

NIEC

NATIONAL INTERPRETER
EDUCATION CENTER

UNDERSTANDING THE CHALLENGES OF INTERPRETERS WORKING IN THE VIDEO MEDIUM

Needs Assessment Report

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Foreword

Through grants awarded by the U.S. Department of Education Rehabilitation Services Administration (RSA), the National Interpreter Education Center (NIEC) and five Regional Interpreter Education Centers (RIEC) work collaboratively to increase the number and availability of qualified interpreters nationwide. The collaborative is widely known in the field as the National Consortium of Interpreter Education Centers (NCIEC).

A funded requirement of the federal grant program is to conduct ongoing activities to assess the communication needs of d/Deaf individuals, and then use that information as the basis for developing interpreter education priorities and strategies. This report is based on the findings of a structured needs assessment activity designed to capture information related to interpreting through video-based technology.

Acknowledgments

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Understanding the Challenges of Interpreters Working in the Video Medium

Introduction

Advances in technology have increased communication access for d/Deaf individuals, and are changing the way interpreting services are delivered. Video Relay Services (VRS), in particular, have been instrumental in improving telecommunications access for d/Deaf people. At the same time, the technology has challenged existing service delivery models and the traditional roles and responsibilities of the sign language interpreter. Working in VRS presents interpreters with a wider range of linguistically and culturally diverse customers, topics, and prolonged periods of work than is found in any other interpreting setting. Interpreters are assigned to calls as requests come in, and most calls are handled with little or no advance preparation in order to minimize wait time. Work in VRS settings is physically and mentally stressful, and interpreters often work with intimate register (e.g. calls to family members), unfamiliar vocabulary, and subject matter outside their level of education, experience, or comfort (Cogen & Cokely, 2015).

Video Remote Interpreting (VRI) is another fast-growing video technology used to deliver interpreting services from an off-site location. VRI has become the default option for providing ADA-mandated interpreting services in public settings, particularly in hospitals, police stations, and prisons. Interpreters providing VRI services need excellent signing skills to compensate for the two-dimensional screen, and strong interactional management skills to help them gather information that is not readily visible or audible from their vantage point. The VRI interpreter also needs to have the discernment to know when the process is not working, the assertiveness to say so, and the resources to recommend timely and appropriate alternatives. Unfortunately, many interpreters working in VRI today are not up to the task, particularly in complex medical and legal situations of high consequence involving specialized discourse and terminology (Cogen & Cokely, 2015).

The purpose of this needs assessment effort was to understand more about the experiences and training needs of interpreters that work in VRS and VRI settings. In 2016, the National Interpreter Education Center (NIEC) conducted a survey of 152 interpreters that work in VRS and/or VRI settings from around the country. Respondents provided input regarding their background, education, and experience interpreting through video-based technology. Findings of the survey are presented in this needs assessment report. In addition to the survey, five intensive focus group sessions were conducted involving a total of 22 interpreters that work in VRS and/or VRI settings. The input gathered in the focus group sessions is also presented in this report, and provides a more qualitative perspective regarding the experiences of interpreters that provide services through video-based technology.

Demographics and Background of Respondents

The demographics of interpreters that responded to the survey are reflective of the demographics of the overall pool of interpreters. In the survey, 85% of respondents were female; 13% male, and 1% transgender. In addition, 87% of survey respondents identified as White/Caucasian; 2% as Hispanic/Latino; 2% as African American/Black, and 1% Asian. The focus group sessions also captured demographic information from participants. In the focus group sessions, 19 of the participants were female, and 3 of the participants were male. Of those 22 participants, 20 respondents identified as White/Caucasian, and two declined to identify their ethnic origins. Despite dramatic multi-cultural growth in the general population, the demographics of the interpreting workforce have changed very little over the years, including among the interpreters who work in VRS and VRI settings. In these settings, as in many other community-based settings, there continues to be a shortage of interpreters who are 'of' the communities they serve, and who are best suited to communicate with d/Deaf individuals from a shared cultural background.

The survey also captured information related to the age of respondents. In the survey, 16% of respondents reported they were between the age of 21 and 30; 22% were between the age of 31 and 40; 33% between 41 and 50, and 30% were over the age of 50. These percentages point to a relatively high number of respondents over the age of 40, or 63% of respondents. The survey also collected information regarding the educational background of respondents. In the survey, 13% of respondents reported they had completed some college coursework, but did not earn a degree; 20% hold a AA/AS degree; 28% hold a BA/BS degree; 9% have completed some graduate coursework; 26% hold a MA/MS degree, and 3% a PhD. The survey further asked respondents to report whether they had attended a formal interpreter education program (IEP). In response, 64% of respondents reported they had attended an IEP. Of those respondents, 56% attended a two-year program; 31%, a four-year program, and 4%, a post-graduate program. Survey respondents were further asked whether the IEP they attended provided training for work using distance technologies, such as VRS or VRI; 70% of respondents reported the IEP they attended did not offer this type of specialized training or education.

Survey respondents were also asked to report how many years of experience they had delivering services through VRS and/or VRI. With regard to VRS, of the respondents, 32% reported they had 1 to 5 years of experience; 48% of respondents had 1 to 10 years, and 17% had 11 to 15 years of VRS experience. When asked where they work, 86% of respondents reported they worked for a large for-profit organization, and 6% for a small for-profit organization. Only 8% reported working for a non-profit organization. Survey respondents were also asked to report on the length of their career in VRI. In response, 41% reported they had 1 to 5 years of experience; 13% of respondents had 6-10 years, and 4% had between 11 and 15 years of VRI experience. When asked whether they had experience working in a community setting prior working in either a VRS or VRI setting, 93% of respondents replied 'yes.'

The survey asked respondents to report on the credentials they hold: 95% of respondents said they hold national credentials; 33% reported they hold state/local credentials, and 4% reported they held no credentials. Note that in some cases interpreters may hold both state and national credentials. For those respondents with national credentials, 22% reported they have held their oldest credentials 1 to 5 years; 30% have held their credentials for 6 to 10 years; 14% for 11 to 15 years, and 35% of respondents have held their oldest credentials 16 years or more. In response to another survey question, all survey respondents reported they belonged to RID, either at the national or state level.

Looking at the above data related to survey respondent age, educational background, credentials, and VRS/VRI experience in aggregate, indicates the respondent sample is representative of a well-educated, seasoned, and experienced segment of interpreters. The interactive aspect of the focus group sessions provided a forum for capturing additional, more qualitative, input from other interpreters regarding work in VRS and VRI settings. That input has been aggregated and summarized in the following section of the report to provide a more in-depth snapshot of the video interpreting experience.

Interpreting in VRS and VRI Settings

In the introductory portion of the focus group sessions, participants were asked to describe their work in VRS and VRI settings. Participants consistently reported that work in VRS and VRI is demanding, challenging, and unpredictable. All participants agreed that a strong connection to the Deaf community and ability to comprehend a wide range of language use are essential for work in these settings.

Survey respondents and focus group participants alike reported they regularly provide services to individuals from diverse ethnic backgrounds, Deaf Plus individuals, and individuals with dysfluent and idiosyncratic language. In the survey, 97% of respondents reported that provide services to d/Deaf individuals from diverse backgrounds, and 96% of respondents reported they provide services to Deaf Plus individuals. The term 'Deaf Plus' is used to describe an individual who is d/Deaf or hard of hearing in addition to having significant medical, physical, emotional, cognitive, educational, or social challenges. Many focus group participants stressed the need for more Deaf interpreter services to assist with meeting these and other complex communication needs. A number of the participants stated that it is rare to find Deaf interpreters in these settings.

In the focus group sessions, participants described communication difficulties associated with providing services remotely, both with regard to the technology itself, and the fit between consumer need and interpreter skill. VRS and VRI interpreters receive limited or no advance knowledge regarding the d/Deaf consumer's communication needs, and have little opportunity to prepare for calls. The lack of discretion in call assignment was of particular concern to many participants. VRS and VRI interpreters are expected to use discretion when accepting

assignments, but the very design of the remote, video-based interface puts interpreters in the position of regularly violating their Code of Professional Conduct.

Focus group participants were also asked to provide input specific to work in VRS settings. Most identified intense physical and mental demands, and cited the need for empathy, resilience, cultural awareness, and linguistic fluency. A number of participants described a stressful corporate environment, and a hierarchy of administrators and personnel who do not understand deafness and Deaf culture, or appreciate the types of demands being placed on interpreters. VRS interpreters often encounter unfamiliar regional or cultural variations of ASL used by d/Deaf callers, and unfamiliar regional and cultural variations of English used by hearing callers. Many of the focus group participants reported that non-deaf accents and dialects regularly pose challenges on VRS calls.

In addition, a number of participants described d/Deaf callers that are hostile, and an interpreting environment that is more adversarial and confrontational than community-based settings. Some participants described callers that were sexually inappropriate and verbally abusive. These participants did not feel they had the backing and support of their employer in those situations. Many other challenges were also identified, including poor lighting, poor connectivity, no visual cues for the Deaf person to see the hearing person, and no ability to check the interpreter's equivalency. Participants also described situations that challenged neutrality, for example, interpreting for individuals who are being cruel and unkind to the other caller. Many focus group participants reported providing services to individuals with dysfluent or idiosyncratic language, and a growing number of individuals from diverse ethnic backgrounds. These participants stressed the need for more Deaf interpreter services; most reported Deaf interpreters are rare in VRS settings.

One theme was evident throughout the discussions: the range of d/Deaf individuals and the type of communication challenges they present vary widely in VRS settings. Each caller presents different communication challenges, and the ability to remain flexible in an environment that is constantly changing was stressed repeatedly by all of the participants. Although most participants used the focus group forum to express challenges and frustrations related to work in VRS, some did say the work is ultimately rewarding and can be enriching.

Although fewer of the focus group participants had experience working in VRI, those that did identified many challenges related to work in the setting. Participants stressed that VRI must be collaborative and engage the d/Deaf patient and the medical provider in decisions related to patient preference, and situations when VRI is and is not appropriate. For example, while VRI can be effective in some routine medical situations, such as taking blood pressure, it is not effective in situations of high consequence, such as surgery or labor and delivery. Unfortunately, VRI has become the default for interpreter services in many hospitals and healthcare facilities. A number of participants expressed concern that VRI is imposed on the d/Deaf patient rather than offered as an option.

Most of the participants pointed to problems with VRI technology. This is consistent with findings reported in the NIEC Trends Report that VRI effectiveness is often hindered by technical and logistical problems that compromise the intelligibility of the interpretation and the comfort of the d/Deaf individual (Cogen & Cokely, 2015). Participants described interpreting situations that were fraught with problems attributable to poor quality transmission, equipment malfunction, and issues related to bandwidth, firewalls, and lost connections. Unseen and unheard participants, procedures, and interactions within the room in which the d/Deaf person is situated also influence the effectiveness of interpreting from a remote location. The d/Deaf individual cannot see who else, if anyone, is in the room with the interpreter, which can create discomfort and raises concerns about confidentiality, especially in medical and legal settings. If the d/Deaf participant is in crisis - frightened, ill, medicated, or experiencing vision difficulties - a two-dimensional screen and the lack of full-spectrum view of the room further hinders access to immediate and accurate information. In addition, a two-dimensional video screen is often not a viable option for individuals who are Deaf-Blind.

Training and Education Needs

The needs assessment effort collected information from the focus group participants regarding the education they received prior to beginning work in VRS and/or VRI, as well as their training needs for the future. Most participants reported they had received little or no formal education related to video interpreting in the IEPs they attended. A few participants said the topic was covered broadly, but there was no opportunity for hands-on or practicum experience.

Most focus group participants reported they did receive training from the VRS call center or VRI company where they work prior to taking on assignments, however, the length and intensity of that training varied significantly. Some of the more in-depth training took place over the course of several weeks, and included structured opportunities for mentorship and shadowing other professionals. Participants in that level of training reported learning about many different aspects of video interpreting, including industry background, FCC regulations and guidelines, interpreter ethics, issues related to confidentiality, tenets of transparency, and technical aspects related to interpreting via a video platform. However, other participants described preparatory training that was far less comprehensive and focused more on the process of managing and completing calls than the actual work itself.

All of the focus group participants recommended that IEP materials be updated and include more two-dimensional interpreting practice and a variety of sign models. They also recommended that induction and mentorship opportunities be mandatory versus optional. Some of the topics suggested for future training and development included: caller dynamics, language use, technology, customer service, situation management, and interpreter self-care and self-advocacy. Because Deaf interpreters have proven to be effective with many of the d/Deaf individuals that will use VRS and/or VRI services, it was recommended that IEPs offer training related to work as part of a Deaf/hearing interpreter team.

Many of the focus group participants cited a need for practicum experiences that expose interpreters to the types of consumers they are likely to encounter in VRS/VRI settings today, including Deaf Plus individuals, individuals from diverse backgrounds, and d/Deaf individuals with dysfluent language. Other areas recommended for future training include strategies for self-care and managing inappropriate or illegal behavior on the screen.

Several participants stressed the need to involve the Deaf community in the design, development and delivery of training and education for work in these settings.

Summary

Standards governing the qualifications and use of interpreters in VRS and VRI settings are lacking. Currently, VRS and VRI vendors and the entities that contract with them define the level and quality of services that are provided, with little or no input from the Deaf community or the field of sign language professionals. As a result, today the technology is widely offered by companies and entities that do not understand the demands placed on interpreters, or the limitations it imposes on effective communication for d/Deaf consumers.

In particular, the lack of standards governing the provision of VRI services, and qualifications of interpreters providing those services, pose significant risks for the d/Deaf patient in healthcare settings. It is concerning that a number of focus group participants shared the perception that VRI is more often imposed on the d/Deaf patient than offered as an option. In a 2015 survey of d/Deaf individuals, respondents were asked several questions related to VRI use. In the survey, 54 respondents reported they had experience with VRI. Of those 54 respondents, 60% have experience with VRI in medical settings. Those respondents were asked whether they found VRI to be effective. Although the sample size is very limited, it is concerning that 45% of the respondents that have experience with VRI found it “rarely” or “never effective.” Another 26% reported VRI is only “sometimes effective.” Respondents with experience using VRI were asked if they ever switch interpreters. Of the 54 respondents that have used VRI, 16 respondents reported they do ask to switch interpreters. When further queried about why they switched interpreters, all 16 respondents reported it was because the “interpreter does not understand me.”

Whether consumer dissatisfaction with VRI relates to the qualifications and competencies of the interpreter, or limitations with the technology, one thing is evident: VRI does not provide effective communication access for many individuals. There is clearly an urgent need for standards and minimum qualification requirements for the use of VRI in such high-risk settings.

References:

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