Occupational Health Risks & Opportunities for a Practice Profession

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Today's Presentation

- Research in the ASL/English interpreter population
- The spectrum of compassion fatigue to VT/STS
- Theoretical proposition: the root of the problem
- Proposed solutions

Past Research Projects & Results

- 1999: Generally, most interpreters (regardless of years in an educational programs, 6 weeks to 2 years) reported feeling "insufficiently prepared" or "not at all prepared" for many of the interpreting skills necessary in their work. (Dean & Pollard, 2001)
- 2003: Interpreters identified factors outside of language and culture that were important to interpreting work and yet did not find these sufficiently addressed in their IPPs (6 weeks to 4 years). (Dean & Pollard, 2005)
- Both showed "on the job experience" as main source of education for both skill/knowledge sets

Conclusions

- Interpreters felt unprepared to work in both technical skills area (language, culture, message transfer) and to face the factors present in the unique contexts they were brought into.

Survey Tools: Pros and Cons

- Designed & developed by the investigator
  - Dean & Pollard
- Validated instrument with normative data (comparable)
  - Robert Karasek & the Job Content Questionnaire (JCQ)

Job Content Questionnaire

- Robert Karasek's demand control *theory*
  - No Job is inherently stressful
  - Jobs have demands and controls
  - Through the interaction of demands & controls wellness/illness is determined
- Karasek developed JCQ to study occupational health in the context of his D-C theory
- 49 questions about various work topics
- Results associated with various o.h. outcomes
- JCQ is used/studied extensively:
  - International, translations
  - Large normative database (4,500) of occupations (85)
  - Extensive published research base

Our research questions:

1. How does the risk of occupational health problems in the interpreting profession compare to other professions.

2. Does the risk of occupational health problems differ among these four *primary* interpreting work settings: Video Relay Service, community/ freelance, K-12 (educational) and "staff?"
    1. Pertinence to spoken language interpreters

Our Two Studies: Participants

2005 RID Convention

- 144 respondents
- 82% female
- Mean age 40 (s.d. 8.7)
- Mean years working 17.1 (s.d. 8.9)
- Primary work setting:
  - VRS (22)
  - Community/freelance (61)
  - K-12 (22)
  - "Staff" (39)

2009 On-line JCQ Survey

- 457 respondents
- 90% female
- Mean age 42 (s.d. 11.8)
- Mean years working 7.6 (s.d. 7.5, mode <2.5)
- Primary work setting:
  - VRS (94)
  - K-12 (110)
  - Community/freelance (156)
  - "Staff" (97)

JCQ Scales

- *Decision latitude* =
  - *Skill discretion* +
  - *Decision authority*
- *Role constraint* *
- *Psych. demands*
- *Depression*
- *Physical exertion*
- *Job dissatisfaction*
- *Created skill*

- Supervisor support
- Coworker support
- Skill utilization
- Job insecurity
- Supervisory respons.
- Social support
- Hazardous conditions
- Toxic exposures
- [Various combinations]

*This scale was devised by RKD & RQP

Key JCQ-DC Theory Scales

- Decision latitude (DL) = "controls"
- DL made up of:
  - Skill discretion (SD) = multi-faceted work experiences that build one's skill base
  - Decision authority (DA) = influence, power

Decision Latitude

- DL = Karasek's "controls"
- Comprised of both Skill Discretion & Decision Authority
- CF = staff > K-12 > VRS

Skill Discretion

- Skill discretion (SD) = multi-faceted work experiences that build one's skill base
- One component of Decision Latitude
- CF > staff > K-12 > VRS
- Note all groups < other professions' norms
- What does this mean about interpreter preparedness for job demands?

Decision Authority

- Second component of Decision Latitude
- CF = staff > K-12 > VRS
- Note most interpreter groups > other profession's norms
- Contrast SD and DA components of DL: fewer control resources but more control "authority" than other professions

"Role Constraint"

- A variable we created
- SD/DA: your available skill sets in relation to your authority (permission) to employ them
- Larger numbers = more constrained
- VRS > K-12 = staff = CF
- VRS challenges consistent with DL, SD, DA
- Other profession's norms showed more constraint than most interpreters

Summary of Findings

- Work setting differences were *not* found on depression (both), exertion, however all groups had higher depression and exertion scores than other profession norms
- Work setting differences *were* found for:
  - DL, SD & DA: CF ≥ Staff > K-12 > VRS*
  - SD/DA, Ψ demands†: VRS > K-12 = staff = CF
  - Created skill: CF > K-12 = VRS; CF = staff > VRS ‡
  - Supervisor support: CF > staff = K-12 = VRS ‡
  - Job dissatisfaction: VRS = K-12 = staff > CF

*In 2005, K-12 sometimes = VRS
† In 2005, no differences found
‡ Not examined in 2005

Reference

Dean, R.K., Pollard, R. Q and Samar, V. J. (2010, Winter). RID Research grant underscores occupational health risks: VRS and K-12 settings most concerning. *VIEWS, 41 – 43.*

Discussion

- The "what" vs. the "why" of these findings
  - Theoretical hypotheses from us
    - Dean & Pollard, 2001, 2005, 2011
      - Rhetoric vs. De Facto
      - Invisibility myth
      - Conceptualization and professional development insufficiencies
- Addressing a demand-control "mismatch"
  - Through control considerations only
  - Through job redesign (demands-focused)
    - Recent OSHA Grant application and new NIOSH application

Stress, Compassion Fatigue & Vicarious Trauma

People who work with psychologically traumatized people "…open themselves to a deep personal transformation. This transformation includes personal growth, a deeper connection with both individuals and the human experience, and a greater awareness of all aspects of life. The darker side of the transformation include changes in the self that parallel those experienced by the survivors themselves."

Laurie Ann Pearlman

STS is a natural consequence of caring between two people, one whom has been initially traumatized and the other of whom is affected by the first's traumatic experience. These effects are not necessarily a problem , but more a natural by-product of caring for traumatized people.

Figley, 1995

Psychotherapist: Treating Patients of Trauma

- Tools:

Decision to be in field

Training

During therapy one task: attend to the story (passive)

Invites at own pace

Can change subject/ stop

Professionally encouraged/sanctioned supervision

- Potential Outcomes

(according to research)

Isolation

Loneliness

Uncertainty about treatment

Social distance in personal lives due to confidentiality

Who is at Risk?

- Two key components:
  - Empathy (cost of caring)
  - Exposure
- Other key ingredients:
  - Pre-existing life events
  - Role Conflict
  - "Rescue Personality" (Mitchell & Bray)
  - Shame: "Why is this getting to me"

Setting the stage for VT (in general)

- Specializing in a field (special knowledge)
- Isolation
- Lack of sufficient resources
- Brief contact as opposed to on-going (closure)

Imagine The Interpreter

- Often trained in language pair (if at all)
  - No training to four year degree (some MA)
- Cognitive task is divided between the content & message transfer task
- Follows the pace/ decisions of consumer
  - Unlike therapists expected to ignore mental/physical signals to stop
- Trauma can be active as words/emotions come through interpreter
  - Body responds physically to these dynamics
    - Sympathetic Nervous System

Interpreting Trauma

Content of Interpreting

- Witnessing trauma: 1st/ 2nd hand
- Natural disasters
- Tragedy/Death
- Rape/Abuse/Neglect
- Discrimination/prejudice
- *Any extraordinary event*

Setting the stage:

Process of Interpreting

- Suppression of feelings/thoughts/opinions
- Expected invisibility
- Limited opportunities for skill development (technical)
- Representative of majority culture (role in community?)
- Lack or feedback/support/ work in isolation
- Imbalanced or foundation-less relationships

Conclusion

INTERPRETER'S HAVE A HIGHER POTENTIAL FOR VICARIOUS TRAUMA THAN THE PROFESSIONALS FOR WHOM THEY WORK.

EVEN IN SITUATIONS THAT ARE NOT INHERENTLY TRAUMATIC.

Proposed Theoretical Root of the Problem

- Interpreting is a practice profession not a technical profession
  - Dean & Pollard 2011 *(in press)*

Technical vs. Practice Professions

- Accountant
- Architect
- Pilot
- Scientist

- Nurse/Doctor
- Social Worker
- Teacher
- Police

Practice Professions & Professional Development

- Knowing ones' skills set (self-reflection)
  - In light of practice profession conceptualization
- Early exposure to practice settings
- Supervised practice
- Network, support, supervision

Definitions & Differences

- Supervision
- Case Conferencing
- Peer Guidance
- Professional Consultation
- Mentoring

Distilled to: Talking your work with others for the purposes of improvement (ethics)

Observation-Supervision

- Exposing interpreters to practice realities
  - What is typical?
    - Limitations of the professional
  - Learning within context (vs. classroom)
  - Exposing other professionals too interpreting (education)

- http://www.redit.uma.es/Archiv/n3_2009/monoDeanPollard_redit3.pdf

Supervision

- Terminology
- Dean & Pollard, 2008

Breach of Confidentiality: Misnomer

Supervision Development Nationally

Thank you!

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