Laurie Swabey and Karen Malcolm (Eds.). *In our hands: Educating healthcare interpreters*. Washington, DC: Gallaudet University Press, 2012. 272 pp. ISBN 978-1-56368-521-7, 1-56368-521-3.

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Laurie Swabey and Karen Malcolm are the editors of the fifth volume in the Gallaudet University Press *Interpreter Education Series*, for sign language interpreters. This volume focuses exclusively on interpreter training in healthcare settings, to which the editors feel more attention should be drawn internationally as an area of particular relevance to all deaf people and their families.

The book offers readers a collection of eleven papers. It is organized in two sections, as explained in the introduction: one contains seven papers, with the underlying objective of offering different viewpoints on best practices for healthcare interpreters; the other provides background information on four topics of significant importance (health literacy, Deaf interpreters, the professionalization of healthcare interpreting, and the absence of specific sign language interpreter training for healthcare settings in some European countries), creating "an important foundation for continued exploration of these relevant areas" (p. xiii). Overall, a North American perspective dominates, with contributions also from Europe, Australia and New Zealand, thus providing a focus on healthcare interpreting in mainly English-speaking industrialized countries.

In their introduction, **Laurie Swabey and Karen Malcolm** emphazise the need to strengthen existing training of interpreters in this specialty area, in order to ensure that deaf people are given the chance to communicate better in healthcare situations. This presupposes a wider range of teaching materials and other resources, as well as agreement over standards of interpreting practice in this setting. The authors lament a lack of research on interpreted interactions between health practitioners and deaf patients, contrasting with the ready availability of published research on spoken language interpreting interactions.

In the first chapter, **Laurie Swabey and Quincy Craft Faber** describe work carried out over a period of six years, in a joint initiative by the CATIE Center at St. Catherine University in Minneapolis/St Paul and the National Consortium of Interpreter Education Centers (NCIEC), the aim being to enhance the training of future sign language interpreters in the complex healthcare setting of the United States. A survey of deaf people's needs indicates that healthcare interpreting is perceived as the "the most difficult setting in which to obtain a qualified interpreter",

Interpreting 16:2 (2014), **266–271**. DOI 10.1075/intp.16.2.07kel
ISSN 1384–6647 / E-ISSN 1569–982X

yet there is no model curriculum to train medical interpreters (p. 1). The authors describe in great detail, step by step, how recognition of the need to identify setting domains and interpreter competencies led to the first draft of a document setting out these essential features, after a careful survey of the relevant literature and consultation with experts. This draft document was distributed for national field interviews, as well as to focus groups and expert panels, after which it was revised. The focus groups, composed of certified interpreters, were managed by facilitators to ensure that interpreters' stated priorities were in line with their actual practice: inconsistency in this respect is a drawback of many surveys (Wadensjö 1998). It was found from interviews (excerpts are provided) that many interpreters still felt bound by the rule of "invisibility" which was part of their training, despite the criticism levelled at this concept today (Metzger 1999; Roy 2000; Wadensjö 1998). Once the domains and competencies were agreed upon, they became the solid foundation for a model curriculum for teaching medical interpreting developed jointly by the CATIE Center and the NCIEC, to "contribute to improving access to communication in healthcare settings for deaf patients" (p. 20). This paper could be a useful source of inspiration for trainers in other parts of the world interested in establishing courses on medical interpreting.

The next paper, by **George Major, Jemina Napier and Maria Stubbe**, describes how the basic techniques of discourse analysis are used while working with authentic same-language healthcare interactions in interpreter training at Macquarie University, Australia. Healthcare discourse is a Language for Special Purposes that is not only highly specialized, but also varied in its domains and attendant complexities. It is learnt and taught worldwide, but suffers from a lack of authentic material to work from. Through collaboration with the Applied Research on Communication in Health Group in New Zealand, which has been collecting and analysing authentic doctor-patient interactions since 2003, the Macquarie Medical Signbank team has selected authentic teaching material on which to base experimental teaching activity. The authors describe how a short audio excerpt used in class stimulated students to distinguish particular linguistic features and discourse devices such as hedging strategies. Role play and constructed situations are often the only sources of material available for practising such analysis in training institutions, because access to authentic recordings of doctor-patient interactions is often hindered by privacy laws and bureaucracy. The authors are to be commended for sharing their experience, but the acquisition of authentic healthcare setting material remains a problem for both signed and spoken language interpreter trainers in many parts of the world.

The following contribution, by **Charlene Crump**, covers training, standards and certification issues in a highly specialized healthcare setting: mental health interpreting in the USA. The author points out that a "significant segment" of

physicians and therapists in this field are non-signing hearing people, "with rudimentary knowledge of or, more often, no experience at all in working with Deaf individuals" (p. 54) or interpreters. Conversely, interpreters may not be adequately prepared for the many challenges of dealing with deaf mental health cases. As there is no nationally based training programme or certification for interpreters in this field, the urgent need for training arises. The author describes the codified standards for mental health interpreting that have been developed by the Alabama Department of Mental Health and experts, leading to the formal identification of a series of professional, cultural and conduct competencies. A training curriculum based on these standards was developed, and later adopted for an annual course at the Alabama Mental Health Interpreter Institute. The programme is described in great depth, highlighting in particular a 40-hour practicum which gives interpreters the chance to work with deaf patients, and also with deaf professionals, before a final exam. Not only the training of sign language interpreters, but also the training of deaf interpreters and the working relationship between therapists and interpreters are taken into account.

Practical application of the well-known Demand-Control Schema (DC-S) to interpreter training in the USA is discussed in the next chapter, by DC-S creators **Robyn K. Dean and Robert Q. Pollard**. Their approach to didactics and knowledge acquisition is based on structured experiential and reflective learning practices, using 'in-vivo practice realities'. This chapter illustrates examples of how the DC-S is used in medical and mental health settings. The authors emphasize the 'Demand' side of the schema, to illustrate how the theoretical construct of the DC-S can be applied to teaching by means of examples based on actual practice. An important point is the need to recognize the various demands related to interpreting assignments including environmental factors (physical surroundings), non-grammatical facial expression (e.g. affective significance), paralinguistic features (e.g. voice pitch) and intrapersonal demands (the emotional and cognitive state of the interpreter).

Karen Bontempo and Karen Malcolm contribute a highly informative paper on interpreter stress. They point out that much of the research on 'vicarious trauma' has been conducted on healthcare professionals, with little attention paid to interpreters. This means neglecting the consequences of the occupational stress to which they are exposed: having to repeatedly listen to and reformulate the often traumatic experiences of patients is not only linguistically, but also emotionally challenging and may test the interpreter's own health to the point of vicarious traumatization. The authors discuss various stress-inducing challenges: complex message transfer, with highly specialized technical language (especially stressful for sign language interpreters, as signed languages have not always evolved to include many areas of professional discourse); environmental demands on the interpreter (as illustrated in the previous chapter on the DC-S), such as unpleasant sights

and smells; and intrapersonal factors like conflicting goals, values and beliefs. Interpreters tend to be conceptualized as machines or conduits rather than 'people', with little thought for their moods and feelings. The authors dwell at length on coping strategies. These range from negative practices (e.g. recourse to alcohol and drugs) to a number of positive strategies (e.g. yoga or mentoring), including some which are specifically focused on coping with job-related stressors (e.g. keeping a stress journal). Self-coping strategies are seen as insufficient if not systematically backed by training and professional development opportunities, possibly in the form of curricula to teach appropriate trauma management techniques through the use of emotionally challenging classroom material. The authors suggest ways of using such material to prepare interpreter trainees for traumatizing events, so that they can learn to recognize stress and thus become aware of the dangers of vicarious trauma on the job.

The next contribution explores the potential role of online education. **Doug Bowen-Bailey** discusses how the development of the Internet and of digital technology has led to experimentation with online approaches such as webinars or courses: rather than evaluate their usefulness, he discusses the context in which this type of education is developing and outlines two major principles, as a start to creating an effective educational framework. Firstly, he suggests that, rather than offer single *ad hoc* workshops or courses, online resources need to be organized as part of a larger coherent whole in which students can see how the learning activities contribute to building their skills. The second point is that online education should move beyond "remembering and understanding but foster the higher-order skills of applying, analyzing, evaluating and creating" (pp. 137–138). In this way it will be possible to fulfil the professional need for specialization in particular settings, through the medium of home study. Online education can also solve the problem of how and where to earn continuing education credits in order to maintain RID certification in the USA. Against this background, the author puts forward a three-step constructivist framework for an online workshop, based on Vygotsky's social development theories (1978, 1986).

Sign language interpreting for American deaf healthcare professionals (DHPs) is the topic of the chapter by **Christopher Moreland and Todd Agan**, who refer to the interpreters in this context as designated healthcare interpreters (DHIs). United States legislation and new technologies such as visual stethoscopes have helped increase the number of deaf professionals in the medical field, many of whom require DHIs in face-to-face communication situations The authors provide an in-depth analysis of four major challenges encountered in DHI-DHP interactions: financial, linguistic, environmental and social. They then discuss recommendations for educational programmes targeted at DHIs, calling for training placements alongside healthcare students in academic medical settings.

Health literacy involves people's skills in "reading, listening, analytical, decision-making skills and the ability to apply these skills to health situations" (p. 165). **Teri Hedding and Gary Kaufman** discuss how this is an issue of concern affecting millions of American citizens (particularly deaf adults), who experience difficulties in understanding and using health information. A serious problem arises when lack of health literacy among deaf patients is combined with inappropriate training of interpreters in healthcare settings. The chapter looks closely at the question of health literacy among deaf people, providing examples of incidental learning about medical matters through experience, and concludes with recommendations for interpreter education as a means of addressing the "severe dearth of certified interpreters who are qualified to interpret in medical settings" (p. 181).

Sign language interpreting is traditionally associated with the service of hearing professionals, and little attention has been paid to the emerging profession of Deaf interpreters. **Pamela Morgan and Robert Adam** examine the definition and role of the Deaf interpreter, together with the challenges arising as a result of this role not being fully understood or accepted by hearing professionals (both interpreters and service providers). The authors share their career experience as Deaf interpreters in the UK, with a particular focus on mental health settings where patients experience mood, thought and language disorders seriously affecting their communication. Deaf interpreters share the same language and habitus as the deaf client and "can work with appropriately qualified hearing interpreters to provide the best possible service to all clients" (p. 207). The authors call for appropriate training of interpreters (as well as healthcare professionals), pointing out that the training needs of Deaf and hearing interpreters have much in common but that certain aspects need to be addressed separately for the two groups.

The volume does not focus solely on sign language interpreting: **Bruce Downing and Karin Ruschke** inform readers of what can be (and has already been) accomplished to advance the field of spoken language community interpreting in the USA. They start by pointing out that, in terms of professionalization, sign language interpreting is far ahead of spoken language interpreting with regard to academic training and certification. The authors, members of the National Council on Interpreting in Health Care (NCIHC), illustrate the NCIHC's contribution to the advancement of healthcare interpreting in response to immigration; access to services, as required by the 1964 Civil Rights Act, is an important example of the progress made in this respect. With over 149 languages spoken in the USA, the NCIHC has done much towards professionalization of healthcare interpreting and the prospects for further development are judged positively: "The field will continue to evolve with the rapidly increasing use of telephone and video interpreting" (p. 224).

In the concluding chapter, **Maya De Wit, Marinella Salami and Zane Hema** compare sign language interpreter training in the UK, Italy and the Netherlands, where there is no specific training for the healthcare setting. Generic training has developed rapidly in Europe over the past twenty years, but there is no EU legislation entitling people (whether deaf or hearing) to an interpreter outside legal settings. The authors outline the situation of healthcare (and mental healthcare) interpreting in their respective countries of origin, as well as the current status and requirements of interpreter education. They conclude by outlining the needs and views of the deaf population, as recorded in surveys, reports and personal interviews. The conclusion is that specialized training is necessary, in line with the EU's recent emphasis on new strategies to ensure accessibility of health services for all.

The main objective of this volume, which emerges clearly from every contribution, is to share information and recommendations for educators of sign language interpreters, with a view to improving medical interpreting skills. The factual advice and different experiences provided in each chapter should be inspirational for educators seeking information to create specific healthcare-oriented training programmes for sign language interpreters in countries where no such training is yet provided. The volume's main strength is the wealth of experiences offered: this makes it recommended reading for all interpreter trainers, whether dealing with signed or spoken language interpreting.

References

Metzger, M. (1999). *Sign language interpreting: Deconstructing the myth of neutrality*. Washington, DC: Gallaudet University Press.

Roy, C. B. (2000). *Interpreting as a discourse process*. New York: Oxford University Press.

Vygotsky, L. (1978). *Mind in society*. Cambridge, MA: Harvard University Press.

Vygotsky, L. (1986). *Thought and language*. Cambridge, MA: MIT Press.

Wadensjö, C. (1998). *Interpreting as interaction*. London: Longman.