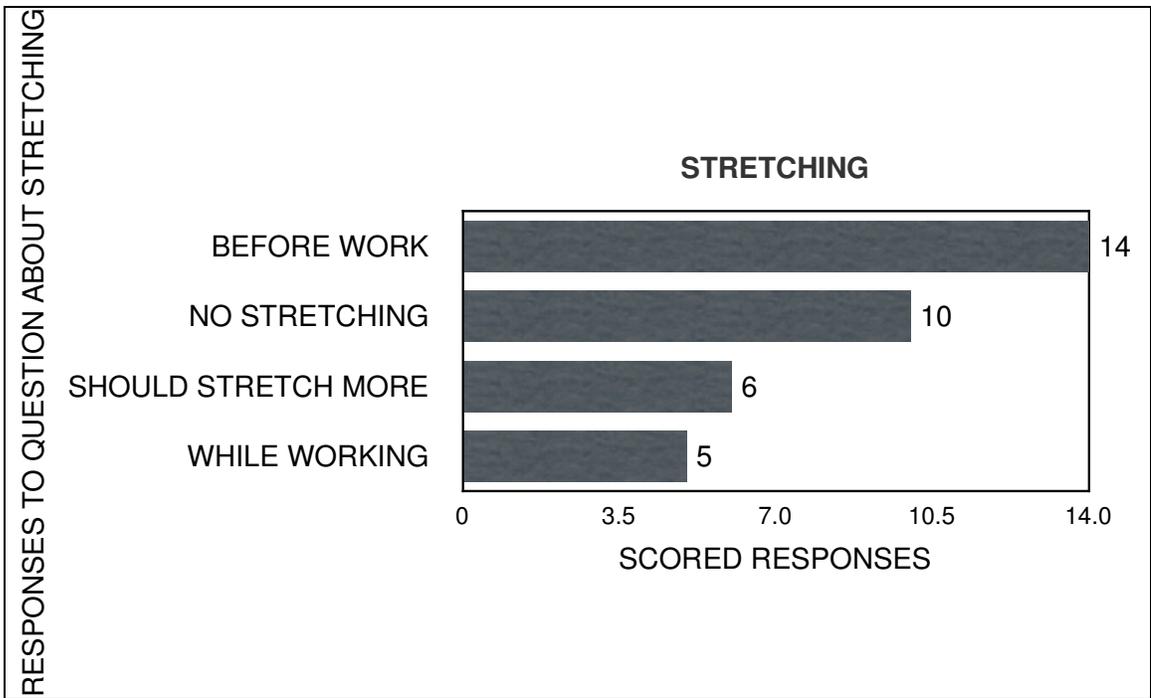


Figure 5. Participation in Stretching

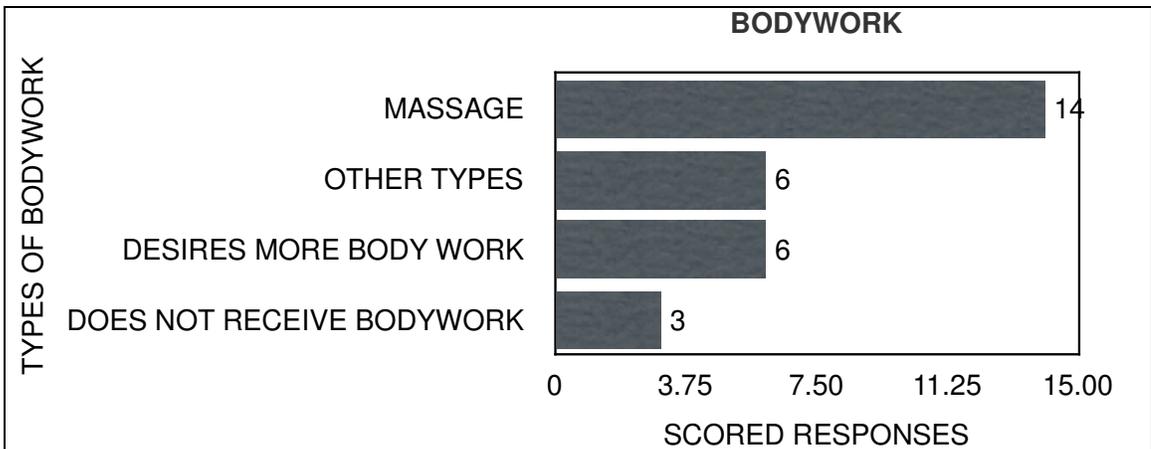


Figure 6. Bodywork

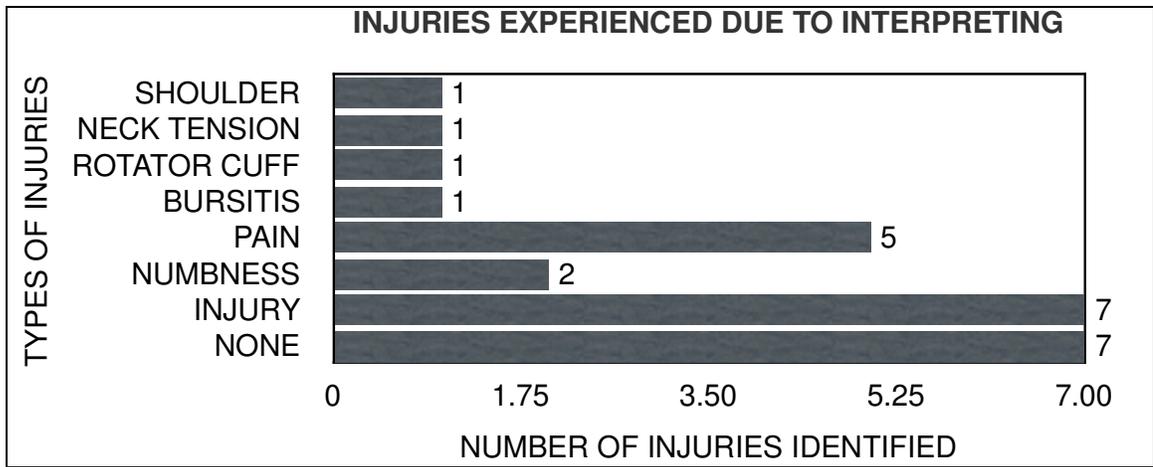


Figure 7. Injuries experienced due to interpreting

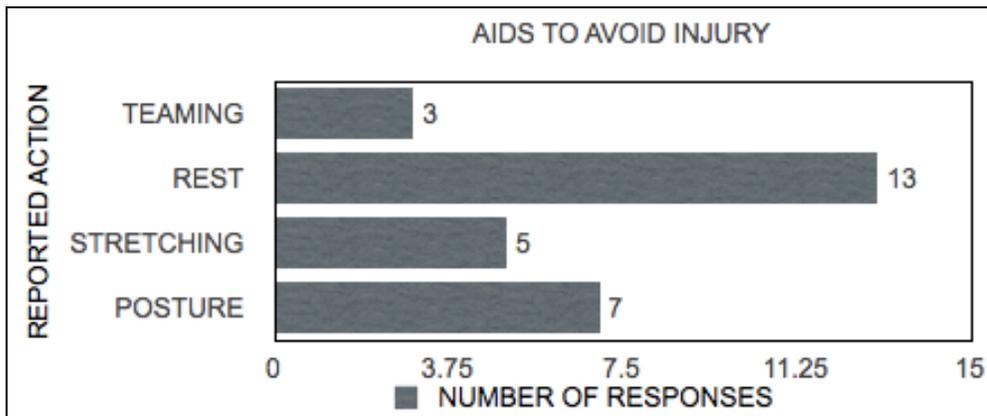


Figure 8. Aids to avoid injury

APPENDIX A

Consent Form

Western Oregon University, Master of the Arts in Interpreting Program

Amy Lyn Zenizo

Who is eligible to participate?

Eligible participants are interpreters for the Deaf who are currently practicing and working in the field.

Consent to Participate in a Research Study

You are invited to take part in a research study. This form will tell you about the study. You may ask the investigator any questions that you have. When you are ready to make a decision, you may tell the investigator if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the investigator will ask you to sign this statement and will give you a copy to keep.

Why is this research study being done?

The purpose of this study is to determine the existence and extent of the amount of self-care practiced by interpreters for the deaf.

What will I be asked to do? When will I be asked to complete these tasks?

If you decide to take part in this study, we will ask you to:

- 1) Answer questions in the interview with honesty.
- 2) Provide any additional information you would like to share.
- 3) You may decide to fill out the questionnaire in writing or may schedule a live interview.
- 4) The researcher may request follow up questions for more detailed information.

You will be given exact instructions at the time of data collection.

Will there be any risk or discomfort to me?

This project may request disclosure of how you practice self-care or discussions around the need for self-care. If you experience stress, you are advised to utilize these services or those of a private counselor.

Will I benefit by being in this research?

Through your participation in this study, interpreters and those who are pre-professional interpreters will benefit by revealing new ways and understanding current practices in the area of self-care for interpreters for the Deaf.

Who will see the information about me?

Only research administrators will have access to the actual responses to research materials. This data will be maintained on a password-protected computer. The investigator will have access to the data. In publications resulting from this research, your individual identity will not be revealed.

What will happen if I suffer any harm from this research?

As a student at WOU you have access to counseling services through the Student Health Service. If you experience stress, you are advised to utilize these services or those of a private counselor.

Can I stop my participation in this study?

Your participation in this research is completely voluntary. You do not have to participate if you do not want to. Even if you begin the study, you may quit at any time. Once the tests have been paid for, you will be obligated to take the test and provide the results to the investigators. Should you choose to quit the study at that point, you would be responsible to reimburse the investigators for the cost of the test(s).

Who can I contact if I have questions or problems?

Amy L. Zenizo, Principal Investigator – azenizo11@wou or 520-271-3008

Elisa M. Maroney, Advisor – maronee@wou.edu or 503-838-8735

Who can I contact about my rights as a participant?

If you have any questions about your rights as a participant, you may contact the WOU Institutional Review Board at any time regarding the study at 503-838-8589.

Will I be paid for my participation?

There will be no direct compensation for your participation in this research.

Will it cost me anything to participate?

Beyond the time it takes to administer questions, there will be no out of pocket expenses.

I agree to take part in this research.

Please choose one.

- 1.) I consent to participate in a live interview that will be audio recorded.
- 2.) I **do not** consent to a live interview that will be audio recorded.

Signature of person agreeing to take part

Date

Printed name of person above

Signature of person who explained the study to the
participant above and obtained consent.

Date

Questionnaire

- What do you do for self-care?
- How do you debrief during or after an interpreting assignment?
- Do you stretch before you come to work?
- Do you receive bodywork?
- Have you ever had an injury due to interpreting?
- What do you think helps you avoid injury while interpreting?
- What additional information would you like to share with me about self-care?
- How many hours do you work as an interpreter per week?
- How many hours do you engage in what you determine to be “self-care”?
- What are some other ways that you find to help you avoid injury?
- What would you recommend for those new to the field to avoid injury?
- Follow-up questions as needed.

APPENDIX B

Terminology

Demand control schema – A “job analysis method useful in studies of occupational stress and reduction of stress-related illness, injury and burnout.” (Dean, & Pollard, 2000, p. 1).

Demand-control theory – A theory that helps delineate the difference between requirements of a job and possible options of identified actions that could be employed.

Professional practice – The development and employment of interpreting for the Deaf as a career.

Video relay service (VRS) – A service provided by the FCC by which interpreters facilitate communication between consumers who use signed language to communicate and those who use spoken language.

Best practices – The decided-upon best decisions in individual cases.

Balance – Stability between the demands of work and healthy vitality of life.

Controls – Identified choices of action that could be employed in a situation.

Demands – The requirements of a job or career.

Supervision – Confidential group sessions where interpreters meet to discuss professional choices that could be made before, after or during work.

Team interpreters – Two or more interpreters who take decided, timed turns interpreting for a specific time frame of an assignment.

VIEWS – A periodical published for interpreters about information, employment,

and best practices related to interpreters for the Deaf.