
INTERVIEW WITH LAURIE SWABEY, DIRECTOR OF THE COLLABORATIVE FOR THE ADVANCEMENT OF TEACHING INTERPRETING EXCELLENCE CENTER (CATIE) AT ST CATHERINE UNIVERSITY, MN, USA

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She has taught interpreting since 1980 and served on several national advisory boards, including CIT, ATISA, and NCIHC. Publications include coedited volumes *Advances in Interpreting Research* (Benjamins, 2011) and *In our hands: Educating healthcare interpreters* (Gallaudet University Press, 2012) and book chapters “Referring Expressions in ASL Discourse” (In *Discourse in Signed Languages*, 2011) and “An Examination of Medical Interview Questions Rendered in American Sign Language by Deaf Physicians and Interpreters” (In *Investigations in Healthcare Interpreting*, 2014).

C.V.G Under the law, Deaf citizens have equal access and equal opportunities to education, employment, health care and justice. Sign language interpreters are a fundamental resource to Deaf citizens in gaining this access. In Spain, with the passing of Law 27/2007 of 23 October, by which Spanish sign languages are recognized and Law 17/2010 of 3 June, recognizing Catalan Sign Language (LSC), there is an ever-growing number of government institutions which house a sign language interpreting service in their local offices.

The profession of Sign Language Interpreters (SLI) has also seen a great development from the beginning of its training in the associative movement of deaf people thirty years ago. Nowadays, in Spain training of Sign Language Interpreting is going to be included at the university level and be equated to interpreters of spoken languages. This change is a challenge for future professionals and for those universities that will start this training by incorporating a new language with a gestural mode instead of spoken mode that will enrich and complement the concept of communication and interpretation in academia. However, when compared with other countries, there is still a long way to go in training, resources and professionalization. *FITISPos International Journal*,

Volume 3, 2016 wants to contribute to the full development of the ILS in this globalized but also multilingual world with two interviews by Carmen Valero-Garcés to significant representatives of institutions and associations.

The first one is an interview with the director of CATIE, a center of excellence designed to advance interpreter education in the USA. And the second one is an interview to the Spanish Federation of Sign Language Interpreters (FILSE) (*Federación Española de Intérpretes de Lengua de Signos y Guías-Intérpretes*). Both interviews are in a bilingual format.

Interview 1. GUEST: Laurie Swabey, Director of the CATIE Center (Collaborative for the Advancement of Teaching Interpreting Excellence Center) and Professor of Interpreting at St Catherine University, MN, USA

C.V.G. Let's start by introducing the CATIE Center. What is the CATIE Center?

The CATIE Center at St. Catherine University was established in 2005. Our name, CATIE, came from our intention to serve as the Collaborative for the Advancement of Teaching Interpreting Excellence, but we prefer to go by CATIE. We were established to house a grant project to advance interpreter education funded by the U.S. Department of Education, Rehabilitation Services Administration. The U.S. government has supported interpreter education since the 1970s with federal grant money. Currently there are five regional centers and one national center that work collaboratively to develop resources and educational opportunities for interpreters, educators and Deaf consumers. Yearly federal funding for each regional center, including the CATIE Center, is approximately \$300,000.

As its main mission, the CATIE Center is leading the national initiative on advancing the quality of interpreting in healthcare settings. In this capacity, we provide learning opportunities to advance skills and knowledge for all levels of interpreters in healthcare, from advanced students to experienced professionals. In addition, we support Deaf and Deaf-blind self-advocacy training, intensive skills development experiences for interpreters working with people who are Deaf-blind; and coordination of continuing education units (CEUs) for professional development for certified interpreters.

Although the national organization of signed language interpreters (RID) offers certification tests in the specialized areas of legal and education, they do not offer any test or credential for healthcare interpreting. Because of a lack of a standard requirement for healthcare interpreters, many practitioners do not pursue training in this area, even though they may interpret in doctor's offices and other healthcare settings. And, as is the case when training or education isn't required, the field has been slow to develop resources and programs for this type of specialized interpreting.

To increase the quality of interpreting services, the CATIE Center has developed several resources for interpreters that are available online at no cost or a reasonable fee (www.healthcareinterpreting.org). These include 1) domains and competencies for interpreting in medical settings 2) an annotated bibliography on healthcare interpreting 3) a case study manual that provides scenarios requiring ethical decision-making along

with questions and guidelines for discussion, based on actual healthcare interactions 4) seven online modules that cover healthcare discourse in ASL and English as well as anatomy, physiology and common procedures and diseases 5) a concept map for mental health/medical interpreter education 6) a healthcare interpreting lattice that shows students, interpreters, faculty and mentors how to progress through a series of steps to attain competency in healthcare interpreting. In addition, we offer face-to-face programs at hospitals and clinics. These include an intensive medical interpreting immersion course and a healthcare interpreting fellowship (or preceptorship), a supervised field induction program for certified interpreters. This allows interpreters to gain experience in healthcare interpreting under the supervision of a highly qualified interpreter. The follow up evaluation of these resources and programs have indicated that the impact on skills and knowledge is significant.

Our most recent efforts have been focused on building the infrastructure of health facilities willing to serve as host sites, as well as training additional supervisors and trainers to support the programs identified above. An example is our program in March 2016, which brings together 13 Deaf and 13 hearing experienced medical interpreters who are also educators to teach them how to use the curriculum and multiple resources that has been developed for our medical immersion. This “train the trainers” event will take place at a medical center, and also includes pre- and post- training online. We anticipate that the participants will return to their areas and, in Deaf-hearing teams, provide intensive training in their region.

Using the Healthcare Interpreting Career Lattice as a guide, we hope to see more interpreters developing specialized knowledge in healthcare through a combination of independent online learning, F2F intensive training, supervised interpreting in clinics and ongoing professional development. Future areas of development include increasing the number of opportunities available at a distance (online or blended technologies); increased focus on interpreting for patients and healthcare providers from diverse backgrounds; developing standards for the appropriate use of video remote and video relay interpreting; and continuing to work toward the establishment of credentialing for interpreters in healthcare.

C.V.G. What steps has ASL interpreting gone through to be at the present level of recognition?

Professionalism began in the 1960s with the establishment of a national professional interpreting organization, the Registry of Interpreters for the Deaf (RID), in 1964. RID sponsored its first national biennial convention in 1970 and began offering certification tests in 1972. For many years, conventions, newsletters (VIEWS), the publication of the Journal of Interpretation and certification testing were key services of the RID. However, certification testing has temporarily been suspended and formats for communicating with members (newsletter, journal, convention) are being reassessed. The current mission of the RID is to: “advocate for best practices in interpreting, professional development for practitioners and for the highest standards in the provision of interpreting services for diverse users of languages that are signed or spoken.” Today there are approximately 15,000 members of RID and 10,000 of these members hold RID certification.

One reason the interpreting profession has developed is due to the enactment of several federal laws over the past 50 years mandating communication access for Deaf adults in the workplace, as well as in schools, hospitals and courts. For example, a law passed in 1973 prohibited discrimination against Deaf people in the workplace and a law passed in 1975 provided the right for Deaf children to attend their local public school, which resulted in the hiring of thousands of educational interpreters across the country. Additional legislation passed in 1990 required access to telecommunications, creating a huge demand for interpreters at video relay centers around the nation. These settings all require specific skills and knowledge, and, in the areas of legal and educational, specialized certification.

Several other factors have influenced the professionalization of interpreters, including the recognition of ASL as language by schools and universities, the formation of an organization of interpreter educators (CIT), the establishment of accreditation standards for interpreter education programs (CCIE), and organizations run by Deaf people that advocate strongly for communication access and qualified interpreters.

Before the mid 1970s, interpreters did not have formalized training but instead were taught by members of the Deaf community. Often these were individuals who had Deaf family members or had learned ASL through their church. After access laws were passed in the early 1970s, the federal government funded some interpreter education programs, and colleges also set up training programs. These were limited in scope and sequence, with American Sign Language (ASL), ethics, and interpreting skills taught in a program that lasted anywhere from six weeks to two years. Two year associate degree programs were the norm well into the 1990s. During that time, more universities began accepting ASL as fulfilling the foreign language requirement and more and more high school and college students took ASL courses. Before the 1980s, interpreters learned the craft from Deaf people in the community. Over the past 30 years, an increasing number of interpreters have only studied ASL and interpreting in the classroom. Although this classroom learning is valuable, there are many interpreters who lack ASL fluency and a close connection with the Deaf community. Currently there are over 125 interpreting programs in colleges across the U.S. Many offer BA level programs now, as the RID began requiring a bachelor's degree to take the certification exam in 2012. However, the degree does not have to be in interpreting. There are a growing number of MA programs, with approximately five now accepting students for graduate study in interpreting or interpreting pedagogy. Most of these MA programs are offered online, although the AA and BA programs are primarily still F2F.

*Interpreting between two spoken languages in the community (**unimodal interpreting**) and interpreting between a signed language and spoken language in the community (**bimodal interpreting**) have developed differently in the U.S. The laws that mandate access for unimodal interpreting are different than those mandating access for bimodal interpreters. In addition, bimodal interpreting in the U.S. has traditionally focused on one language pair, ASL and English, although currently there is a growing need in the U.S. for interpreters that know more than one signed language or spoken language. In contrast, unimodal interpreting has a large number of language pairs. One local hospital hires interpreters in 40 different language combinations. Furthermore, some unimodal language pairs such as Spanish-English are in high demand, whereas as other language pairs such as Polish-English are not. Therefore it is more challenging to bring spoken language community interpreters together in one organization than has been*

the case for bimodal interpreters and RID. This may be one reason why unimodal interpreters have organized in recent years around specialties, such as legal interpreting organizations and healthcare interpreting organizations.

Another difference is that pay for bimodal interpreters is generally much higher than for unimodal interpreters in medical, educational and job-related settings. In addition, working conditions are often better for bimodal interpreters. For example, for many interpreting jobs that last over an hour, two ASL interpreters will be hired. There are also differences in educational opportunities. For bimodal community interpreters, there are many more options for AA, BA and MA programs than for unilingual interpreters. However, unimodal interpreters may have a higher level of language fluency than bimodal interpreters. There is not a standardized level of fluency of ASL required for entrance to interpreting programs. Only a small percentage of interpreters grew up using ASL; most interpreters learn ASL as adults. This is just one of the many reasons that the profession is encouraging the use of Deaf interpreters (interpreters who are Deaf and trained and certified as interpreters) because they are often needed in situations that are complex or that involve consumers with idiosyncratic language.

There are many similarities between bimodal and unimodal interpreting in the U.S., and also areas where each profession has moved ahead of the other. Both have certification exams for legal interpreting, which is often required for court work. Bimodal interpreters tend to be generalists, often doing a variety of work in educational, community and conference settings. Unimodal interpreters are more likely to be specialized in medical, legal, conference or community interpreting. Further, within healthcare interpreting, many unimodal interpreters specialize in areas such as pediatrics, oncology, mental health and substance abuse, or cardiology. Conference interpreting programs exist for unimodal interpreters but not bimodal interpreters.

Unimodal interpreters are much better organized in the specialty of healthcare interpreting than bimodal interpreters. There are two national certifying bodies for unimodal healthcare interpreting and two national organizations for healthcare interpreting (NCIHC and IMIA), as well as several prominent state organizations (e.g., CHIA). These organizations provide a wide range of resources including conferences, webinars and listservs as well as professional codes of conduct and standards of practice for the healthcare setting. Although they now welcome bimodal interpreters, members are predominantly unimodal interpreters.

There continues to be a need in both unimodal and bimodal interpreting for professional development. In addition, service providers that work with Deaf people or people with limited English proficiency need to become more aware of how to provide communication access. Likewise, Deaf people and LEP speakers need to be aware of their rights and how to advocate for communication access. On a final note, most bimodal interpreters and interpreter educators are female, white, hearing and middle-aged. However, the Deaf community is diverse and there is a need for interpreters and educators to represent the diversity we see in the Deaf community.

There are more similarities than differences between unimodal and bimodal interpreters, and I expect that we will continue to find more ways to collaborate in the future.

C.V.G Associating. Do you consider associating important?

Our associations, both on the state and national level have been crucial to the development of our profession. Before the internet, associations were the primary way that our field communicated. These national and state organizations offered newsletters, professional development (including conferences), membership rosters and more. Perhaps most importantly, associations offered a place for members to talk about the issues, problems and opportunities in the profession. Associations provided a way for members to interact with others doing similar work.

However, our organizations are now figuring out their role and function in the current environment. With access to the internet, there are many ways for interpreters to connect with each other outside of professional associations. There are ample opportunities for online learning, getting current information about the profession, interacting with colleagues and professional development. Overall, there seems to be less interest in volunteering to serve in organizations. In addition, interpreters traditionally worked alone and often felt isolated from other interpreters. Professional associations offered a much-needed environment for us to gather with our colleagues for stimulating conversation, stress relief, networking, and problem-solving. Now, we have many options to interact with colleagues, including via the internet. Notably, many interpreters work in video relay service (VRS) centers and see their colleagues on a regular basis.

So, what is the role for organizations currently? What purpose might they serve? Perhaps now is the time for our organizations to take a stronger role in politics, advocating for best practices related to communication access at the state and federal level. Partnering actively, honestly and collaboratively with Deaf organizations is also key. Another role could be more philanthropic – raising funds to support scholarships or a research agenda or advocacy in the community. Perhaps it is time to turn more attention to specialization and to collaborate more closely with our unimodal interpreting colleagues. Associations serve an important function, but we need to be aware that the purpose and goals of an association may need to evolve as our professions grows and changes.

C.V.G. Is the demand for ASL interpreters increasing each year? What areas are more in demand? Is English/Spanish/ASL in demand? What type of training is there?

Yes, the demand for ASL interpreters is increasing each year. The U.S. Department of Labor predicts that by 2022 the need for unimodal interpreters and bimodal interpreters will increase by 46%. Specifically related to ASL-English interpreters, it is estimated that almost 40% of the current workforce will retire over the next 10 years. The work of interpreters is becoming increasingly complex and there continues to be a shortage of qualified interpreters in both urban and rural areas.

Related to the complexity of the work, the Deaf community is changing in the U.S. There is an increase in the number of Deaf immigrants and refugees, and they have diverse and varied communication needs that the current interpreter workforce is not always able to meet. Trilingual interpreters, particularly in English, Spanish and ASL, are in high demand in many parts of the country. Curriculum to train these interpreters has

been developed and is now being implemented. An increasing number of Deaf infants and children are having cochlear implants and more are attending public schools. Further, more Deaf children are being born with co-occurring conditions including cerebral palsy, autism, vision loss and developmental delays. Again, interpreters are not necessarily prepared to serve these growing populations. On the other end of the age spectrum, there is an increase in the elder Deaf population. Interpreters are not yet adequately prepared to work with people with dementia, arthritis and other conditions that are common in the elderly population. In all of these situations, Deaf interpreters serve an important role. Deaf and hearing interpreting teams are often working in situations that are high risk. Finally, there is an increase in the number of Deaf people who are pursuing advanced degrees in law, medicine, computer science and other disciplines that will also require highly skilled interpreters. For example, the number of Deaf physicians is growing and they need highly skilled interpreters, both during their medical school training and in their medical careers.

VRS Centers are located across the country and hire a large number of interpreters. The turnover rate is reported to be high, so often these centers are looking to hire. The use of VRI (video remote interpreting) continues to expand, both as a way to provide access and, in some cases, as a cost-serving measure. Although there are benefits to VRI, there are also times when it is not appropriate, so best practices need to be established and followed as this service expands.

Overall, there is an increasing demand for interpreters with specialized knowledge and skills. As this demand continues to grow, so will the education and training opportunities needed to prepare interpreters to work in specialized settings such as legal, medical, mental health, education, and technology, as well as with consumers from a diverse range of backgrounds.

C.V.G. Future of SL professionals in a globalized world? International SL? SL taught early in school? Research and training?

The internet has revolutionized the work of the interpreter and the access Deaf people have to interpreting services. Deaf people can use Skype or other video apps to directly contact other Deaf or hearing people in many parts of the world and communicate in signed language. Email, texting and other text-based formats allow communication via a written language. In the US, free apps like Glide allow Deaf and hearing people to send video messages much like text messages. Video streaming also allows interpreters and Deaf people to access conferences, courses, workshops and other events.

I think WASLI (World Association of Sign Language Interpreters – wasli.org) will play a key role in bringing people from different countries together. In a globalized world, interpreters and Deaf people will more easily be able to understand and learn from those in different countries. Reducing the isolation or separation of interpreters will enhance the profession as ideas and resources are more easily shared.

Your question about International Sign is an interesting one, and controversial in our field. There is a limited but growing body of research of this topic. I think it is a very useful system for conversation. I am not sure how effective it is for international meetings, as I understand by some estimates, only about 55% of the information is

conveyed. Thus it may serve an important function in terms of conveying main ideas and general information, but not so effective for specific or technical information.

The number of graduate programs in interpreting and interpreting pedagogy continues to grow, both in the US and in other countries. With these programs, there is an increase in the research and publications to inform teaching and practice. Further, often these programs accept Deaf and hearing students from a variety of countries, increasing the interaction of interpreters from different parts of the world.

C.V.G. Recommendations for future ASL-English interpreting professionals:

- *Connect with your local Deaf community;*
- *Commit to furthering your knowledge and skills (in both of your languages, ethics, interpreting, culture);*
- *Contribute to your professional association;*
- *Mentor those who are new to the field or are developing an area of specialization;*
- *Connect with others in related fields – collaborate, do not build silos;*
- *Embrace technology AND value human connection;*
- *Work to increase diversity in the profession (ethnicity, age, gender, Deaf, non-Deaf);*
- *Develop field induction programs for new interpreters or those specializing in a new field;*
- *Advocate for hiring Deaf interpreters;*
- *Develop best practices for VRI.*

Thank you.