Walk on the Wild Side: Training Trauma-informed Interpreters for Signed and Spoken Languages—*in the Same Classroom*

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Introductions

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1. Describe the core components of a four-day program on trauma-informed interpreting designed for spoken-language and or ASL interpreters.

2. List three key challenges that face interpreter trainers who train short-course programs to both ASL and spoken-language interpreters.

3. Explore five helpful strategies for interpreter educators and trainers who work with ASL and spoken-language interpreters in the same classroom.
Thank God! A panel of experts!
Once upon a time...

**What Are Victim Services?**

Those efforts that:

1. respond to the emotional and physical needs of crime victims;
2. assist primary and secondary victims of crime to stabilize their lives after a victimization;
3. assist victims to understand and participate in the criminal justice system; and
4. provide victims of crime with a measure of safety and security such as boarding-up broken windows and replacing or repairing locks.

http://www.ovc.gov/voca/vaguide.htm
Trauma-informed Interpreting

Interpreting that is victim centered, supports victim autonomy and is conducted according to the practices and principles of trauma-informed services.

Project History

• Four sessions: 2014-2018
• Victim services interpreting project (Ayuda)
• District of Columbia Office of Victim Services & Justice grants
Mixed Groups

- Spoken language
- ASL
  - Hearing interpreters
  - CDIs
ACTIVITY #1

Divvy Up the Class!
Activity #1: LANGUAGES

13 signed language
- 9 hearing ASL, and 3 also sign:
  - International Sign Language
  - Nepali Sign Language
  - Arabic sign language
- 4 CDIs
  - Various RID certifications, extensive experience with deaf-blind, foreign-born and limited-language consumers
  - 2 Interpreters for CDIs (not students)

13 spoken
- 4 Spanish
- 3 Arabic
- 2 French
- 2 Amharic
- 1 Russian
- 1 Korean

SETTING UP SMALL GROUP EXERCISES

9 HEARING ASL PARTICIPANTS
4 CDI PARTICIPANTS
13 SPOKEN-LANGUAGE PARTICIPANTS
- 4 Spanish
- 3 Arabic
- 2 French
- 2 Amharic
- 1 Russian
- 1 Vietnamese

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LANGUAGE-SPECIFIC ROLE PLAYS/ACTIVITIES

HEARING ASL PARTICIPANTS

CDI PARTICIPANTS

SPANISH (2 groups of 2 or 1 group of 4)

ARABIC

2 FRENCH AND 1 VIETNAMESE

2 AMHARIC AND 1 RUSSIAN

13 SPOKEN LANGUAGE

• 4 Spanish
• 3 Arabic
• 2 French
• 2 Amharic
• 1 Russian
• 1 Vietnamese

ONE possible configuration of many!

NON LANGUAGE-SPECIFIC ACTIVITIES
(ethics or cultural activity)

HEARING ASL and SPOKEN LANGUAGE

CDI and HEARING ASL

ASL CONTRACT INTERPRETERS

CDI and SPOKEN LANGUAGE

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ACTIVITY #2

Training Challenges

What do you think might be the three greatest challenges that would face you if teach a mixed class of 13 ASL interpreters, including 4 CDIs, and 13 spoken-language interpreters, with 2 contract interpreters, for 4 days for a trauma-informed interpreting program, and if you have no spoken-language co-trainer?

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Activity #3

Top 3 Challenges?

- Takes longer to teach w/mixed groups
- Addressing ASL/CDI/spoken realities
- Allowing for increased interaction
- Increased interaction can lead to dilution of learning objectives
- Activities difficult to adapt
- Different training levels of mixed groups
- Can be more costly
- Sometimes competing accommodations needed
- Ignorance about Deaf culture when teaching about trauma

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Our Top 3 Challenges

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  - Addressing ASL/CDI/spoken realities
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Top Benefits?

- Learning across mixed groups
- Increased understanding and respect across mixed groups
- Diversity led to richer experiences
- Slower pace decreased impact of trauma content
- Trainers gain expertise
- Consensus about role of interpreter
Five Beneficial Strategies (Ours)

1. Know who you’re training—well before the session. Get resumes.
2. Make sure you are a trainer team of ASL + spoken language trainers—and if possible, a clinician (licensed therapist). Bonus points for trilingual trainers!
3. Have 3 or 4 (NOT 2) contract interpreters if CDIs attend the session.
4. Cut down the curriculum by at least 30%.
5. Adjust activities and role plays carefully, e.g.:
   1. Introduce trauma content gradually.
   2. Make decisions on teaching technical skills like mode-switching, note-taking.
   3. Keep in same-language groups for role plays; work across ASL/spoken language for decision-making activities.
   4. Plan where to position contract interpreters for all activities.
   5. If films precede activities and are not close-captioned, plan ahead with the CDI interpreters.
   6. Etc.—see our paper for the proceedings.
Thank you!

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