

# Context-based Ethical Reasoning in Interpreting

## A Demand Control Schema Perspective

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**Abstract.** *Ethical interpreting practice must be predicated on an ongoing analysis of relevant contextual factors that arise in the interpreting situation. Although endorsed to some degree in interpreting pedagogy, this assertion runs counter to much of the history and continuing rhetoric of the interpreting field. Interpreting students receive a mixed message when educators assert a non-contextual, rule-based approach to ethics while simultaneously responding to both ethical and translation questions with “It depends” – an obvious reference to the centrality of context in decision making. This article elucidates a teleological (outcomes-focused) ethical reasoning framework which hinges on a continuing analysis of the dynamic context of the interpreting situation. Grounded in the construct of practice profession responsibility, this approach scrutinizes the co-created dialogue between the interpreter, the consumers who are present, and the context of their collective encounter. It is argued here that critical reasoning in the service of work effectiveness equates to ethical reasoning, even if an ethical dilemma per se has not arisen. The current approach to context-based interpreting work analysis and decision making, the demand control schema (DC-S), has been the subject of several research studies, including a recently-concluded dissemination project involving 15 interpreter education programmes across the United States.*

**Keywords.** Interpreter education; ethics; demand control schema; supervision; practice profession; reflective learning practices; decision-making

Our first publication (Dean & Pollard 2001) spotlighted the occupational health consequences of what we perceived to be an inadequate framework, or schema, for conceptualizing the nature of interpreting work. Specifically, we criticized interpreter education for focusing on the technical skills of source-to-target language translation to the exclusion of other factors, especially contextual factors, equally pertinent to effective interpreting practice. We have since developed an alternative schema for conceptualizing interpreting work, known as the *demand control schema for interpreting* (DC-S). DC-S is based on *demand control theory* (Karasek 1979, Karasek and Theorell 1990) and emphasizes a context-based, dynamic interplay between job *demands* and interpreters’ *control* resources (defined below). Our research has shown that DC-S instruction leads to more effective critical thinking skills, including ethical reasoning, and greater confidence among student and working interpreters alike (Dean and Pollard 2009b, Dean *et al.* 2004, Johnson *et al.* 2010). We continue to conduct research on occupational health risks in the interpreting profession (Dean *et al.* 2010), but our DC-S work is increasingly focused on professional philosophy, ethical and effective decision making, and related pedagogical issues in the interpreting field.

To a large extent, our views on these issues arise from our opinion that interpreting is best understood as a *practice profession* rather than a technical profession (Dean and Pollard 2004, 2005, 2009c, Dean *et al.* 2010). Practice professions like medicine, teaching and law enforcement do involve the learning and application of technical skills, but these technical skills are always applied in a dynamic, interactive social context (i.e., with patients, students and citizens/suspects, respectively). In contrast, technical professions such as laboratory science and engineering apply technical skills in situations that are more removed from social interaction with consumers. We have argued that interpreters and consumers<sup>1</sup> alike tend to view the interpreting profession as a technical one (Dean and Pollard 2005), where source-to-target language skills and cultural knowledge are perceived as sufficient for occupational competence in most service environments. The subsequent lack of pedagogical focus on the significance of the dynamic social context for making interpreting decisions (other than via “it depends” in response to students’ inquiries, as we explain below) stifles interpreters’ critical thinking abilities when they enter the workforce, not only in terms of ethical decision making, but also in terms of making decisions related to behaviour and language translation. Although all practice professions contend with the unpredictable nature of people and associated context-based decision challenges, other practice professions have found ways to effectively impart critical thinking skills to students – typically through in-vivo learning and practice opportunities such as residency, internship and on-going supervision – without resorting to the elusive and difficult to apply “it depends” learning method on which the interpreting field still largely relies (Dean and Pollard 2005, Dean *et al.* 2003, Winston 2005).

## 1. Teleological vs. deontological perspectives on ethics

A key resource that other practice professions share, enabling more effective, context-based critical reasoning, is a *teleological* ethical framework. A teleological approach to ethical reasoning is focused on the outcomes or consequences of one’s decisions (Cokely 2000, Dean and Pollard 2006, 2008c, 2009a). Teleological reasoning is flexible by necessity; it occurs within complex situational dynamics in which the individual is continually evaluating potential and actual decisions with respect to the outcomes these decisions may, or are, causing. A surgeon, for example, may approach an operation according to some standard protocol, but when confronted with unexpected circumstances (e.g., a sudden change in the patient’s condition or the medical resources available), may slightly or radically shift his or her approach to deal with these immediate realities. In doing so, the surgeon’s decisions will be guided by the medical profession’s broadest, teleological ethical mandate – “Do no harm” – and a corresponding teleological goal of pursuing the best outcomes possible in light of the situation.

In contrast, the interpreting profession in the US has historically endorsed a *deontological* ethical framework (Cokely 2000, Fritsch-Rudser 1986). Deontology is concerned with adherence to pre-ordained rules. The Ten Commandments are an example of a deontological rule system; the rules do not depend on or differ in regard to circumstances. Codes of ethics in the interpreting profession, as devised by many signed and spoken language

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<sup>1</sup> In the US, the term ‘consumers’ is frequently used to refer to deaf as well as hearing individuals who are participating in an interpreted event and depending on the interpreter to understand one another’s communication. The term ‘clients’ is sometimes used, as are the terms ‘participants’ and ‘interlocutors’. We are most familiar with ‘consumers’, which is the term we have used in our publications. We respectfully acknowledge others’ differing preferences in this regard.

interpreter associations in the US (e.g., National Association of the Deaf, Registry of Interpreters for the Deaf, and Language Line Services), are largely deontological in nature. These codes typically feature statements regarding what the interpreter “shall ... will ... [or] never” do – all of which implicate a basis in deontology.

The differences between deontology and teleology are marked (Dean and Pollard 2006, 2008c, 2009a), although both are respected and legitimate approaches to ethical reasoning. Yet ethicists caution that the two approaches are distinct and should not be combined nor applied inconsistently. While the end result of a teleological versus deontological decision making approach to a given situation may indeed be the same decision, it also might not be.

For example, suppose a hearing (non-signing) mental health therapist has been attempting to engage a reticent, eight-year-old deaf girl in play therapy for several weeks. An interpreter has been present at each session but the girl’s communication and level of interaction have been limited due to her guardedness. This week, the girl indicates that she’d like to play basketball. The therapist asks, “Who would you like to be on your team?”. The deaf child points to the interpreter. The child and the therapist both look to the interpreter, awaiting her response. A deontological perspective would likely lead the interpreter to follow the rule of “do not participate” (common in deontological codes of ethics) and thus result in her declining the child’s request. A teleological perspective, in contrast, would lead the interpreter to first consider the consequences of declining or accepting the child’s request. Given the novel overture this child is making, her reticence to engage in prior therapy sessions, the potential value of accepting this offer in the service of the situational goal of engaging the child in the therapy process, even the “do no harm” teleological ethic, the interpreter may well choose to accept the child’s offer to participate, albeit guided by the therapist’s further input and her own continuing monitoring of the positive and negative consequences of participating in light of her professional role and responsibilities as an interpreter. What we wish to highlight here is not the different decisions made by the two interpreters but the distinctions between the reasoning process they each used to arrive at their decision. An informed approach to ethical reasoning must begin with a clear recognition of which ethical reasoning approach one seeks to employ.

Since we view interpreting as a practice profession, we favour the teleological approach, as do other practice professions. Consequently, we view the prevailing, deontological approach in the interpreting profession as both unwise and impractical because of its failure to promote a dynamic, context-based ethical reasoning process and its limited ability to foster interpreters’ consideration of a range of preferred or less-preferred, consumer-focused outcomes. Professional standards of practice or codes of ethics that proscribe or prohibit particular interpreter behaviours, without comment on situational context or preferred work outcomes, lead most interpreters to conclude that the proper ethical decision is to adhere closely to behavioural dictates and to perceive deviations from them as either unethical or allowable only temporarily and/or secretly (Angelelli 2004, Dean and Pollard 2005, Tate and Turner 1997).

## **2. Context-based reasoning in the interpreting field**

We are certainly not the first to recognize the importance of context in interpreting practice. Many other interpreting scholars have noted that decision making must be predicated on an analysis of contextual factors (Cokely 1992, Gish 1987, Humphrey and Alcorn 1995, Metzger and Bahan 2001, Namy 1977, Pöchhacker 2004, Roy 2000, Turner 2005, Wadensjo 1998, Winston 1989). Nevertheless, assertions about the primacy of context appear to run counter to

much of the rhetoric of the interpreting field and the lessons interpreting students take from their educational programmes (Angelelli 2001, Dean and Pollard 2001, 2005, Metzger 1999).

Our teaching audiences universally relate to the experience of being given (and employing) the “it depends” response to seemingly straightforward questions about interpreting practice. In unison, when asked what response they received from teachers and mentors (or what response they themselves gave to students and mentees) when questions such as “What is the sign for...?” and “What would you do if...?” were posed, our audiences proclaim, “it depends!”. The ubiquitous nature of the “it depends” response (Dean and Pollard 2004, 2006, Winston 2005) is an indication that the prevailing, primarily technical schema of interpreting work is insufficient to guide dialogue and education about interpreting practice. It implies that the prevailing schema cannot articulate critical elements of interpreting practice that nevertheless *are* understood, at least at a gut level, by experienced interpreters, hence their ability to respond to these questions, albeit via the “it depends” vehicle. Without a schema of interpreting practice that gives sufficient weight to *contextual* factors that arguably lie outside source-to-target language proficiency and cultural knowledge, students and less experienced working interpreters cannot readily benefit from the wisdom of their teachers and mentors. Lessons in critical reasoning cannot be extracted from “it depends” stories or transferred to future working situations, since no two situations are identical.

Although “it depends” instruction does communicate that contextual factors should and do heavily influence ethical and other practice decisions, this pedagogical method is indirect and ineffective. Moreover, there are other factors in interpreter education and the interpreting profession generally that appear to counter the message that context matters. Proscriptive, behavioural-focused (deontological) codes of ethics and an ethical mantra elevating transparency (invisibility) as the ethical ideal (e.g., “What would happen if I weren’t here?”) stifles recognition of the primacy and fluidity of context in decision making and leaves young professionals ill-equipped for the complex ethical and other practice realities of interpreting work (Angelelli 2001, 2003, Metzger 1999, Turner 2005). We argue that a teleological approach to decision making and a corresponding code of ethics that emphasizes values and principles associated with optimal practice outcomes (rather than dictating or prohibiting specific behaviours) are the preferred means for teaching and evaluating interpreting decisions, that is, a decision making approach that is fitting to a practice profession.

### **3. Practice decisions are ethical decisions**

A key feature of the practice professions is the hand-in-hand consideration of one’s professional role and one’s professional responsibilities. It is the responsibilities portion of this dyad that most closely equates to ethics. As noted above, the definitive ethic or responsibility of the medical practitioner is “do no harm”. Application of this ethic involves a continual assessment of possible decisions; their likely consequences; actual decisions made and, in turn, their consequences. In this regard, myriad moment-to-moment decisions in the practice profession of medicine are truly ethical decisions, although perhaps not of the severe nature we might associate with the term ‘ethical dilemma’. As theologian and ethicist Richard Niebuhr states, “[r]esponsibility lies in the agent who stays with his action, who accepts the consequences in the form of reactions and who looks forward in a present deed to continued interaction” (1963:64). Thus, the manifestation of responsibility in any practice profession, including interpreting, necessarily involves moment-to-moment decision making and reassessment of the effectiveness

of ongoing decisions in light of their unfolding consequences. We believe that acting responsibly in this regard is synonymous with ethical reasoning – not just when one is in an overt ethical bind but throughout one’s routine work day. In fact, we believe that the application of teleological, context-based critical thinking throughout one’s work day has the benefit of averting or minimizing so-called ethical dilemmas. Our approach to teaching and supervising interpreters thus infuses ethics throughout all elements of interpreting practice, via a focus on professional responsibility and the teleological perspective on work effectiveness.

It is striking the degree to which interpreters and interpreting scholars discuss the topic of role without a corresponding focus on responsibility. This does not occur in other practice professions, where ‘role and responsibilities’ are linked so often as to virtually convey a unitary concept. Interpreters’ singular focus on role is a likely result of deontological influence, where the consequences of decisions are not scrutinized but rather presumed to flow favourably as a natural result of behaving in accordance with pre-ordained rules, especially those associated with the invisibility ideal. Niebuhr (1965) and Mandelbaum (1955) would argue that rule-based decision-making, disconnected from an analysis of situational context, is, *ipso facto*, unethical. The very question “What would happen if I were not here?” is a blatant manifestation of the abdication of responsibility. How can one be responsible when one (ideally) isn’t even there (Dean and Pollard 2006)? It is no surprise, then, that discussions of ethics in the interpreting profession are almost always couched in terms of ethical dilemmas rather than the more routine application of ethical reasoning we endorse. In our experience, the deontological, role-without-responsibility perspective tends to engender and aggravate ethical dilemmas, rather than preventing or minimizing them.

When interpreters focus on role rather than responsibility, this fosters a reactive approach to ethical reasoning; one that is typically engaged after an ethical dilemma appears. In contrast, a responsibility-based perspective fosters proactive ethical reasoning, *a la* Niebuhr, that is, emphasizing the continual ‘response’ aspect of ‘response-ability’. The primary means by which DC-S operationalizes its proactive approach to ethical reasoning is through a procedure of *dialogic work analysis* (described below), reflecting by its name the ongoing, context-based ‘dialogue’ occurring between interpreter and consumers (Dean and Pollard 2006). Decision-making using such a dialogic approach is more likely to circumvent ethical dilemmas that tend to arise from a reactive approach.

In our experience, the invisibility ideal leads many interpreters to default to a ‘do nothing’ stance until circumstances escalate to the point where this position is clearly untenable. By then, a problem, often an ethical one, has arisen. In our case conference seminars, participants routinely share narratives where such ethical dilemmas were obviously preceded by a chain of decisions to ‘do nothing’ – even though the antecedents of the eventual dilemma were clearly manifest and, arguably, more conducive to resolution if a more proactive stance had been taken. Similarly, interpreting students frequently contact us, seeking input as to how we would have responded to a given ethical dilemma. Invariably, as we learn further details regarding the origin of the dilemma, our decision would have been to respond to the emerging situation far earlier than the student perceived was possible or proper. Much of the ethics discourse in interpreter training programmes and continuing education venues in the US is consistent with this reactive, crisis-intervention form of reasoning rather than the proactive, context and responsibility-based, moment-to-moment form of ethical reasoning we endorse via DC-S dialogic work analysis (described below). In this perspective, ethics instruction is not relegated to an ethics course. Rather, ethics is addressed as part and parcel of critical reasoning which, in curricula strongly

infused with DC-S, begins in introductory courses and is carried through the entire curriculum (Forestal and Williams 2008, Johnson *et al.* 2010, Storme 2008, Witter-Merithew 2008).

#### 4. Centrality of context in DC-S instruction

The demand control schema evolved from Robert Karasek's research on occupational health and work effectiveness (e.g., Karasek 1979, Karasek and Theorell 1990). Karasek's scholarship on work and stress supplanted previous conceptualizations of stress as a condition linked to 'the job' (e.g., an air traffic controller or a brain surgeon) and instead emphasized the dynamic interplay between the job and the worker. Jobs present *demands*, Karasek asserts, to which any worker in that position will be expected to respond. A demand may be that a 50-pound object belongs on a high shelf or that a patient's blood vessel is clogged by plaque. In turn, workers bring *control* resources which may or may not be adequate to respond to the demands presented by the job. Controls is a broad concept, as Karasek uses it, which includes myriad resources potentially useful in responding to job demands, such as education, physical characteristics, experience, authority, material or fiscal resources, and much more. When a worker's control resources (Karasek also uses the term *decision latitude* in reference to controls) are adequate to respond to job demands, the work is effective and the worker is not at risk of stress or other occupational health problems. When there is a mismatch between demands and controls, the incidence of occupational health problems is much greater (Karasek and Theorell 1990). Thus, stress and occupational health problems are not inexorably linked to the job itself but reflect a fluid, dynamic interplay between the job (demands) and the worker (controls). Karasek's research also addresses the impact of *job redesign* on fostering more effective work and improved employee health. Job redesign, in this context, refers to examination and modification of work (demand) and worker (control) characteristics to achieve a balanced, effective interplay between demands and controls. It is this context-based perspective on work effectiveness and occupational health which launched our development of the demand control schema for interpreting (DC-S), further influenced, as noted above, by a practice profession perspective of interpreting work. It should be noted that our development of DC-S has been shaped by our intention and experiences of applying it within interpreter training programmes, and with working sign language interpreters, primarily in the United States.

DC-S regards demands as *any factor in the assignment that rises to a level of significance where it impacts interpreting work*. Many factors in the environments where interpreters work will require due consideration regarding their potential impact on the assignment. We have identified four categories from which interpreting demands derive: *environmental*, *interpersonal*, *paralinguistic* and *intrapersonal*, or when referred to collectively, *EIPI demands* (Dean and Pollard 2001, Dean *et al.* 2004). From a DC-S perspective, EIPI demands define the context that interpreters and interpreter educators are referencing when they engage in "it depends" responses to questions of ethical, behavioural or translation decision making. The specific ways EIPI demands are manifest in each interpreting assignment are the 'what' that "it depends" on. The comprehensive assessment of assignment demands that a thorough EIPI analysis provides a theoretical framework for a practice profession conceptualization of interpreting work – comprehensively incorporating critical contextual elements that each assignment portends. A technical profession schema (limited to the constructs of source-to-target language and cultural factors) is insufficient to contain such contextual information in a useful way and thus ensure the transfer of context-based interpreting practice knowledge. In other words, while teachers may be

addressing contextual factors in the classroom (via “it depends” or other methods), the lack of an interpreting practice schema capable of incorporating and reinforcing the contextual aspects of the occupation leaves students ill-equipped to anchor, retain or apply this knowledge (Dean and Pollard 2005).

Controls include any and all resources (very broadly defined) that the worker may bring to bear in response to job demands. It is helpful to think of the application of controls as *responses* (to job demands), further recognizing that *not* responding also is a type of response. In our DC-S teaching, we emphasize that responses can be observable, as with behavioural actions or specific translation decisions, or they may be unobservable, as when an interpreter mentally acknowledges a demand but does not respond to it overtly.

Beyond responses *per se*, controls include any resource at the interpreter’s disposal that may pertain to a given demand. Even the physical characteristics of the interpreter may be regarded as controls if they bear relevance to a demand. Practice professionals recognize that, at times, their gender, ethnicity, physical stature, manner of dress, grooming, and even posture or physical movements within a work setting may impact the effectiveness of their interaction with consumers. If so, these too are controls. These types of control often become relevant the moment an interpreter enters a work setting. Note the contrast to a technical profession perspective that the interpreter is only ‘working’ when interlocutors begin communicating.

DC-S recognizes three opportunities, or time frames, during which interpreters may employ controls (respond to EIPI demands) – before the assignment has begun, while the assignment is in progress, or after the assignment is over. Accordingly, we distinguish between *pre-assignment controls*, *during assignment controls* and *post-assignment controls*.

## **5. Demands and controls as interactive: Dialogic work analysis**

The DC-S approach to context-based decision making (ethical, behavioural, or pertaining to translation) first requires a comprehensive and specific identification of EIPI demands. Once this is accomplished, an appropriate response, or the application of controls, can then be considered. If one tries to make decisions based on the context of situations, as other practice professions do, by definition one is reasoning in a teleological or outcomes-focused manner. That is why applying deontological reasoning is incompatible with a context-based decision making approach. If you are going to follow a rule regardless of the circumstances then context is not particularly relevant. Teleological reasoning is reflected in the consideration of the interplay between demands and controls: “What result will likely occur if I employ control A, B, or C in light of this demand, or *when* I choose to employ the control, and which of the potential results from these different decisions will lead to the most desirable outcome?”. As noted, in a teleological framework, there is little distinction between ethical decision making and decision making in pursuit of the most effective work possible. “Do no harm” is simultaneously an ethical mantra and a statement about work effectiveness. We have repeatedly emphasized the linkage between ethics and work effectiveness in the DC-S approach to interpreting (Dean and Pollard 2004, 2005, 2006, 2008c, 2009a).

In the complex arena of professional practice (e.g., medicine, teaching, law enforcement or interpreting), there is never a single demand, standing in isolation. In-vivo professional practice presents multiple demands, continually competing for our attention and, more importantly, interacting with one another to present a complex array of dynamics. One can think of demands as occurring in groups or, in DC-S terms, a *constellation of demands*. We further

distinguish between *main demands* and *concurrent demands* that exist within that constellation. Main demands are those of such import that they require direct consideration of a control response (e.g., “the interpreter cannot hear the speaker”) even if that response is to do nothing. Main demands most often arise from the interpersonal demand category – that is, they usually pertain to elements of the interaction between consumers and/or the interpreter. Concurrent demands are those which ‘surround’ the main demand and ‘colour’ or ‘spin’ the broader constellation (e.g., “the speaker [referenced above] is a politician giving an acceptance speech” vs. “the speaker is a teacher explaining the concept of compound interest to a high school economics class”). The influence of differing concurrent demands often prompts quite different control decisions despite a similar main demand. For example, “ask the speaker to repeat what you did not hear” would have fewer negative consequences in the high school economics class scenario than interrupting the politician’s acceptance speech. When interpreter educators respond to student questions with “it depends”, they are usually being presented with a main demand but recognizing (perhaps unconsciously) that concurrent demands may alter the optimal decision to be made.

When interpreters or interpreter educators pose ethical or other interpreting practice dilemmas, they generally focus on the main demand. Usually, there are many controls that one could employ in response to a main demand which fall within an acceptable range of ‘ethical and effective’ decisions (Dean and Pollard 2004, 2005, 2006). This spectrum of potential ethical and effective decisions ranges from decisions that involve greater degrees of visibility or action (controls that we term more *liberal* in nature) to those involving less visible or overt actions, or perhaps no response at all (controls that we term more *conservative* in nature; see Figure 1). There are usually many potential control decisions that fall between the liberal and conservative ends of the ethical and effective spectrum (as well as control choices that fall *outside* either end of the spectrum, thus leading to grossly ineffective and/or unethical outcomes).<sup>2</sup> Choosing from among these many possible control options however – selecting the *optimal* decision (from a teleological, or consequences-based point of view) – requires consideration of the concurrent demands surrounding the main demand. (Again, that’s what the “it depends” conversation is about.)

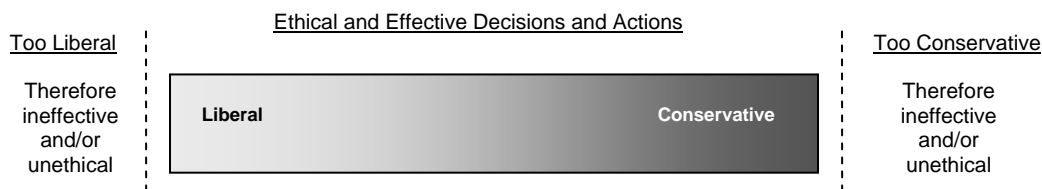


Figure 1. The DC-S practice profession model of ethical reasoning

<sup>2</sup> DC-S pedagogy does not purport to assert where these outer boundaries lie nor who should determine where they lie in regard to a specific control decision. Rather, we offer the model in Figure 1 as a means of visually conveying the key concepts that, first, there is a range of ethical and effective decisions that can be applied to most interpreting situations; second, that these decisions can be characterized as more or less liberal or conservative; and third, that this does not mean that ‘anything goes’ – there are limits to the number and nature of ethical and effective decisions. We leave it to the evolving wisdom of the interpreting field and its consumers to further address the specific nature of those limits.



*Reprinted from Dean and Pollard (2005:270)*

In summary, when engaging in decision making via the DC-S approach, the EIPI demands are first fleshed out. Then, main demands are considered in light of the relevant concurrent demands (i.e., the entire constellation of demands is identified). Potential control decisions are then considered from within the entire range of ethical and effective decisions (including more liberal and more conservative potential choices), as per Figure 1. Next, careful consideration is given to the likely consequences of those potential control choices (see below), consistent with a teleological approach to ethical reasoning. Finally, in keeping with practice profession ideals, the interpreter remains cognizant of and responsible for the decisions they have made, in case those decisions spawn *resulting demands* (defined below) that must be addressed via new control decisions. We abbreviate this process with the acronym *D-C-C-RD*, meaning demand, control, consequences and resulting demands, and have termed this process *dialogic work analysis* (Dean and Pollard 2006, 2009a, 2009c, Dean *et al.* 2004).

Table 1 illustrates the process. In this case, the main demand is that the teacher in a cardio-pulmonary resuscitation (CPR) class is teaching by demonstration while simultaneously explaining what he is doing and why.

<b>Demand</b>	<b>Control Option</b>	<b>Consequence</b>	<b>Resulting Demand</b>	<b>New Control</b>
Teacher points to show directions of a medical procedure saying “this and that”	(1) Interpreter allows teacher to show visuals and does not interpret the spoken words	<u>Positive:</u> Interpreter does not distract student from the visual information  <u>Negative:</u> Deaf student sees the teacher talking but interpreter isn’t signing	Deaf student perceives that information was missed	Interpreter assures deaf person at the end of the instruction that the information was all represented visually
	2) Interpreter interprets “this and that” by using the names of the referenced equipment, body parts, etc.	<u>Positive:</u> Names of equipment, etc., are reinforced  <u>Negative:</u> Deaf student is pulled to look at interpreter instead of the teachers’ visuals	Deaf person misses important visual information	Interpreter explains to the teacher and student that the visuals may have been missed
	3) Interpreter signs what is spoken while shadowing	<u>Positive:</u> This conveys the greatest amount		Interpreter explains the reason

	the pointing of the teacher	of verbal and visual information  <u>Negative:</u> The interpreter visually gets in the way of the teacher's instructions	Teacher, deaf student, and other students experience the intrusion of the interpreter	behind this decision and asks for guidance on less intrusive but equally effective controls
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*Table 1. Illustration of DC-S dialogic work analysis (D-C-C-RD)  
Reprinted from Dean and Pollard (2006:128)*

**6. Challenges to learning a context-based ethics framework**

There are numerous historic and current factors that impede interpreters and interpreter instructors from embracing or consistently following a context-based approach to interpreting practice decisions. These factors include: a deontological rather than teleological foundation for ethical decision making, a perception that interpreting is a technical profession rather than a practice profession, and the prioritization of transparency or ‘invisibility’ over other values in decision making.

Interpreters’ valuation of transparency is evident in numerous ways. Transparency underlies the preference for first-person translation while interpreting. It underlies the physical positions interpreters take in situating themselves in interpreting assignments (e.g., next to and slightly behind the hearing person in the case of sign language interpreting). It underlies how interpreters often convey to consumers how they should work with us (“Just pretend I’m not here”). Most notably, transparency is a value evident in the codes of ethics and standard practice documents of many spoken and sign language interpreter organizations in the US – as exemplified by deontological prohibitions on participating in the encounter, taking sides, or supplying opinions – and also in scholarly publications in the interpreting field (e.g., Cartwright 1999, Seal 2004). This has also been noted by Angelelli (2001, 2003), Metzger (1999) and Torikai (2009). In its extreme form, as noted earlier, the invisibility ideal underlies the deontological ethical thought process espoused by many interpreters as “What would happen if I were not here?” which, in our view, can lead to a blatant disregard of professional responsibility when the interpreter’s undeniable presence calls upon them to be involved in some direct way (e.g., to prevent a medical mistake). The invisibility ideal runs directly counter to a practice profession mentality (Dean 2007, Dean and Pollard 2005). Invisibility disregards, even denigrates, the importance of the very relationships that are necessarily formed via the interpreting encounter. Practice professions not only value but utilize these relationships in the effective delivery of the service.

In our teaching experience, interpreter audiences around the US and abroad immediately and almost universally affirm that the paradigm shift from technical to practice profession and from deontological to teleological decision making strikes them as pertinent and practical. Many comment with great relief on how meaningful these conceptual alternatives feel. However, when our teaching shifts from the conceptual aspects of these topics to their direct and specific

operationalization in interpreting practice, the same immediacy of comprehension is often lacking. The influences of deontology, the technical profession mentality and the invisibility ideal are deep-seated and difficult to overcome.

Interpreters acquire the majority of their knowledge and professional insights from on-the-job experience (Dean and Pollard 2001, 2005). For most, their first exposure to DC-S feels intuitive and strikingly reflective of their practice experience. Many tell us that DC-S fills a substantial gap between what they thought interpreting would be like, based on their formal education, and what they found it to be like through professional practice (Dean and Pollard 2001, 2005). For the most part, with sufficient on-the-job experience, interpreting practitioners are usually able to make effective, teleological decisions in the moment, based on what their experience and ‘gut-sense’ tells them (Angelelli 2004, Turner 2005) but they are frequently unable to reflect and articulate why and how they make these decisions. This impedes teaching and mentoring and draws interpreters back to using the ineffective “it depends” method of instruction.

## **7. Toward Neutrality: From decision making to decision insight**

Malcolm Gladwell, in the best-selling book *Blink* (2005), describes the powerful decision making phenomenon of *rapid cognition*, that is, the ability humans have, at times, to make near-instantaneous, effective decisions. Gladwell draws an important distinction between the ability to make spontaneous, effective decisions and the ability to articulate how or why such decisions were made or why they were superior to other potential decisions. While humans’ lack of insight into the processes that give rise to rapid cognition is common, it is still undesirable, Gladwell argues, since it leaves a gap in one’s cognitive skill set that can lead to both ethical and future learning difficulties.

Interpreters relate easily to the experience of making effective decisions ‘in the blink of an eye’ yet being unable to articulate how they knew that decision was the right one for the moment. All professionals accumulate wisdom through a variety of sources: formal education, experience, communication with colleagues, continuing education, etc. Yet, one’s accumulated body of knowledge versus insight into the nature of that body of knowledge and how one specifically employs it in context-based decision making is a different matter. These latter insights are ‘meta’ to the decision making process itself. The ability to make effective decisions does not necessarily connote the ability to explain them. This fact, and the lack of a comprehensive, context-based schema of interpreting work, is what has plagued the interpreting profession and left instructors with the inadequate tool of “it depends” pedagogy.

Gladwell’s rapid cognition might be characterized as *informed intuition* (which still does not equate to insight). Engaging our informed intuition indeed can be an effective antecedent to decision making but Gladwell warns of its risks. Intuition is informed by many sources. One’s ‘social location’ (e.g., socio-economic level, family and community status) and cultural background, among many other potentially biasing factors, inform how we see and interact with the people and places we encounter. Our intuition also can be misinformed, in which case rapid cognition fails us and those who are impacted by our decisions. Unconscious competence, the final stage in Maslow’s *Four Stages of Learning* (1987), is not a satisfactory endpoint for Gladwell. One must acquire the meta-cognitive ability to know what, how and why one is competent. The only way one advances beyond experience to gain *expertise* is by knowing one’s own intra-psychic landscape: “Our unconscious reactions come out of a locked room and we

can't look inside that room. But with experience we become expert at using our behavior and our training to interpret – and decode – what lies behind our snap judgments and first impressions” (Gladwell 2005:183). DC-S instruction seeks to foster a comprehensive yet objective perception of the interpreting context, which in turn requires continual awareness, and insight, into one's *intrapersonal* landscape and its potential to bias one's perceptions and decision making. These topics – context-based decision making and the potential biasing impact of one's *intrapersonal* landscape – are not addressed sufficiently during interpreters' initial education nor later in most interpreters' professional development. In DC-S, competence of this sort requires the ability to distinguish between *interpersonal* demands and *intrapersonal* demands.

One of the most important struggles we observe is interpreters' attempts to distinguish between *interpersonal* demands and *intrapersonal* demands (Dean 2009). In brief, *interpersonal* demands are demands that arise from *interaction* between individuals present in the situation. Typically, these interactions are those that occur between the consumers as well as interactions between the consumers and the interpreter. Anyone else present in the environment, whether or not they are a consumer directly involved in the interpreted situation, also can stimulate *interpersonal* demands (e.g., a dying patient in a nearby emergency room bed). *Intrapersonal* demands, in contrast, are demands arising from within the interpreter exclusively, such as fatigue, hunger, cold, fear, concerns about one's performance, or other physical or psychic demands that arise in the context of the interpreting assignment and are significant enough to affect one's work.

In DC-S workshops and case conferences, *intrapersonal* demands are less commonly articulated clearly and directly by an interpreter (e.g., “I was feeling angry at the hearing teacher”). Instead, *intrapersonal* demands are often evidenced in indirect ways – typically in how the interpreter (wrongly) articulates an *interpersonal* demand (e.g., “the hearing teacher isn't interested in the student's learning needs”). Such judgement language or evaluative language (e.g., “the classroom was chaotic”) does not provide sufficient information about the demand. Instead, it tends to give us information about the interpreter's feelings. An effective way to identify the *interpersonal* demand that usually lies at the core of such evaluative language is to ask, “If I had been there, what would I have seen?”. This usually helps the interpreter bypass their evaluation of the event and articulate the *interpersonal* demand that sparked their internal reaction or judgement.

Learning to reframe judgement language properly and objectively by reframing such thoughts as *intrapersonal* demands mitigates the emotional ‘feel’ of certain demands. This, in turn, decreases the influence of *intrapersonal* demands themselves. Imagine saying the following contrasting messages to yourself during a medical interpreting assignment: “the *interpersonal* demand is that the doctor has not yet replied to a question from the deaf patient but, instead, is continuing to pose questions to the patient” (an *interpersonal* demand stated well) versus “the doctor is ignoring the deaf patient's question” (judgement language) or worse, “the doctor is not interested in the deaf patient's concerns”. The first demand is stated without evaluation and contains less emotional content than the second or third. The first statement is less likely to elicit an emotionally-influenced control response from the interpreter. Also, identifying *interpersonal* and *intrapersonal* demands separately (especially when they feel intertwined) allows an interpreter to recognize the difference between these two types of demands and work to find more fitting ethical and effective responses.

All practice professions acknowledge the importance of *intrapersonal* demands (although not using that terminology) and the importance of recognizing and dealing with one's internal

physical and psychic landscape so that it does not unduly affect one's work product. American network television is rife with programmes featuring doctors, lawyers and police officers striving to work effectively despite powerful intrapersonal feelings and distractions. The field of psychology puts great emphasis on intrapersonal demands as well, via such concepts as *projection* and *countertransference*, and emphasizes how psychotherapists must know and regulate these internal dynamics lest they unduly impact their work. Pollard (1998) has discussed the impact of transference and countertransference in interpreting work specifically.

In pursuit of the practice professional goal of neutrality, that is, the lack of personal bias in one's work product, the ability to distinguish between interpersonal and intrapersonal demands is crucial. We find this process difficult for many interpreters new to the concept of intrapersonal demands. This is largely because many were trained to believe that significant personal reactions conflict with the ethical ideal of neutrality. Thus, rather than acknowledge personal reactions as inevitable (especially given the intense dynamics common in the practice professions), interpreters commonly discount, deny or feel conflicted about such reactions (Heller *et al.* 1983). Yet, if one does not recognize, and then appropriately deal with potential intrapersonal influences on one's work, there is considerable risk that these internal dynamics will taint one's perception of the *interpersonal* dynamics taking place in the interpreting situation (i.e., lead to projection and/or countertransference). The frequent consequence of failing to recognize the influence of intrapersonal factors in one's perceptions of the world is expressed in the Talmudic saying, "We don't see things as they are, we see things as *we* are". Smyth (1984), in discussing this matter as it pertains to teaching, points out that the ideal of perfect objectivity is a myth and instead encourages professionals to strive for 'disciplined subjectivity'.

One of the most effective ways of fostering insight into the distinction between intrapersonal and interpersonal demands, and building professional skills to manage the boundary between them, is to engage in case conferencing and supervision (Dean and Pollard 2001, 2009c). Here, we use the term *supervision* in the way psychologists and other mental health professionals use it – describing a supportive, confidential, interactive dialogue between two (or more) professionals regarding their work with consumers, the goal of which is to enhance professional practice. Engaging in *reflective learning*, such as through supervision, are ways that many practice professionals pursue a career-long process of maintaining effective awareness and management of the intrapersonal elements of their professional activities, although other professional skills are learned via supervision as well.

Cokely (2000:28), drawing on the earliest writings on ethics, suggests that "purposeful, action-focused reflection" is the very manifestation of ethical behaviour. That this type of constructive reflection must and should happen within the company of one's colleagues is a time-honoured tradition of many practice professions, and thus fitting for the practice profession of interpreting as well (Atwood 1986, Dean and Pollard 2001, Fritsch-Rudser 1986, Turner 2005). However, unlike other practice professionals, interpreters commonly believe that talking about one's work, even in the context of professional supervision, would be a breach of confidentiality (Dean and Pollard 2009c). Accordingly, interpreters who seek to improve their work by (necessarily) talking about it with colleagues often receive little support; the interpreting profession does not value or practice confidential supervision or case conferencing the way other practice professions do.

In our applications of supervision (Dean and Pollard 2009b, 2009c, Dean *et al.* 2004, Gibson 2005), we have found that supervision not only helps interpreters recognize how their specific intrapersonal demands may impede their ability to maintain objectivity but also helps

them appreciate the broader range of controls they and their colleagues bring to assignments (e.g., patience, confidence, or a unique knowledge-base) and the opportunity to learn new control options from one another. We have recommended that reflective learning practices, such as supervision, become a required component of post-secondary interpreter education as well as continuing education for interpreters, and that the profession establish a certain number of supervision hours as a pre-requisite for certification (Dean and Pollard 2001, 2009c), as is the case for mental health professionals seeking licensure.

## **8. Infusing DC-S in interpreter education programme curricula: The FIPSE projects**

Through financial support from the US Department of Education's Fund for the Improvement of Post-Secondary Education (FIPSE), and the cooperation of numerous colleagues in interpreter education programmes (IEPs) throughout the United States, we have conducted research on the effectiveness of infusing DC-S concepts and teaching practices in IEPs since 2001 (Dean *et al.* 2003, 2004, Johnson *et al.* 2010, Pollard and Dean 2008). Our first FIPSE grant supported explorations regarding the infusion of DC-S in the University of Tennessee's IEP. The valuable lessons we learned from that project (Dean *et al.* 2003, 2004) led to a 3-year FIPSE dissemination grant seeking to evaluate different approaches to DC-S infusion among 15 participating IEPs from around the US.

Our IEP teaching applications can best be understood as organized in a concentric circle, as shown in Figure 2. The first tier introduces the *theoretical construct* of DC-S. This is the intellectual foundation or core of DC-S, upon which other elements of the schema, such as ethical reasoning, teaching methods and evaluation methods are based. This level includes instruction regarding DC-S as a specific application of Karasek's (1979) demand control theory to the interpreting profession, the concept of professional schemas, the distinctions between viewing interpreting as a technical profession versus a practice profession, the nature of demands and the EIPI categorization of demands, the nature of controls and the three time periods when controls may be employed, the liberal to conservative spectrum of ethical and effective control decisions, and the dynamic nature of interaction between demands and controls. This DC-S core is generally introduced via classroom instruction, most often in interpreting theory or other introductory courses.

The second tier of DC-S instruction advances to practising *dialogic work analysis*, employing the D-C-C-RD sequence as described above and dealing with the constellation of demands, main and concurrent demands, positive and negative consequences to control decisions, and resulting demands. This level is often introduced via classroom discussions in theory or ethics courses but also may be incorporated in practicum courses and discussions that take place during supervision.

The third tier, DC-S as a *learning methodology*, is typically employed in courses addressing interpreting in specialized settings (e.g., medical or legal interpreting), practicum courses or internships. This level includes the practices of supervision (via dialogic work analysis and case presentation) and *observation-supervision* which we have not discussed in this article but has been described elsewhere (Dean and Pollard 2009b, Dean *et al.* 2003, 2004, Gibson 2005).

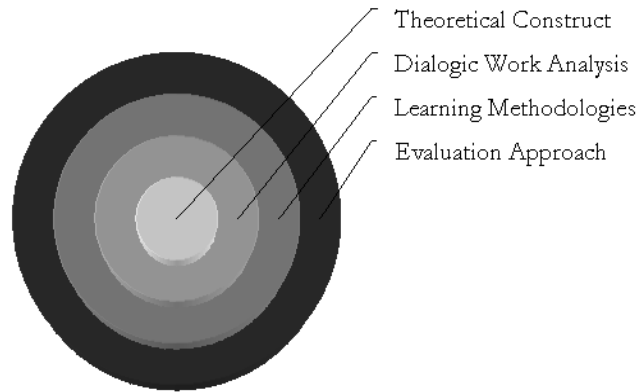


Figure 2. Pedagogical aspects of DC-S

The fourth tier involves the use of DC-S as an *evaluation approach* with students (or in continuing education or research). We have developed a number of tools useful for this purpose (Pollard & Dean 2008) which have been employed in evaluation of our DC-S infusion projects in IEPs (Johnson *et al.* 2010).

Above, we noted that in a teleological, practice profession framework, there is little distinction between ethical decision making and decision making focused on optimal practice outcomes. Since all levels and elements of DC-S are geared toward optimizing professional practice outcomes, they all bear relevance to ethics instruction in interpreter education programmes (IEPs). Given the wide variety of IEP characteristics (e.g., size, programme length, curricular flexibility, faculty familiarity with DC-S), no single approach to DC-S infusion was recommended in our FIPSE projects. We encouraged participating IEPs to include DC-S in their curricula in ways that ‘made sense’ for them and advised them as they did so. We wanted to see how adaptable DC-S could be, by examining the variety of infusion strategies different IEPs employed, describing those strategies and evaluating their effectiveness so that other programmes could determine how DC-S might best fit within their particular curricula and programme characteristics.

The FIPSE dissemination project effectively concluded in late 2009, although work continues on a DC-S textbook scheduled for completion by the end of 2010. A comprehensive project evaluation report (Johnson *et al.* 2010) is available from the authors. The appendix at the end of this article offers a summary of the highlights of that report.

## 9. Recommendations for DC-S infusion

The results of our FIPSE projects suggest a number of recommendations for introducing DC-S concepts and practices in IEP curricula. We again emphasize that the DC-S focus on context-based decision making and work effectiveness equates with an emphasis on ethical reasoning *per se* (in addition to our specific teaching practices regarding ethics), consistent with our teleological, practice profession approach to such reasoning.

First, interested faculty and instructors should recognize the breadth of the DC-S body of work and not solely introduce DC-S via Dean and Pollard’s 2001 inaugural publication. We recommend beginning one’s DC-S pedagogical exploration with a review of the DC-S body of work as presented in Dean and Pollard (2009), a publication that also offers perspectives from a number of different IEP faculty on how they have employed DC-S concepts and practices in

their programmes. Our DC-S instructional film series (Dean and Pollard 2008a, 2008b, 2008d, 2008e) and on-line training opportunities may also be of value.

More specific to DC-S instruction *per se*, we have identified the following four issues as crucial: (1) building a demand constellation is necessary before understanding the wisdom or consequences of control choices; (2) control options can (and should) be identified from several points along the liberal-to-conservative spectrum; (3) all controls have positive *and* negative consequences that must be evaluated; and (4) professional responsibility is emphasized with the concept of resulting demands that require new controls.

Finally, we recommend that, to the greatest degree possible, DC-S be ‘scaffolded’ or infused broadly throughout the curriculum. The greatest benefits are realized when students can build upon DC-S learning in ‘layers’. Ideally, introduction of the concepts and practices of the theoretical construct of DC-S would begin in the first introductory course(s) and then be followed through in subsequent courses, to include the dialogic work analysis level in ethics and practicum courses, and the learning methodology level in special content courses, practica and internships (see Figure 2). We have developed many corresponding instructional materials for each of these instructional levels, as well as materials and methods for employing DC-S as an evaluation methodology, and are happy to share them and advise faculty and instructors in their use.

The demand control schema for interpreting is having a significant impact on interpreter training pedagogy in the US. Many interpreters and IEP faculty have embraced the practice profession ideology it is linked to, as well as the context-based, teleological approach to ethical and effective decision making it espouses. Ongoing research studies are building a notable body of evidence demonstrating the beneficial effects of DC-S based instruction. We invite suggestions and commentary about our work and stand ready to assist IEP faculty, students and interested others in further exploring applications and outcomes of DC-S.

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## **Appendix. FIPSE dissemination project evaluation team, method and results**

The independent evaluation team consisted of two US experts in sign language interpreting pedagogy and IEP administration/evaluation (Leilani Johnson and Anna Witter-Merithew) and the director (Gary Skolits) of the University of Tennessee's Institute for Assessment and Evaluation (IAE) which specializes in the conduct of programme evaluations, in particular, educational programme evaluations. Each member of the evaluation team had worked with the DC-S developers (Dean and Pollard) on previous projects. Sources of data for the final evaluation report included: (1) a post-survey of the faculty of the 15 participating IEPs; (2) a pre-post assessment of the participating students; and (3) a pre-post analysis of the curricular maps of the participating IEPs. These curricular maps were documents completed by the faculty, in part to help the evaluation team gauge the degree of DC-S 'dosage' (depth and breadth of infusion) that was planned (year 1) versus implemented (year 3) by each IEP. The curricular maps also allowed the evaluation team to compare the outcomes of DC-S infusion to a comprehensive listing of *entry to practice competencies* developed by the Distance Opportunities for Interpreter

Training Center (DO-IT Center, no date; see also Witter-Merithew and Johnson 2005 and Witter-Merithew *et al.* 2004).

More than half of the 28 IEP faculty respondents reported that participating in the FIPSE project resulted in “large increases” in their knowledge regarding DC-S applications in theory courses (64%), ethics or practicum courses (58%) and courses focusing on specialized interpreting settings (65%). Almost half of the faculty respondents (48%) reported “large increases” in knowledge regarding application of DC-S in interpreting skills courses – a finding surprising to the DC-S developers who had not anticipated much application of DC-S in these types of courses. Over 70% of respondents reported “moderate” or “large” increases in applying DC-S to the evaluation of students.

The vast majority of IEPs introduced DC-S during interpreting theory or other introductory courses. Unfortunately, a few of the participating IEPs only employed the first DC-S publication (Dean and Pollard 2001) when teaching students about the schema, despite the large body of DC-S work that has evolved since that time.<sup>3</sup> This is problematic because the 2001 publication included DC-S terminology that was later changed. Further, the 2001 publication focuses on interpreter stress and occupational health rather than the emphasis in our later publications, which emphasize work effectiveness, the practice profession concept, teleological ethical reasoning, and supervision and case conferencing.

Most participating IEPs introduced dialogic work analysis (D-C-C-RD) in ethics or practicum courses, as a continuation from DC-S topics covered in interpreting theory courses. Typically, these faculty employed Dean and Pollard’s 2004 and 2006 publications, our *picture analysis* technique and/or the *observation-supervision* technique (Dean *et al.* 2003, 2004, Dean and Pollard 2009b). The DC-S instructional film series was also employed (Dean and Pollard 2008a, 2008b, 2008d, 2008e). Case presentations regarding actual interpreting assignments by faculty and guest speakers were the preferred stimuli for classroom discussions in ethics and practicum courses. During these case presentations, students inquired about details of the assignment and the interpreter’s decisions in sufficient depth to conduct a D-C-C-R-D dialogic work analysis. In contrast, participating IEPs that employed published interpreting scenarios often found that they provided insufficient details for conducting a quality D-C-C-RD analysis. Further, published scenarios tended to be of the crisis-oriented, ethical dilemma variety, which, as noted earlier, is less appropriate for the proactive DC-S dialogic work analysis style.

Regarding student outcomes, participating faculty reported that students improved in both their decision making skills and their ability to discuss and analyze interpreting situations, noting that these student outcomes exceeded those observed in students taught before the programme participated in the FIPSE project. Student outcomes were also assessed via a pre-post comparison of students’ written responses to a set of problem-based scenarios regarding interpreting practice. While the post-test response rate was limited (N=57), the evaluation team concluded that DC-S training enhanced students’ focus on situational context and the consequences of interpreting decisions. Also noted was a shift away from a technical perspective on interpreting skills toward a practice profession perspective. Students demonstrated greater regard for professionalism and the human relations aspect of interpreting work in their post-test responses as well as the importance of adequate preparation in enhancing interpreting decision making and the value of attending to intrapersonal demands.

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<sup>3</sup> See Pollard and Dean (2009) for a listing of the DC-S body of work available at that time, in addition to more recent work, such as Dean and Pollard (2008a, 2008b, 2008d, 2008e, 2009a, 2009b, 2009c) and Dean *et al.* (2010).

Results of the curricular map analysis indicated considerable variation among the 15 participating IEPs on student self-rated outcomes regarding the entrance to practice competencies (DO-IT Center, no date) selected as most relevant to DC-S instruction (i.e., those involving decision-making, ethical reasoning and interpersonal skills). While some students reported favourable progress in all competencies, others did not. Students reporting favourable outcomes often directly attributed this to DC-S instruction. The evaluation team concluded that students' abilities *within* the competency levels had been "consistently enhanced" although advancement to higher levels of mastery was less evident. The evaluators concluded that this was due to limited student exposure to a sufficient number and variety of consumers at that point in their education. Among the data suggesting student advancement within levels of mastery were favourable comments from internship supervisors regarding student confidence and performance, which they associated with DC-S infusion.

In their summation regarding the FIPSE dissemination project (Johnson *et al.* 2010), the evaluators stated:

The determined amount of infusion in the different IEPs obviously impacted the student outcomes, as did other variables ... Regardless, there were documented improvements in student outcomes, particularly [the domains of Human Relations and Professionalism] as expected, instructional materials (e.g., assessment tools, teaching strategies), and curriculum scope and sequence, depth and breadth. (p. 18).

It seems IEPs committed to low dosage did not demonstrate sufficient growth in this project to warrant further investment of time and resources. It is suggested that such efforts be reconsidered. (p. 19)

As DC-S has been applied in a variety of courses in multiple interpreter training programs, its value and appropriateness to the education of interpreters continues to emerge. It is reasonable to be cautiously optimistic, while expecting further changes in the classroom and student performance. Ultimately change in service delivery is likely to be measurable in the years to come as program graduates move into the workforce. (p. 19)