September 12, 2016, NCIEC webinar.

>> Amy: All right. Let's go ahead and get started.

Good evening, everyone. Thank you for joining us. I'm Amy Williamson. I'm an instructor/coordinator at the MARIE Center, and this evening will be our webinar with Robyn Dean.

Next slide, please?

Robyn Dean is an assistant professor at NTID and she is a researcher and will be presenting some of her ideas with us tonight. And can you see her topic there on the screen. Before we start I'd like to explain some of the specifics that we'll go through in terms of the webinar this evening. I know some of you are needing and wanting CEUs and I want to make sure that that process is clear.

Next slide?

You'll see on the screen that there is a chat box on the bottom. And we will be able to communicate in that way with one another. You will be able to interact with Robyn Dean that way, with our presenter. And she'll explain at that point in the presentation how you will do that, but I just wanted to let you know ahead of time what that process is going to look like.

Next slide?

After the webinar this evening -- we'll just hold with this slide then.

You should get an email tomorrow and it will be related to this webinar, and in that email there will be evaluations. So if you could please complete the evaluation. If you are watching this evening with a group of people, you should have also received a paper that you'll be able to use as a sign-in sheet. Just sign in with that and include your RID number with your name and send that back in.

Next slide, please. If we could have one more click as well.

This evening's webinar is part of the NCIEC regional centers. We have five centers, one of which is the MARIE Center, and that's where this webinar is originating from.

Our goal, our mission -- next slide, please. I just want to show you, this slide shows you our goals and missions and the next slide I want to show you where our regional centers are.

For the past six years we have had this consortium of five regional centers. And if you look at our

website, which you will see at the end of our presentation tonight, you can get more information about each of our centers. And there are additional trainings available for you.

So let's go ahead and get started. I'd like to introduce Dr. Robyn Dean. Thank you so much for joining us and we look forward to seeing the information that you have to share with us this evening.

>> Robyn: Good evening, everyone. My cat just decided to join me. I'm a little afraid of my cat, so I'm just going to leave her be and hope that she leaves me be, and we don't have a cat fight this evening.

I am Robyn Dean. This evening we will be focusing a little bit on my Ph.D data. Next slide, please.

Two weeks ago I hosted a webinar and some of you did join us in that webinar. And I focused upon normative ethics and descriptive ethics and the difference between those two constructs.

This evening I would like to do more of an in-depth approach into both of those concepts and hoping we can go forward with that.

You can click once more on the slide. Thank you.

Normative ethics focuses on what is the right action, what is the good behavior, what should people be doing? And that is the focus of normative ethics.

I'd like to focus over on the next part of the slide and have you take a look at that. Descriptive ethics focuses on the action or the behavior. What people are actually doing. It is not focused on the judgment of right and wrong or labeling things as good or bad. It just simply describes what the individual is doing.

Okay, next slide, please, Carrie.

So again, descriptive ethics doesn't focus on what is good or what is right or envelopes what people should do. It just simply is descriptive of the behavior.

Next slide.

So descriptive ethics discovers or explains the behavior often using metaphorical language.

And next slide.

Excuse me.

When we go back to normative ethics, that is where we begin to evaluate the behavior that is seen, whether it is good or bad and what the consequences are involved in that.

Next slide.

The profession of sign language interpreting often overlaps the two versions of ethics and speaks about them in the same way. And often it can become very confusing. And that's not something that we need to do. And I'm not saying that descriptive ethics or normative ethics are good or bad, it's just that we have to notice that they're separate entities and that when you describe them -- when you put them together we talked about confusion of understanding.

Again, two weeks ago we talked about the code of ethics from 1979 that. code of ethics maintained through RID for 25 years. Although our field has changed greatly and the metaphors that we have used over the years have changed greatly as to how we describe, how we operate as interpreters, if we go back to the 1970s we take the conduit model. That was one lens that we looked through when we started talking about how we viewed that code of ethics.

We were much more of a strict lens on the behavior.

Then in the 1980s the popular metaphor that was often used in the field was the communication facilitator.

So that lens replaced the conduit lens and gave us a different way of approaching our code of ethics. And again, these metaphors were changed. Throughout the years we did the Bi-Bi metaphor for awhile, the member of the team, even the ally model, all these lenses that we used to look at our code of ethics.

But in the end I would argue that is not the best. Because that code of ethics has maintained the same terminology and the same approach, but we have used the lenses, different lenses to view them. And in the end it didn't allow us any more flexibility in our work.

And ethicists, people who actually study ethics, said you cannot use a metaphor to apply to normative ethics. It doesn't work that way.

Next slide.

Okay. That's fine right here. Thank you, Carrie.

So you see the different metaphors that we have applied to our field throughout the years, starting in the '70s, all the way through to today, these popular metaphors that we've often incorporated into our field.

But how we borrow that to evaluate our work and how we behave is just not possible. Again, these are just

used to describe what someone is doing.

Next slide.

So how do we evaluate using normative ethics? We have rules, values and principles, responsibility, consequences, incommensurable values, and decision-making models. These are the constructs that we can use to evaluate people's decision-making and behavior.

Okay. Next, Carrie.

Could we go back?

Excellent, thank you.

So having -- again, these five pieces on the slide, they force us to think and to really focus on our behavior and focusing on that specific behavior and where does it fit? Does it follow the rules? Is it violating some kind of rule? Or is there a value or a principle that is being applied by that behavior? And if it's not, go down what are the consequences to that huge behavior so we can take that behavior and apply each of those evaluational tools of normative ethics to it. But it requires us to think and process through that.

It's not easy.

We can't just come forward and say today I'm putting on my conduit coat and hat and I will be the conduit interpreter and then make the next decision and say well, now I have put on my ally coat and I am an ally to the individuals within the session. That's not how you can evaluate your work.

Next slide.

Another part of normative ethics is decision-making models.

Myself and Dr. Pollard, much of our work within the demand control schema, has this kind of work. That is one of the models that is available.

But it is not special from any other decision-making model that is out there in other professions.

They all follow a pattern. Obviously the first focus is what is the problem or the issue or in our terminology using DCS we use the demand. What are those demands of the particular situation?

The second part of the pattern that we often see are what are your options? What are your choices as far as action?

Next.

Once you have those options in mind, visualizing the consequences of each of those options for you.   That way you can take them apart and compare and contrast what would be the consequences of each action.   Once you have evaluated that you can act accordingly.

And finally, evaluating the decision that was made, what was successful, what was not, what would be some of the resulting issues or demands.   So again, all of these decision-making models have options, consequences and evaluation ability.

That is what we have those parts to these decision-making models, but they all require thinking, focusing on the values, the principles, the rules that may be a part of these situations.

What do those require of us?

I can't just willy-nilly make some of these options. Some of these options have limitations because we know the values of the settings that we may be in and we have to work within those values.   We also have other options that we may be taking depending on where we are.   And those consequences that may become apparent, knowing what the values are.   So if you know the values of the

setting, then therefore you can know the consequences of your actions within those value situations.

Again, evaluate. You have to evaluate, but you can only do that if you only know the values, the principles and the rules within the settings.

So we know that the field of interpreting has values. There have been a variety of researchers that have pulled documents from the field of T&I, which is translation and interpretation.

So the researchers have pulled from all of the codes of ethics, code of professional conduct, et cetera, from not only American Sign Language interpreters but conference interpreters, et cetera. They have taken these, compared them and looked at the overlaps and they've seen quite a bit. So what you see up on your screen are some of the most popular or often seen within these code of ethics. Obviously have been one would be accuracy, which makes sense.

You're taking a message, in our case from a hearing individual, and interpreting it to the deaf individual. It should look basically the same or have the basic accurate meaning.

The second one would be neutrality. Unfortunately
people don't have a firm grasp of what the concept of
neutrality means. If you watch some of the blogs or the
vlogs online, often you see about the concept of not
having an emotion or not having any kind of emotional
expression, and that's not what neutrality means.

Neutrality has a very simple meaning. As an
interpreter you do not have any investment in the
outcome of this particular event. It means the
decisions that are being made as the interpreter do not
benefit you in any way. Emotions or involvement,
that's not the concept of neutrality. It's how you're
making decisions. And if you are making decisions that
benefit you, that is a breach of neutrality. Often
individuals misunderstand the concept.

Next one, of course, confidentiality. Following
would be fidelity. Is what was said, did you fully
interpret that?

Another term would be completeness. Completeness
of the message. The message that was given was the
message that was interpreted.

These last two as far as respect for professional

colleagues, professionalism, what those could actually mean, are often up to individuals' interpretation, but again they show up multiple times in a wide variety of code of ethics and code of professional conduct.

Next slide.

So are those five pieces enough? If you imagine a French translator sitting in their flat, interpreting or translating 18th century French poetry from French to English, and they're following these frequently cited values that we just mentioned in the previous slide. Is that enough for what we do as interpreters when we are in an environment where there's actual individuals, when we are in educational settings, medical settings, places where there are actually people? Do these values actually encompass what all of us use?

I would say message transfer, definitely we incorporate that. Accuracy, completeness of message, confidentiality, neutrality, yes, I believe that would be appropriate and that we and that French translator do have those things in common.

But -- and they focus on his work, but do we as social

beings and social interpreters in environments with people, does that incorporate all those values that we need? Or do we need more values to be making our decisions with as we interact with people, as we interact with actual changing situations rather than a frozen text of a book?

So should our field come up with more values? Unfortunately our values are not necessarily documented, but again we go back to metaphors over and over.

And we have these multitudes of metaphors that we use to apply our work.   And that's not just in our field. You can read articles from a wide variety of translators, translating professions and throughout internationally and you will see a wide variety of these metaphors that they use -- that not only American Sign Language interpreters use.

But do those metaphors really give us the values that we use in our job?

Sociologists and social linguists who study interpreting behavior and document what they see us work, but can those -- that information that is seen and

studied really be applied with normative ethics?

But if you pull out from those behaviors and from those metaphors that we see, we do see the values become apparent.

For those of you who were at the workshop two weeks ago I did show you some of these metaphors and values that were connected to those metaphors. If we look at some of the translation values, I will bring those back up again, if you could swing the rest of the points down on the PowerPoint, please.

So the conduit metaphor is not being used much anymore. Actually, we do use it, but as a metaphor we've kind of thrown that one out. We still see the behaviors, but we've thrown the metaphor out.

The values behind it in my opinion, what I would propose, are descriptive -- the conduit metaphor itself is taken from descriptive ethics. But I would say the values behind it are to honor the autonomy and agency and self determinancy of the deaf person. Let them think for themselves. Don't influence their behavior. Respect their self-determinacy. And we see many professions having this value as a part of their belief

system, but you don't hear other professions talking about being a conduit. You do hear about them letting people have their independence, making their own decisions, this we frequently hear and that is often in their code of ethics. But the metaphor of conduit we don't see as much.

If we could back up one.

Great. Next we see team member. What does that metaphor actually mean if we say the interpreter is acting as a member of the team?

An ethicist might look at that and decide that whatever the setting is, the environment, the interpreter is attempting to follow the overall values within the system and take those values into consideration when they are making their decisions. So if the person is in an educational setting, a mental health setting, a medical setting -- for example, in a medical setting one of the values a medical setting might hold would be informed consent.

Which is to make sure that the patient understands all parts of the treatment, understands everything has been explained and they are ready and consenting to go

ahead with whatever procedure is being done. They're able to consent to this themselves. That's informed consent.

So if the interpreter is in a medical setting, they definitely want to make sure that that value is a part of their work. They want to know what it looks like in that setting so that they can make sure that their interpreting is matching the values of the situation.

And finally we have cultural mediator. And the value behind the cultural mediation metaphor could be taking a message and being able to unpack the cultural information in that message that the person you're interpreting to may not understand. It's making sure that everything is clear in both languages and cultures.

So metaphors are great, they are important to us, they can help us, but we need to take a step back and look at the values, what values would be a part of the normative approach to looking at the code of ethics.

Next slide, please. And one more click.

Perhaps you've heard, well, you should know your place. That word "Place," that may be a bit of a metaphor there. But when someone says you need to know

your place, what is the value behind someone who is making that statement? Go ahead and use the chat box now and let me know what you're thinking. What value is being shown when someone says "You need to know your place"?

Just looking through your answers here...

Okay. I see a couple of things that I like. Know your expertise. Know your jurisdiction. Know when you're on your turf and when you're on someone else's turf.

So if you see someone who is in their role or who is overstepping their role, that's really a metaphor and we have to try and figure out the value behind that metaphor.

So I like to think of this in two parts. You have to know your area of expertise, yes, because many of us do have areas that we're more familiar with that we may have areas of expertise that other interpreters don't have.

And I may have more knowledge about how to behave. The values of a certain situation.

So I have to ask myself what is my expertise? What

do I know and will it apply to this situation? So if I am asked about my knowledge, I can clearly communicate what my limitations are. So you have to know what your area of expertise is in any given area.

Next one.

What are the boundaries? We talk about boundaries a lot. That is also a metaphor and it's not entirely helpful by itself. So what are the values behind talking about boundaries? What is the normative concept that will help you to understand the word boundaries? What does a person mean when they use that phrase? And again you can respond in the chat box.

I'll remind again to please refrain from the word "Role."

Think about what the values are, what the normative ethics are behind the role.

Adeline Riley, what you just said, when I am causing harm, I like that one.

In my opinion, when we talk about what boundaries mean we're talking about what are the consequences of your decision, and it's that simple.

If I ask you what are your boundaries, you may not

have an immediate answer, but if I ask you what the consequences are of your decision, that's a different conversation.

Next slide, please.

Now, have you heard this last one? Well, I'm a human first.

Well, of course you're a human. You're a person. So are teachers, doctors, lawyers, and people in other professions. We're all humans, right?

Now, if we asked one of those professionals why did you make that decision and they said because I'm a human first, we wouldn't accept that. So what do you think is the value behind that phrase that we sometimes hear that metaphor, but I'm a human first. What value is being shown there? If you could type your answers again.

Cara McGee Johnson said compassion. I would agree strongly with that, yes.

If you say I make a decision because I have a certain feeling, uh, I'm not sure I agree with that. Think about if you want your doctor to make decisions based upon their feelings. Now, perhaps intuition, we could

use that word.   But emotion -- feelings, I would say no.
Now, various professions do have that value.

So I've typed two terms out here, non-maleficence.
Do no harm.   And the second one being, beneficence.   Do
good.

Many professionals have these two values as part of
their code of ethics.   So if you make a decision based
on these two, either of these two concepts, constructs,
not because of feelings, but if you make your decision,
you make the decision to suddenly jump and dance in the
air because you are human and you feel suddenly struck
by that, that's not a good way of doing it.   It's based
on the concept of maleficence or beneficence.

I've seen some of these chats come through and I'm
seeing some of the metaphors come through and seeing
them repeated throughout.   Let's go back to a metaphor
to describe a metaphor is not something that can show
the values behind it.

Again, our field has never spoken in values or
normative ethics.   We've spoken often about metaphors
and those metaphors are constantly being revised or
reproached based on how our field is focusing and some

of the values that are behind them.

And I see some of the values you're trying to express.

Next slide, please.

I'd like to approach the metaphor of ally. The first person that really did any kind of research or publishing in this was Charlotte Baker-Shenk.   The name is on your PowerPoint for spelling purposes.

Her first article was really published in 1991.   If you go in and you read through the ally and focus on some of the values that are focused within that metaphor, often some of them are just basic respect or deference, jurisdiction and respect for people's jurisdiction. Okay.

So now take a couple of minutes, think back into some of your professional career and pick a particular example as to where you believed that you were acting in the ally metaphor.   And you don't have to put this in the chat box, but just write it down on a scratch piece of paper or on the PowerPoint.   I'll give you a few minutes.

So have you thought of some examples?

Next slide.

Oh, go back. Let's go back one slide. I have a request from the chat box to go back one slide.

There we go, thank you.

I often am in groups of supervision where I listen to interpreters making decisions all the time.

And often they will compare what an ally is by doing such and such and such and such. And I thought, well, the value is already there within the situation that you're working in. Where you're working is not unique. And what you're doing as the interpreter is not unique in that particular environment.

I had a specific situation once, it was in a medical environment, and the doctor was asking the deaf patient a lot of questions about medical history. The deaf individual simply did not know the answers to these particular questions. Simple questions such as "Was there cancer in her biological family, had she had any past surgeries, what were those diagnosis and what were the reasons for the surgeries?" And again multiple answers of "I don't know" from the deaf patient.

I would say this individual grew up in the 1960s,

1970s.

The doctor left the room and I left the room to stand and wait for the doctor to come back. And as the doctor came back to the room I informed the doctor that often within the historical sense this deaf individual may not simply have that information because the parents may not have had direct communication, the parents may have held that information, the parents may have communicated directly with their pediatric doctor without including the deaf patient when they were young.

Now, maybe that would have been labeled with the metaphor of ally as we're talking about descriptive ethics, but when you focus on normative ethics and focus in on the value of the medical setting and "Do no harm," it is a way of approaching -- why this individual would not know all of this information, but it's still critical information for the doctor to be aware of.

But labeling things within the descriptive terminology may not have been the best approach, but letting the doctor know would allow them to have more information about how to diagnose and how to treat this particular patient. Just informing them of those

cultural aspects that the doctor might not have been aware of given his lack of exposure to deaf culture or deaf individuals growing newspaper the '60s and '70s, et cetera. So that's just one example of how you put the values of the setting in play within our work as interpreting. And that value is not something that is unique within our profession.

Let me think of another example here.

Imagine you're in a social setting and they want to play some kind of icebreaker game. There's two individuals that have to compete. You hear the word and then they have to run up to the board and write something related to that word. But let's say one of those individuals is a deaf individual. I as the interpreter need to have that word in advance so that my lag time doesn't affect the deaf individual's ability to play the game.

So often I would have to go to the coordinator and say "You need to tell me the word ahead of time" so that the goal of the game is not compromised. That's not necessarily acting as a quote, unquote, metaphorical ally, but that is putting the values of that setting and

the values of that game at a higher priority, making sure
the priority is there for that individual to be able to
participate in that social event.

So again, often individuals might look at that and
that action as that's being an ally to the deaf person.
But in reality it's the value of that setting and the
value of that particular situation and setting the
individuals in that environment know that their value
may be forfeited based on how an interpreter works and
just the fact that lag time has an effect on how language
comes up.

The challenge comes in is that the situations are
not often unique and often if you use the concept of ally
that's not what a hearing individual will say. And if
you're challenging me in saying these are not
necessarily ally approaches, you can always email me,
but I've heard that individual again and again from
interpreters, again, ally, ally, ally, but in reality
often the values of the settings that we're working with
already have -- already are there normatively and those
are the values that we prioritize.

One of the authors with street leverage wrote an

article about social justice. The last name is Coyne.
It sounds like coin.

His article and his vlog was about social justice.

And if you look -- you will see some of the questions
and some of the comments below. It's still there.
Does social justice beat or trump the goal of the setting
or the goal in the environment? And I said where would
an example be of that? And I did not receive an example
back because most institutions that we work in, most
environments that we work in, public service, human
services, their values are based on do no harm. And are
based on justice.

That is what they do. Often times we as
interpreters may have to let them know that their values
are being compromised based on the uniqueness of the
population that they're working with at that particular
time. But that might be something they're simply not
aware of.

Myself as an interpreter, if I'm noticing that
people -- people, when you approach them in that way,
often respond very well. And I will have more examples
later. Let's move on.

And next. And next. And can we go back one?

When we go back to the metaphor of ally, and look
at the meaning behind that term and really break it down
to the core meaning, there often means that there would
need to be an adversary in order for there to be an ally.
That can mean that there may be something wrong on the
opposite side. Does that mean that the hearing
individuals that we work with are our adversaries? And
I think that we need to proceed with caution in that
approach.

To automatically assume that the hearing individual
is our adversary is not necessarily helpful.

The values behind the metaphor are critical and
those are the things that we can tease out and focus on,
but if we go back to the adversary part, that may be where
the problem comes in.

Member of the team. Hmm. Are you going to go into
a doctor's office and inform them that you're a member
of the team? I mean, who asked you? Who asked you if
you're a member of the team?

But if you enter the environment and you let them
know that you're aware of the value of informed consent,

you're aware of some of the issues at hand and some of the values, this shows that your values are similar to the values of the environment that you are in.

And so it's important to also let the deaf person know as well. We have to take the values into consideration and look at how we approach each environment and each situation differently and applying those normative ethics.

And this slide is just -- this next slide is just for your consideration.

If we can go down the points on the slide, if you can advance a few more. Thank you.

So these are just for your consideration. And then next.

Oh, back one.

Okay. So you will notice the points on this PowerPoint screen. These are some values that we see. One that you see is rationing limited resources. I remember there was a time -- there was a deaf person in an emergency room and they were very upset. Their situation wasn't dire. They had had their blood pressure taken and their temperature, all their vitals

had been taken, and it was decided that their need was of a lower priority than some others who were more serious and in more acute situations. So we waited quite a long time. And the deaf person voiced concern about why they had to wait such a long time, and they felt it was perhaps due to discrimination and that deaf people always have to face this kind of a situation of being asked to wait.

But in fact, the reason they were asked to the way is because of the value of rationing limited resources. They had to look at who was most serious, seriously in need, and take care of those folks first.

We all face limited resources, and so in those environments we have to pick and choose who we are going to address first.

So this is for your information. When you go into a situation you have to think about the values that are in that situation. This is not a full list, but these are some things that would be important for you to think about in the area of health care.

So two weeks ago we were talking about role space and we were explaining interaction management,

presentation of self, alignment. We talked about these three concepts and that these three concepts come out of the sociological perspective. That these come from descriptive ethics, excuse me, and that people have borrowed and used these terms as if they were normative ethics, but in fact they are not.

So for example -- next slide.

This first bullet point, should I align myself with the clinician? The word "Should" should be a clue to you right away that this is normative. But align is not a value, it's descriptive of a behavior. So you really can't say this.

Sociologists might say what's the behavior? But the ethicist is going to ask you to evaluate the behavior.

Next.

Once again you see the word "Should." Should I present myself in ways that are more visible. Should.

There's a conflict here. We have descriptive and normative ethics at work at the same time. So you have an individual, you have a sociologist who might study and document behavior and then you have the ethicists

who are going to ask what's the value behind this decision?

Next one.

Should I manage communication more actively? Communication management is not a value. Sociologists would say, sure, you have the behavior of managing communication, but ethicists would ask what the value was that was prioritized.

Next. And next.

Okay. Should I align myself with the clinician? We can't say this. We have to separate descriptive ethics from normative ethics.

We have the behavior and we have the values behind the behavior. So we have to look at what values are being prioritized and what values are being forfeited, which are considered more important. We have to weigh and decide which is the priority in any given situation.

So can we go one more click, Carrie? Thank you.

We have a deaf individual and they've joined a group therapy session.

On this particular day the topic is relaxation technique, progressive relaxation. The therapist

asked people to lie down, close their eyes, tense their

muscle and then let go.   They're going to go up the body.

They're going to start at their ankle, then their calves

and progressively go up the body and release tension in

the body.

     Now, the deaf individual is going to lie down.

They're being asked to close their eyes at that point.

Do they really want to have to open their eyes and have

the interpreter lead them through all parts of this?

The interpreter might make a choice to ask the therapist

if they could explain to the deaf person ahead of time

the goals of this therapy session and then let

them -- the deaf person proceed on their own choosing

when they want to open their eyes and when they want to

keep them shut.

     Next slide, please.

     So the sociologist would explain that behavior in

the following way, if we can have another click.

     And one more click.

     Sociologists may say that the interpreter aligned

themselves with the clinician.

     The interpreter, the way they might talk about

it -- if we could have another click there.

Have you seen or heard these things before? People saying the interpreter stepped out of role. Or the interpreter acted as a member of the team with the clinician doing the therapy. Or you might hear that the interpreter crossed boundaries in that situation.

Do any of these really help you evaluate and make a decision and decide on the values of the situation?

Next slide.

So the interpreter in this situation perhaps prioritized the goal of relaxation so that the interpreter didn't have to interrupt the deaf person and tell them each time a new body part was being introduced to be relaxed.

I don't think the deaf person would have been able to relax and enjoy it had it been done that way.

So the interpreter made the decision to speak with the clinician and worked it out in advance, but they did have to then prioritize one value and forfeit another.

So if you could use your chat box now and tell me what value was prioritized and what value was forfeited in that particular situation.

Autonomy, I'm not 100% sure, but that is certainly close to what we're going for.

My suggestion would be that the value from interpreting would be to allow the person to make a decision themselves, to -- the concept of laissez faire.

Let's say you have -- in terms of business, there is a concept of laissez faire and that is allowing people to make decisions for themselves. So this is prioritizing that value over others.

Someone had said empowering the deaf person. Empowering the deaf person is not actually a value. Now, we could say defer to the deaf person. That I would find acceptable. And then that would be prioritizing and forfeiting something, that would be taking a laissez faire approach.

And the interpreter did not necessarily defer to the deaf person, which would be the value that was forfeited. So forfeiting the laissez faire or allowing people to be what they are and just let it go, that was forfeited, but the value of allowing someone to actually participate and to experience on an equal playing field

as the hearing individuals what was prioritized in that approach.

So again, you have to have the normative ethics applied and the terminology to really evaluate whether those values were approached in an appropriate way rather than using descriptive ethics.

Let's go down to the next example.

So another similar situation, we have two ways of looking at a situation. A sociologist and an ethicist.

And the next click.

So after this relaxation exercise that we've talked about is finished, the class leaves the room, going down the stairwell, and one of the hearing participants comes over to chat with the interpreter and shares that their aunt is also an interpreter and lives in Toronto.

Now, the deaf person is not in the vicinity, so the interpreter decides to interact and respond to the question.

Next slide, please.

The role space way of looking at it would say that there's high presentational level for the interpreter in it that scenario. Interpreters might say I stepped

out of role, I acted as a member of the team.

My point here is to say all of that is fine. It's fine to have a conversation. It's fine to make that choice, but we're not -- it's different than evaluating that approach.

So let's look at what the ethicist might say.

We have a question from a hearing individual and we have a response from the interpreter. The interpreter is socializing. We have a brief interaction this may allow the hearing individual to feel some sense of rapport with the person in group.

Sometimes there's an awkward feeling towards the interpreter, but this kind of interaction can help people feel more comfortable in a situation.

So the interpreter has prioritized -- you tell me what do you think the interpreter has prioritized and what have they forfeited in this situation?

What do you think they have forfeited in this situation?

Do you notice how many people are responding using metaphors once again? Being human, talking about boundaries, disregard for the deaf person. I'm just

looking through your responses here.

I'm noticing that you are bound and determined to still use those metaphors.

Bridging communication, relationship. So I'm going to ask you to please try and think of what the values are, not the metaphors. We seem to be struggling with this a bit.

You're forfeiting a value and prioritizing a value in this situation.

Let me just check my notes for a second here. One moment.

Again, this happened out of the purview of the deaf consumer. It's interesting, I'm scrolling through, ignoring the deaf person. But the deaf person is way, far away from the interpreter. The interpreter is quite a dance and the hearing person approaches the interpreter. This is a rather short and sweet response and it does happen out of the awareness of the deaf person, but what is the interpreter forfeiting?

Now, you could at a later time let the deaf person know, hey, by the way, this hearing person approached me as we were walking here and they said such and such.

Okay, okay. Let's go next slide.

Oh, back up a little bit.

Perfect, we'll leave it there.

Again, managing communication. We as interpreters manage -- are managing communication. Sociologists focus on the behavior. Ethicists focus on values and what is prioritized and what is forfeited.

Next slide, please.

I'm sorry, this story. There we go, thank you.

The interpreter is ready to leave and the therapist asks set up the next appointment for individual therapy. As the deaf person is writing down the time and date in her book, the therapist who is hearing starts talking at the exact same time and says that I did call the interpreting agency and they will have an interpreter for that appointment, et cetera, et cetera.

The deaf person is still looking down in their book and just as the interpreter starts to interpret, the deaf person raises their hands in order to ask for an interpreter.

As this happens, the interpreter is interpreting -- holds the finger up to the deaf person

in a slight way to hold the communication in order to manage it, to let them know what the therapist was finishing to say.

And next down. And again.

Sociologists, maybe even interpreters would talk in this kind of way about oppressing the deaf individual by holding that piece of communication that was coming, the interpreter was taking advantage of her hearing privilege, she crossed her boundaries, et cetera.

Next slide, Carrie.

An ethicist of normative ethics focuses on the accuracy of complete information, reveals the original communication of the hearing individual and again, the interpreter also addresses the impact of her lag time on her work.

So what value was prioritized compared to what value was forfeited?

Okay. That's fine, that's one. Forfeited the opportunity to create more awareness of visual communication. I also think we use that terminology in realtime. The interpreter delayed the realtime of how the communication happened.

Well, again, Rivka, we're not aware because we have made these decisions. Often individuals don't realize at the time and we don't know. I mean, maybe it was fine and maybe we try it, but when we think about if I do this, we don't necessarily know what it can lead to, and often we can't know that. Maybe we can try and go ahead, but we don't know exactly the expectations. We don't know exactly what they were looking at. Maybe they were unable to follow. So we don't know. But again, thinking -- if we back up and that you didn't allow communication to happen necessarily in realtime -- and we do that a lot for hearing people and deaf people. We don't necessarily allow realtime education and it's something that -- realtime communication because it's something that is forfeited based upon how we operate.

Next slide, please.

I notice time is coming to an end so I'm going to get to my point.

The conversation of prioritizing versus forfeiting of values and the responsibility of that is a dialogue that can be very constructive and it can lead to better evaluation, better dialogue of the decisions we make.

But it is not easy. You and I are often taught -- have been taught in metaphors and in descriptive ethics and talking about you have taken advantage of such and such or you have oppressed such and such. And those are the phrases that we hear all the time as interpreters.

And what I'm challenging us is let's focus on the values that we are prioritizing and forfeiting within our work.

Again, it is going to be awkward. It is a very new skill we have to develop because we've not been taught to do it.

And my goal, my ultimate goal and my work, is to focus on that, is what are we prioritizing within our work. And what are we forfeiting within our work. And you may disagree but that is fine as to what values are being prioritized and forfeited.

Let's go on to the next slide and you can scroll down this one.

Next.

Okay. So I talked about the five values within the code of ethics and I would argue that that is not enough for us as a community and interpreters. We are within

a social environment, we operate with people all the time. That means we need to think more about the overarching values of the settings that we work in.

Next slide, please.

Keep going.

Excellent, right there.

I am proposing that we add more values to the list that we had, and these four are the ones that we have, and they would be the foundation of all service professions. Community interpreters are service professionals, so autonomy, maleficence, do nor harm, beneficence and justice. All four of these should be incorporated within our work. It does not mean that one time something is not prioritized over the other, but these are things that we should consider as we make our decisions.

Again, my time is coming very short. Let's go to the next slide. It's a better one.

Cooperation within our literature is very critical. An author with the last name of Pym has -- is a long time researcher within translation and interpreting. And you will see some of the quotes from his work here on

this slide. The translator goal should be to promote long-term cooperation between cultures and that is one of our ultimate goals. He said interpreters and translators need to keep that in the back of their mind as they work. How can we as interpreters allow the cooperation of these people of different cultures and different -- and different languages and how can that be a guiding principle of our work?

Go back.

Justice-reasoning, which is the work of James Rest and Lawrence Kohlberg, is that the ultimate goal should be cooperation is ethically most advanced -- let me back up a minute.

Oh, stay on this slide. Robyn is going to back up.

Sorry.

One more.

Next slide. Yes, right there, thank you.

If you want to convince someone that your decision is best, you have to base it and root it in the cooperation of all parties. That the individual's values, multiples values are being overlapped within the decision that you are making, within its group or

its profession or its family, that their values are being overlapped within the decision that is focused in that cooperation.

So if you can maintain what those values are, and again, theorists and researchers is that how can you defend those decisions is that when these groups or these individuals values are overlapped within that decision that's made.

Go ahead and go one more, Carrie. Keep going to the -- there you go.

You see Dean 2014, Dean 2014 and Dean 2015. These are all from the articles that I've written and published, talking about the barriers that we have to collaboration.

And how we can work in these collaborative fashions. So if you would like to read more about my research, they are available, you can email me. I'm more than willing to send you my articles, my dissertation. I'm more than happy to send that as well.

Oh, back up.

So as we close this evening, I would like to show you a prototype or maybe a working document of a values'

based code of ethics. Dennis Cokley in 2000 wrote an
article and that particular article, if you get to the
very end, has a proposed code of ethics of what something
could look like. It was something that was just thrown
out as a prototype of what we could work with, and that
is a lot of what we've been talking about this evening.

So as you see on the left side of the PowerPoint
slide, those are, again, values that we've talked about
previously, but now we've added five more. So if we
take from our conduit metaphor, from our ally metaphor,
from our communication facilitator metaphor, and you
weed out the values behind those metaphors, you will see
the list on the right.

I think there's a few more -- I think that's it,
Carrie. Excellent. Right there. Thank you.

So we have the service-based profession values on
top of the values that we have weeded out of our
metaphors and these are the things that can be
incorporated into our work. Sometimes we have
incommensurable values, but again this is the process
that we can work through as professionals.

I do have a slide with my email and my website. Can

we put that up, please, Carrie?

Email me if you have questions or you want to talk
more about this topic or if you would like any of my
publications or any of some of the references that I
used. I do have a chapter that will soon be published
that is based on the work from two weeks ago and this
evening that should be published very shortly. I do
have a pre-copy, so let me know when I can forward that
to you as well.

Thank you all. Appreciate it.

I don't think I really have enough time for
questions. I'm sorry.

Amy?

>> Amy: Thank you very much, Robyn. I greatly
appreciate it. You've given us a lot of information to
think about. I would also like to thank Carrie Woodruff
and all of our wonderful team members that have done our
technology and done all the setup behind the scenes.
Thanking the interpreters tonight, Kate Block and Peggy
Weaver, and also our captionist from Texas Captioning.
We appreciate you all.

Next slide.

Again, you will get an email with the evaluation form on it. Follow that process and it should guide you through the CEU form. If you are in a group, please make sure you sign your name to the document that was sent and send it back to the email that was enclosed.

Next slide.

Tonight's webinar will be uploaded on to our website, which is up on the PowerPoint right now if you would like to take a look at that. So please go up there. We have a lot of resources and other past webinars saved for you to take a look at.

Again, we thank Dr. Dean for your time and for your valuable information, and again, we could not do this without our Federal grant. Our Federal grant information is up on the PowerPoint as well. Thank you, take care and good evening.

[End of webinar].