

Abstract

The field of interpreting is ever-growing, and with this, there are always problems that interpreter education programs can address. The following research is aimed towards interpreter education, commonly known as Interpreter Education Programs (IEPs). Due to mass amounts of research proving surface-level preparation in the context of coping mechanisms, this study is aimed to explore if extensive education in IEPs can decrease the presence of vicarious trauma in the field. This topic does not only apply in the contexts of mental health interpreting but can also apply to medical and legal settings. The following theoretical research utilizes an online questionnaire of active interpreters in the field today. Knowledge would not only act as a preventative measure for obtrusiveness by the interpreter, but the development of proper coping mechanisms would establish improved focus on the client in such stressful circumstances. Projected findings are conclusive that IEPs do not properly educate interpreters on how to deal with secondary trauma, and thus more linguistic and emotional regulation allows for proper focus on the client. Implementation of self-care training, education on the risk of vicarious trauma, and methods from Cognitive Behavioral Therapy (CBT) can all be methods to curb the presence of vicarious trauma in the interpreting field. Along with educating interpreters on coping mechanisms, education on burnout and trauma-informed interpreting can improve interpreting situations for Deaf clients and interpreters alike. Suggestions for future research include whether mental health interpreters should have as extensive qualifications as mental health clinicians.

Literature Review

Many interpreters go through a four-year education program, otherwise known as Interpreter Education Programs (IEP). This theoretical research focuses on American Sign Language (ASL) IEPs and their potential to decrease vicarious trauma in the ASL-English interpreting field. Applying to mental health interpreting, medical, and legal settings; this study highlights the need for comprehensive education in coping mechanisms for vicarious trauma, strategies to curb compassion fatigue, and expansion of surface-level preparation in the context of IEPs. Further linguistic and emotional regulation is needed as often interpreters are inexperienced with how to deal with trauma, thus impacting their client(s) and the interpreting situation. Vicarious trauma can often occur if someone is recounting their trauma as the interpreter must carry out the message as if it has happened to themselves. Doing so may result in emotional, physiological, or physical distress if the interpreter is unable to mentally separate themselves from the client (Hsieh & Nicodemus, 2015).

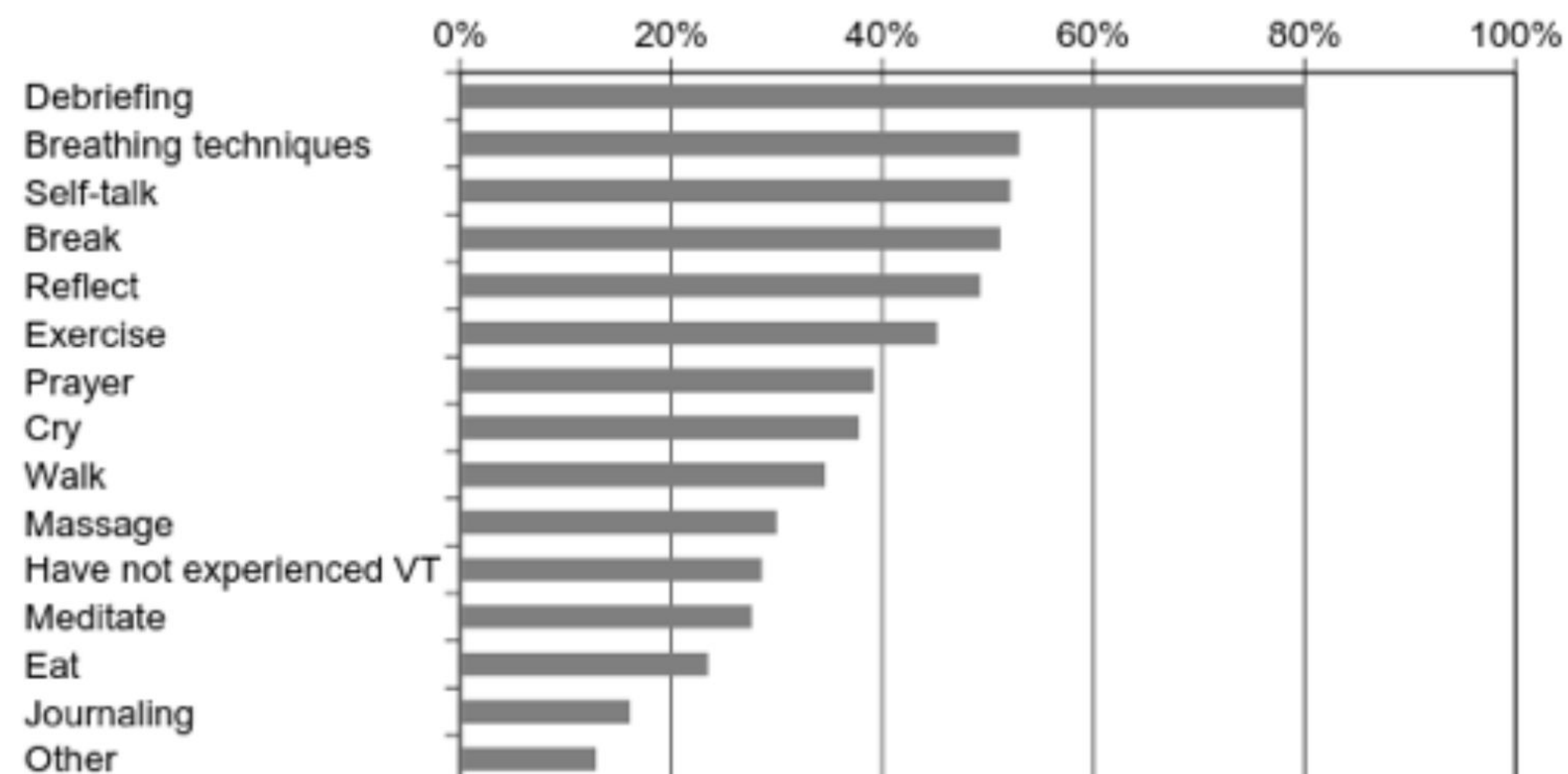
Research Question

The presence and effect that emotions can have on language also has a substantial effect on the client. The following theoretical research suggests methods to further improve trauma-related education for interpreters, and to solve the prevalent issue that is interpreters being unprepared while on the job. In addition, the following research will also consider strategies for aiding with intrapersonal issues such as coping mechanisms. In accordance with the Code of Professional Conduct, specifically tenet 3.5, interpreters should be as unobtrusive as possible (NAD RID-CPC, 2005). Meaning, the lack of education within Interpreter Education Programs relating to trauma-related education can cause a breach in professional conduct. One may ask if the prevalence of extensive training could reduce the number of traumatized/overwhelmed interpreters in the field.

Methods

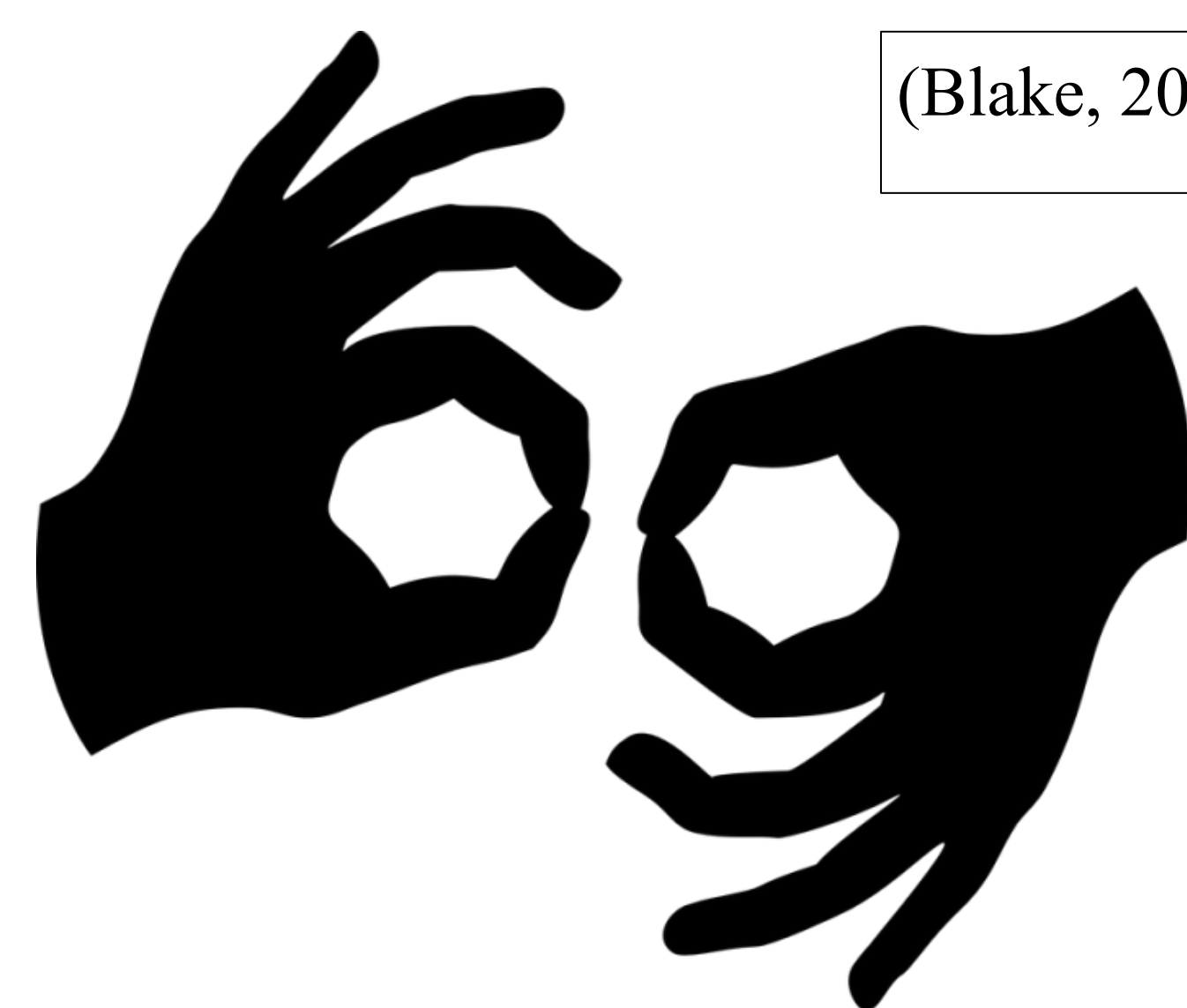
Though this research is purely theoretical, future research methods could consist of an online questionnaire study of active interpreters in the field today. Questions used can range from inquiring how extensive their trauma training was within their IEPs, what coping methods they have adopted along the way, as well as their primary method of resolving the issue of burnout. Experimentation can be done with different coping methods, as to investigate different avenues for dealing with emotional issues. These investigations can contrast social support versus Cognitive Behavioral Therapy, and different groups can report on which method was the most helpful in relation to their struggles. To ensure research is balanced and issues thoroughly analyzed, this (theoretical) research uses a blend of qualitative and quantitative research methods. Different education strategies and IEPs can also be contrasted as to identify which curriculum, teaching style, and methods work best long term. Grades of students can be compared as to contrast their knowledge of trauma competency skills. At a minimum, implementation of updated curriculums/lessons and reviewing the effects of the interpreting field on the mind, body, and emotions are beneficial to better understand if further issues are primarily an educational or skill-based issues.

Figure 1.0 Coping Mechanisms Utilized by Participants (Knodel, 2018)



Knodel, R. (2018). "Figure 3. Coping mechanisms utilized by participants", *Coping with Vicarious Trauma in Mental Health Interpreting*.

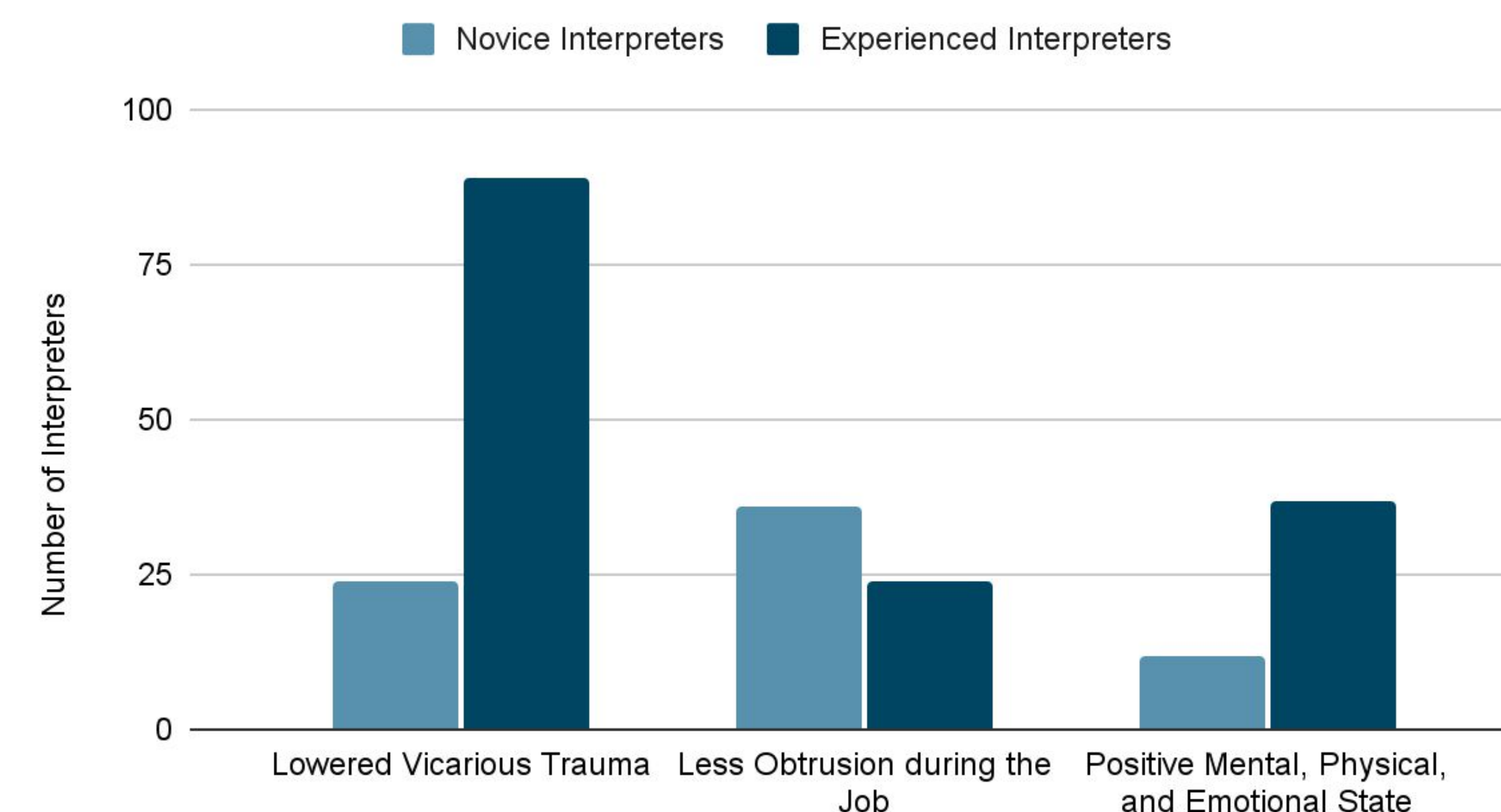
Figure 2.0 ASL Sign for "Interpreter"



(Blake, 2017)

Figure 3.0 Bar Graph Showcasing Theoretical Results of Trauma-Competency Skills

Results of Trauma-Competency Skills



Conclusion

If interpreters are more aware of the presence of vicarious trauma, this thus positively impacts the Deaf community and their product of trauma informed interpreting. Instead of the interpreter being focused on figuring out coping skills in the moment, proper education can ensure the interpreter's focus stays on the Deaf client. Though risk of emotional distress is never assuredly gone, proper training can insist interpreters have the rough knowledge of how to function in situations such as these. The interpreter can then give a message that accurately meets the needs of the client (in trauma-sensitive language) and therefore reduce the intrusion that an interpreter may have on the interpreting assignment.

Future Work

Suggestions for future research include the exploration of whether mental health interpreters should have the same certifications as mental health clinicians, as interpreters can certainly influence the clinical setting. Further studies could also be done in relation burnout, trauma, and the overall well-being of Deaf Sign Language Interpreters as this research does not specifically analyze Deaf interpreters.

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