

*****DISCLAIMER!!!*****

THE FOLLOWING IS AN UNEDITED ROUGH DRAFT
TRANSLATION FROM THE CART PROVIDER'S OUTPUT
FILE. THIS TRANSCRIPT IS NOT VERBATIM AND HAS NOT
BEEN PROOFREAD. THIS IS NOT A LEGAL DOCUMENT.

THIS FILE MAY CONTAIN ERRORS.

THIS TRANSCRIPT MAY NOT BE COPIED OR
DISSEMINATED TO ANYONE UNLESS PERMISSION IS
OBTAINED FROM THE HIRING PARTY.

SOME INFORMATION CONTAINED HEREIN MAY BE
WORK PRODUCT OF THE SPEAKERS AND/OR PRIVATE
CONVERSATIONS AMONG PARTICIPANTS. HIRING
PARTY ASSUMES ALL RESPONSIBILITY FOR SECURING
PERMISSION FOR DISSEMINATION OF THIS TRANSCRIPT
AND HOLDS HARMLESS TEXAS CLOSED CAPTIONING
FOR ANY ERRORS IN THE TRANSCRIPT AND ANY
RELEASE OF INFORMATION CONTAINED HEREIN.

>> I'm ready.

Good evening, everyone.

Thank you for joining the NCIEC webinar this evening.

We have Dr. Robyn Dean here to present this evening.

She is an assistant professor at the National

Technical Institute for the Deaf.

As many of you know, Robyn has focused much of her

research and presentation on demand control schema,

however we will be focusing on her work this evening,

her Ph.D. and some of the information that has been

presented from that and how it applies to meta-ethics

within our field as interpreters.

Before we get started I want to talk a little bit about

NCIEC and a little bit about our organization. Next

slide, please, Carrie.

And next.

I am Amy Williamson and I am the instructor

coordinator for the MARIE Center in Colorado.

The MARIE Center is one of the five regional centers that I will show a map of that shortly, but I wanted to send up a little of technical information. If you bring up the PowerPoint you will see technical approaches to the size of the screen, how to control the chat box and how to communicate directly with the organizers if a technical problem shows up or if you are having some kind of issues you can type to us. Dr. Dean will also be fielding questions from within that chat box, probably within the last 15 to 20 minutes of that, so don't feel like you have to type those now. We will let you know when to go ahead and type your questions as we go forward with this presentation.

I know many of you are here for the RID CEUs this evening and taking advantage of that for the webinar, that is completely fine. You will get an email with an evaluation in that. So keep an eye on that and please make sure that you fill those out.

We will also be comparing the attendance list from this evening with the responses that we get from those emails so you will get your CEUs, make sure to keep

an eye on that from your email box. I know some of you have already possibly gotten a Sign-Up sheet or attendance sheet and that will -- that will be for this class and then we'll make sure that we share that with Carrie when we're complete. Next slide, please.

And next.

NCIEC is a consortium that we are really looking at improvements in interpreter education, technical assistance, communication, and a wide variety of other areas where we can help interpreters in general and these are part of some of our goals. Next slide.

As you can see in the PowerPoint, it will show where our centers are throughout the United States. We have the National Center in Northeastern University. We have the MARIE Center in Colorado.

And our western regional center is WRIEC in Western Oregon University.

And next slide, please.

So without further ado, we are thrilled to be bringing you Dr. Robyn Dean and her returning to ethics: A meta-ethics analysis of community interpreters'

codes and standards of practice. Welcome, Dr. Dean.

>> *Dean:* Hello, everybody, this is Robyn speaking.

I would like to make sure that I'm monitoring Kate and Peggy, our two interpreters this evening.

Making sure that they are communicating with me in the chat box, just want to make sure that the light is good for them and that the screen has a good area, so I will be looking at the chat box from time to time because that is where I will be getting communication from my -- the two sign language interpreters this evening. Next slide, please, Carrie.

I would like to address the fact that I don't have a sign for underwear.

I lived in Scotland for about three years. And I took up British sign language -- I took a British sign language class while I was there. One of the instructors asked what the sign for that particular concept was. I thought a minute and then I realized I didn't have a sign for underwear.

And everybody in the room was kind of taken aback by that. And so was I.

I've been signing American Sign Language since about

the age of 11.

I've been interpreting 25 plus years. I'm assuming at some point in that career someone has given me or taught me a sign for underwear. And, yet, I couldn't come up with it on the spot.

A lot of individuals use American Sign Language in a lot of different areas. I am an interpreter, mostly in the medical field. Often it comes up in an Ob/Gyn setting when I have to sign the concept of removing clothing or underwear for a doctor's exam. But yet that sign is not something that necessarily had come up recently in some of my work.

Next slide, please.

So let's focus on the elephant in the room. If you look at my slide. He's standing there. The concept of elephant in the room means that there's something big in a situation or a setting, but often individuals don't want to talk about it or address it.

And I know myself as an individual, sometimes I do ignore the elephant, but other individuals -- other times, I want to address it directly. And for example today, in general, it is the concept of

signing my presentation. In general, I do not sign my presentation. When NCIEC approached me about presenting a webinar, I immediately said, yes, that I would be willing to present. However, when it come to signing my presentation, I had asked for interpreters. And I knew where Amy and other individuals were coming from as far as providing language access to the information.

And that was where I was coming from as well. So I was concerned about access, but I didn't want to sign my presentation. They were concerned about access and wanting me to sign my presentation. So we had the same goal and different approaches. Next slide, please. Often individual use the concept of signing their presentations. And I could.

But would really me signing my presentation approach the concept of full access?

I do work at the deaf wellness center and we have focused a lot on what the concept of -- of sign language access to concept is.

We often at the deaf wellness center get asked by a wide variety of organizations to translate their

information on their website.

Or a videotape that has been presented by people in spoken English and they approached the deaf wellness center to translate and often we are resistant to that.

What we focus on is more adapting the information rather than simply translating it. Next slide, please.

As you see on my PowerPoint, the concept of honestly translating and getting the meaning of what the information is, often that meaning needs to be completely adapted into the different language, including all that it entails.

It's not just looking at the printed English or spoken English and simply signing it into American Sign Language. It is more than that.

You will see on the PowerPoint the article that we published about that exact concept.

The first three points of this website are really about adaptation related publications.

And often how people have the concept of adapting.

But the information that often is adapted is still

based on English and how it was researched and founded within the English language.

So I did decide I was going to sign my presentation this evening. I didn't want to base it just on my English literature, my Ph.D., things like that.

That was not what I wanted to do. I really did have all of this information that I have presented in spoken English, multiple times.

Take that information that I already was very comfortable with and established with and reinvent all of that information into an ASL presentation.

I couldn't start in the same place that I had started with my spoken English presentation.

Next slide, please.

So perhaps you will find yourself at an RID conference, a CIT conference, you will see people signing, presenting, sometimes you might notice that some people are struggling. And they might be fine and comfortable with the actual signs themselves.

But it's the changing from English to ASL. It's which language you are starting from, which source you are starting from.

More and more nowadays, when you see presentations you see them done in American Sign Language.

But often you will see that the information is -- you may see the information comes from English and goes into ASL. It's adapted into ASL.

And sometimes it's conceived in ASL. As for myself this evening, what I tried to do was I had -- I had my PowerPoint, I had my slides, what I really wanted to do was reinvent this information so I could communicate it in American Sign Language, doing that is different than looking at my English information. We will see if that works or not this evening. Next slide.

Another popular place to see people signing and presenting is street leverage.

Again, you want might to take note if those presenters are starting with the English message and changing that into ASL or if they are beginning with the ASL message.

This is just something that you can do on your own to research. Next slide, please.

So a presentation that is conceived in English is

going to follow English thought patterns and you can put that into American Sign Language. Kind of when a word is in Spanglish, it's got Spanish but it's got English influence.

A question for you to research, how does it work better, if the person starts in English and adapts into ASL or if they start in ASL and do the presentation from there.

Academic ASL is another area. I don't know much about this myself. But I've heard and read some about it.

I'm not skilled in that area myself. But that's another area that might be a way for deaf individuals, native users, to access a presentation.

And -- next.

A presentation may start in English, because it might be something that is taken from an article, a book from literature, and that information may be used for the presentation. It could be adapted into sign language. But a presentation that is -- that is not a presentation conceived in ASL. That is one that is adapted into ASL.

So it would be good for you to research and figure out what is most accessible, how are these different kinds of presentations more or less accessible. I would think that it would be more accessible to -- if something was created in American Sign Language and presented from that -- those concepts, if the concepts are presented from that perspective.

Next slide.

So you might be saying Robyn, how is all of this information that you are giving us related to your presentation?

It may not seem relevant on the surface, but once we dig deeper on these ideas, you will see they are quite related to what we are talking about this evening.

The topics are quite related. Next slide.

Let's say if you would like to see my English PowerPoint for this presentation, or the articles that I have just referenced, I would be happy to send those out.

And you would be able to compare what I have on paper and what I'm presenting tonight.

The points would be the same, covered in both, but

the approaches would be quite different.

Often if we want to change behavior, we start talking about shoulds and shouldn't's, what should do, what behaviors we should show. That's not very successful. If we really want to change behavior we need to back up and talk about our thoughts, our feelings.

The words that we use, the words that we speak or sign show us interesting things about how we behavior. How we talk and how we sign about our behavior, how we communicate is very important.

It's very important.

Next slide.

Our profession and our field of interpreting, we talk a lot about ethics.

The words that we use tell us a lot. And these words come from quite a long time ago.

Next slide, please.

And one more click.

Great.

RID in 1979, before like 19 -- 1964, from 1964 to 1979, we saw a change in the code of ethics and then

in 2005 again. But in 1979, from that period of time until 2005 was the longest time that we saw a set code of ethics. And even when it changed, there were a lot of similarities from the original code of ethics to the one that we moved to.

The 1970s, the thought was that an interpreter should be a conduit. That was the philosophy. Next slide. We compared ourselves to glasses. It's the lens, the lens that we look through to see ourselves as conduits.

This is how we understand our role as conduits, the lens that we look through. This is the metaphor that we use.

Next slide.

Then in the '80s, we said, you know, maybe conduit isn't exactly it. Maybe we're more of a communication facilitator. So we had a new lens to look at our role through. We didn't really change the role, but we had a new lens that we were looking through to talk about our behavior, to understand the choices that we make.

And then -- next slide.

Then we moved into the Bi-Bi mediator role. So we've had the same code of ethics, but we kept changing our behavior, our lens changed and so now -- now the lens that we're looking through is the Bi-Bi mediator lens.

And we see a different behavior. Or do we?

Next slide.

So later we talked about the role of being a team member. We talk about being an ally. And if you research the literature, literature from translation, interpreting, various fields of study, you'll see many other titles for what it means to interpret, different metaphors, different lenses to look at interpreting through.

Next slide.

All these lenses, all of these different perspectives, all of these concepts being thrown at us for what our role is, what our behaviors should be. Next slide.

So what are we really trying to say with these different metaphors that have been thrown at us over the years.

I think what we are trying to say is that one metaphor is not enough to truly explain what an interpreter does with our behavior. That we needed more to really have options and I think that was one of the points.

Also, another points of useful varieties and metaphors, our behavior has to be flexible based on where we are.

Also the concept that our thoughts and our ideas have changed throughout the years within this profession. The American Translation Association, ATA, actually did hire me to give a presentation and it happened excuse me, not summer, but fall time, and they wanted to interview me for a blog to kind of announce my presentation.

And the interviewer approached me and asked, Robyn, as a member of the team -- again that is a popular metaphor that we see -- what do you think will be the next one for community interpreters? What's next as a member of the team?

My response to that was to actually, if we can drop all of the metaphors that we use in our field and

really that is my long-term hope. Next slide,
please.

And next, please.

He so again these multiple lenses, the conduit lens,
the Bi-Bi lens, the ally, all of these metaphors that
we have looked at are really not interesting. What
is more interesting is to take a step back from those
lenses and dissect why we use them in our profession.

Next slide, please.

And next, please.

If a physician or a nurse uses the -- does their wide
variety of behaviors during their work day. For
example, they are trans -- trans -- using a
transcriber. We don't say that at that moment they
are acting like a journalist.

Next.

Excellent.

Or if that same nurse is sitting with a patient and
explaining a new prescription or some kind of
procedure or their specific patient's disease, we
sudden don't say, "well, that physician is behaving
like a teacher."

Next, please.

Or if that exact same doctor in that afternoon is at a patient's bedside, we don't suddenly say they're functioning like a chaplain.

Next slide.

And for that same medical professional, we don't say they are acting like a god or a deity when that particular medical profession is providing positive outcomes to their patients or that their patient is now cured. That's not what we say.

But the behavior is different for that one medical profession, but we don't change the metaphor that we use to describe what they're doing.

Next slide.

Meta-ethics and the study of meta-ethics takes a step back and looks at the lens itself that we use to look at ethics.

It also compares and contrasts a wide variety of ethical code.

Some examples would be Ph.D. students that focus on meta-ethics, that is one example of who does use that.

Yes, next slide, please. Next, please.

Yes, yes and one more.

And, yeah, this is good, thank you.

So we had a wide variety of contributors to ethics.

For example, linguistic philosophers use the concept of meta-ethics.

Sociologists also are interested in ethics and contribute to ethics, but they are focused on behavior and one more click, please and they also focus on descriptive ethics.

So we have the ethicists, we have the sociologists, and we also have the philosophers. They all contribute to ethics, but they don't call them the same thing.

Advance three times, please, Carrie.

Philosophers are focusing on meta-ethics. The ethicists are focusing on normative policy procedures, politics, that is the normative ethics. Sociologists focus on descriptive ethics.

I'll go through each one of these individually. Next slide, please, Carrie.

And next, click.

Normative ethics focus on the ought to do's that these

particular individuals should or ought to be doing something.

Next click, Carrie. The next is the descriptive ethics, which is what people actually do. It isn't necessarily about right or wrong. It is about what these individuals are doing and the behavior that they are presenting. Finally, meta-ethics is the constructs and terms used to conceive and articulate what we are doing.

Yes, next slide.

So I know many of you may be sitting there and going why are we talking about this? And why are we putting these things into three different categories. But I want to go back to one of the -- of the designs that was in earlier in my presentation, Carrie, could you click down, please?

Again, going through these distinctive areas of ethics. We have to go back and realize how we think about things can affect the words that we use. How we talk about these things.

So, again, how -- if we would like to change how people are behaving, it's more about going back and

focusing on the thinking. What is the thinking behind our communicating and therefore how we're behaving.

One word we hear often within our field is "Role".

Carrie, could you click four times, please, I believe.

This word is repeatedly used in our profession.

But often I want to focus on how we use it. Next slide, Carrie.

Often we hear interpreters say it is my role to do such and such behavior. Such and such this. And I often don't hear that in a positive approach. Again, in my Ph.D. research, we see role is used in a very negative connotation or the lack of taking action. Rather than in the positive or justifying an interpreter taking action.

Next slide, Carrie.

Taking a step back and really researching where that word comes from. Role actually comes from a script that is given to an actor as they are about ready to perform. Click again, Carrie.

So R-o-l-e is actually a derivative of R-o-l-l, which

was a rolled up piece of paper that was given to an actor in a theater so they knew their role, so they unrolled that script and they knew what their character was going to be in that particular play. If you go back to the original meaning of that term, that is what that means. Next slide, Carrie.

So imagine that that term role comes out and how that affects our feelings, our thoughts and our behaviors, as you see in this slide. Next slide, Carrie.

Go back once, Carrie, I apologize. Excellent.

So if we put role into this slide, as to how we talk about our things, the concept of if we go out or go beyond that role and how does that affect our thinking and our behavior as professionals? And next slide. Could you click again, Carrie. Thank you.

Once more.

Some of you may be thinking that other professions use the concept of role and they do, but they use it in the concept of the function of that profession. Descriptive ethics uses role in a very different light. Next slide, please.

In the field of sociology, the concept of role is a

set of normative behaviors that are to be expected consistently -- and consistently performed by a given person. For example, I'm a mother, I'm a teacher, I'm an interpreter, I'm a friend, I play within my life a wide variety of roles and within each of those roles my behavior can be predictable. If I'm in my mother role, I would behave in such a such a way. If I was a daughter, I may exude these behaviors, et cetera, et cetera.

But that is different than the concept of function. Someone's function is quite simple.

Example, coming from early theorist Erving Goffman, the participation framework, his theory of participation framework has been consistently used in translation and interpreting edge since the 1980s.

But again that goes back to the concept of descriptive ethics.

So the role of interpreter, what is it?

Tell one person what the other person said in another language.

Seems simple enough, right? That's all that it is, really.

But -- but really it is so much more than that.

Yes, we do convey what one person says to the other and that's part of our role, but from a functional viewpoint, we have to use different terminology.

And the meaning behind the words is quite different if we use different terminology.

So I want to show you a few different quotes from professionals in various fields. And I want you to decide what -- I want you to look at it and think if we replace the word role with function, would it feel the same or different? If we're talking about behavior, expectations, or are we talking about function and which feels better.

Next slide.

So ... following Angelleli, if we say our role, the most problematic issue of our role is telling one person what the other person said, that doesn't seem to follow. But if we say that we always must have the same function in every role, that is an issue and then the next quote ...

The next quote mentions that interpreters don't have a problem with ethics, the problem they have is with

the role. So interpreters have a problem saying what one person is saying to the other person? That's really not the issue. It's when the interpreter is forced to follow the same standards, expectations and behavior in every situation, that is an issue of concern.

And then the final point ... so the burning issue for interpreters, according to this quote, is that of role. So that means we -- the burning issue, the hot topic that we talk about is sharing what one person says to the other?

No. It's the -- the issue is the function of the interpreter and how it changes depending on the situation that they are in. So how we use this word "Role" it's very different when we use it in descriptive ethics versus normative ethics. And so what? Let's talk about that.

Next slide.

I want to take a moment here and just check lighting.

Can everyone see me okay?

I'm -- unfortunately, we are -- we are starting right around the time of sunset and the lighting has changed

quite a bit. So we started, you know, 6:30, 6:45 and the light has changed quite a bit since then. So is everything still good? Can you still see me clearly enough? If I can get a little feedback on that? Okay. Good.

So if you have any questions or comments for me, that's great. You can just write them down now. I would say just write them down so you don't forget them. That would help a lot. Type or write them down or even comment on if you agree or disagree and then we'll discuss those later.

So a popular topic in talking about roles is this role of space. Llewelyn-Jones & Lee, you can see we have a cross pattern, arrows through it. You have your alignment on the horizon arrow, you have your presentation of self on that diagonal arrow, so if these words, which one sounds like the -- like the sociological construct?

These are all sociological constructs, the interaction, presentation of self and alignment. They are all from the study of sociology. They are not necessarily normative ethics. They are

descriptive ethics and they serve a great function in that concept of descriptive ethics.

But ... when you start talking about decision-making, and aligning yourself with something, it's not necessarily a should in that function. The shoulds and the ought-to's go under normative ethics, rather than descriptive ethics. So these terms are simply descriptive terms and functions.

Next slide, please.

And the next one.

So you have -- you have the job, the role that you do and your behavior.

And we can evaluate behavior -- so descriptive ethics is not necessarily about the concept of evaluation as to whether a behavior is good or bad. Descriptive ethics is about discovering and explaining. It is a metaphor for how people function.

If we go back to the concept of PYM, P- y-m and his research -- I'm going to back up and clarify a bit.

So the blurb about the webinar, I quoted Pym, P-y-m, he said within the interpreting and translation profession, that we have enough description. We

need more evaluation and judgment. We have plenty of description and descriptive ethics. But where we start coming about into evaluation and decision-making is where we need more strength.

Are you familiar with this TV show called Arrested Development? Have you seen it?

Do you see the girl that's there in the circle?

Her name is Maeby. Sounds like the word maybe.

And then her parents, you see in this other red circle there, they decide that they -- that their child is a very sensitive one and they don't want to send her to a regular school. They want something a little more liberal, a little more laid back. A little more progressive.

And Maeby's report card, you will see in just a moment, if we can go to the next click, instead of saying she gets an A, a B or a C in math, I mean saying that would hurt Maeby's feelings, instead, they say math makes Maeby feel, you see the sunshine and a cloud. We're not sure what that means exactly, but we are using the sun and a cloud to talk about math. We don't know if that means she understands math, if

he's average at it, how she's doing in it but we have an image of a sun and a cloud. Next for science, science makes Maeby feel, I think a face with an open mouth. We're not really sure what it means. But it's a humorous show. The point of this, showing you the report card, is that those words don't really connect to evaluation. Those aren't typical words that we use for evaluate active purposes.

And next.

In the same way, the metaphors that we're using are descriptive ethics, they are descriptors, that's all. They're not normative ethics.

So these different metaphors that we use are descriptors. Next slide.

So we have these metaphors, these words that we have used repeatedly, but they aren't really working well for us. Next click.

We've the normative list of words, the woulds, shoulds, should nots, all of those things and then we're putting these descriptive ethics in with it. We do want -- we want people to be flexible, we want them to show the right behaviors, of course. But the

words that we're using between normative and descriptive ethics are not matching up with one another.

Next.

Next again.

So the metaphor is not working. The roles that we're talking about are not necessarily. So what should we use? What should we do?

Well, we have rules. That's normative ethics, but we have -- we have rules, but we have more than that. If we could click again.

Behind those rules we have values and principles. The rules are a list of the do's and don'ts, but the values really show us -- they help us to understand where we can be flexible in situations, in different environments and how we can proceed or perhaps pull back. Next.

We can talk about consequences, negatives and positive consequences of situations, that is looking at normative ethics. We can talk about responsibilities. Responsibility is a date word, good for us to talk about in our field, right?

This next set of words, incommensurable values.

This phrase comes from Aristotle. He said that deciding what is right and wrong is easy. However, making a decision is hard because most of the time we have -- sometimes we have two rights. It's not always a right and a wrong. And yet even if you have two rights, you can't do both things. You have to pick one and let go of the other. For example, with interpreting, you might have a situation where -- where you didn't quite catch what someone said. So you -- so you might make a decision not to interrupt and the reason you may do that is the person that you are interpreting for may be upset or crying, it might be a very emotional moment. And so you might just say to your other participant, there was a word in there that I missed, I'm very sorry. That might be the role that you take on as interpreter, the decision that you make as an interpreter.

Or you may decide to interrupt.

So when you make one choice, you have to let go of the other one. Both are right choices, but you can't have both at the same time. They may be in conflict

with one another.

So all of these options require thinking.

So if you're working with rules, you do one rule it means this and I have to apply to a particular situation. Or if you look at values, you have to realize that how those function particularly in our variety of situations. Or if you have a value conflict, how do you handle that? Particularly if you have multiple. And then you look at the consequences of each of those values that you follow and following which is the better consequence, quote, unquote.

Or you are looking at the responsibilities and the responsibilities of all of these individuals. So all of these pieces here in normative ethics require thought.

Again, going back to that quote of not my role, that's fine. and we can apply that, but I think we need to look at a different approach. Incorporating normative ethics. Carrie, could you click again, please.

For example, suppose someone invites the interpreter

out to eat from a particular situation or they are presenting food or -- at a meeting. You look at the role and the interpreter can't participate. But does it really mean this particular setting? And that's the thinking that we have to try and incorporate within our work. The next one down could be value. Where someone is saying that "Not my role" could be the value that you are presenting. For example, with other professions, they say role. But it may be what we're looking at not practicing outside of our area of expertise. Where other professions say that rather than saying not my role. We as interpreters can incorporate that, particularly if we're looking at specialized settings and where we have our expertise or not have our expertise. It's more of a negotiation rather than just stepping back and saying, well, this isn't my role. It's -- it's what is my area of knowledge and expertise so, again, this requires thinking and a different approach. Carrie, the next one, please.

We also have multitudes of options and predicting what are the consequences and which of the

consequences that we're facing may be better for the participants.

And again, it requires thinking and evaluative approach to our work.

Responsibility, it's another way to approach. Yes, we are there to facilitate communication. But if an individual asks us questions, rather than responding not my role, can we look at it in a more broader sense of what is our responsibility as the interpreter. Again, requiring thinking and evaluation.

And, again, the final one, incommensurable values. You have multiple values within the decisions that we're making. Which one are we putting over the other and which one has a more positive effect and which value is forfeited as those decisions are made.

So many of you might think that I am saying that all of the metaphors may belong in the bin, but many of them have been around for multitudes of years and descriptive ethics have published a wide variety of ethics within that field. And we don't want to toss all of that valuable research out. But what we must do is adapt it and really start processing and

thinking how those metaphors are applied to our work and what is the meaning behind what we are saying, when we use those metaphors.

That is my challenge today. It's not to throw out all of these metaphors that we've been using. But what is the value, what is the knowledge that we are trying to gain and express when we use them?

Carrie, can you -- there we go. Thank you.

So that metaphor conduit, but what are the values behind that when someone says it?

If I'm using evaluative language and coming up on that metaphor and saying that I am the conduit

interpreter, can I say that -- rather using that, but

express the value of respecting the deaf person's autonomy, their agency, their self-determinacy,

their individual -- is that what we are getting

behind with that kind of metaphor? But that's not

necessarily where we need to apply the metaphor, but

if we can express the values that we're looking at.

Autonomy, agency, self-determinacy, those are all

values that other professions already know. Not

necessarily approaching that value, that other

professions are saying well, I'm just operating as a conduit. They won't necessarily understand that or really understand the value that we're getting behind it. So applying it to -- to normative ethics rather than using descriptive ethics. Next example. The very popular one, I as the interpreter am a member of the team.

But what does that mean, exactly? Why do we as an interpreter say that?

There is a standard, several standard practice papers that are out and published. One is focusing on medical and education, mental health. All of these are borrowing from the metaphor a member of the team.

But what does that exactly mean. What are the values that we're trying to express. Do we all get

T-shirts, do they all say team across the front, yay?

So think about the values behind that.

And, again, that goes back to the normative ethics.

What are the values of that setting and what is I the interpreter responsible for those values.

So I have to take a step back and think, if I'm working in a medical profession, what are those values. If

I'm working in an educational setting, what are those values that I'm going to incorporate within that work.

Transparency may be one. My -- my decisions will impact, be impacted based on those values within that setting. That I.

>> -- that I need to keep everyone informed as to how I'm approaching the work.

It's not just going forward and thinking oh, that these values don't apply to me, but how can we use normative ethics approach to really express what is behind the team member metaphor. The last one, please, Carrie.

Yeah, that's exactly my point. So we have the conduit, we have the team member and then finally the cultural mediator. What are these values that we're seeing, that we're getting behind these metaphors? Next slide, please.

So going back to the conduit and member of the team, those two metaphors that we often see, so the next time you see somebody use those or when you watch my webinar again in September 12th, we will go much more

in-depth into this.

If you don't feel that you have the time to be able to join us, that's fine, it will be recorded again and you will have access to it at a later date, but I will go more in-depth into some of my research and the understanding of these two metaphors and how we can apply normative ethics to those. I really would like to open up to those concepts within the in-ex-two weeks.

Next slide, please.

Yes. Respecting another's autonomy, that is a great value that we can incorporate into our profession. But that doesn't necessarily mean that we look at our individuals that we work with and say, good luck. And look at -- and just walk away.

So we talk about the positive and negative consequences of what can affect and also the concept of -- of enabling. And what -- how do we focus on the positive or the negatives. For example, we have a doctor and a patient. And the doctor says that you have multiple options for treatments. And they go through these treatments, which one do you want?

That's not necessarily a whole focusing on autonomy because we would have to go into much more advancement of what the treatment is so that the deaf individual would understand what these options are.

Where -- compared to if the doctor would go into if you choose this treatment, such and such and such and such would happen. If you choose that treatment, such and such would happen, et cetera.

So now giving them all of that information, and then allowing the person to make that individual -- but the doctor takes on that responsibility of expanding on each of those treatments. But we talk about the obligation of making sure that all of that is explained and the positiveness of our approach.

Next one, Carrie. I think we're -- yeah.

The metaphor of being a team member, again, going back to the values behind that, often the values of the setting that the interpreter walks into as a community-based interpreter, what are the overarching values of that setting.

And that they must be something that I consider as an interpreter working in that environment. Okay.

Go ahead, Carrie.

Go ahead and click through to the bottom of the slide.

Perfect. We can -- you can read these for yourself.

Again, September 12th, we will talk much more about

cooperation and collaboration. We are not saying we

all need to sing kum-ba-ya together. But how do we

collaborate and take on these values or at least be

aware and understand those values into these settings

of where we go. Our professional values and their

professional values can work together and it not easy

and it takes work and it develops -- that thought

process takes work and develops over time. I do

think often our profession is behind in this

really --. We are not give -- in this realm. We are

not given the tools or vocabulary because for so long

we for example on descriptive ethics rather than

normative ethics. Next slide, please. Again,

September 12th we will go much more in-depth into

these concepts, but we'll really focus more on what

to expect, how we can focus on these values of the

interpreter profession and our other own -- other

environments or arenas that we get into, maybe that

the legal or mental health or medical, how do we take on those values or at least be aware of those values and be realizing the challenges that can be put forth by bringing our values into these -- these settings. I think I need to end -- we can go through and -- I think there's six clicks, if I remember correctly. Excellent. Hold right there.

These are very standard values that we see. We even see them within the Canadian sign language organization. Widely in sign language organizations, these are the values that we see incorporated within these agencies, but as the interpreter walking into a community setting and realizing that sometimes the values that we're walking into, because of the entities that we're working in, may be different than what we see as the typical values of interpreters or translators.

So -- so suppose we transitioned to a normative approach and values within our profession. What would that look like?

What is behind that ally metaphor?

What is the concept of cooperation? Again, it

doesn't mean that everybody gets along and goes out to coffee. It may mean that there will be struggles and how do we work through those in a collaborative approach?

But I want to put everything on hold and do a time for question and answer. I believe Amy is going to pop up on your screen. And be signing your questions and comments that are coming up on the chat box.

Here.

>> *Williamson*: All right. Thank you so much. We do have a couple of questions. We have about 10 minutes left. So we will do some question and response. We have a few questions that have already coming up in the feed. But you have actually answered some of the questions, so we're going to wait and give people a little bit more time to think about the presentation this evening to develop some new questions and -- and if you could write them out, Robyn will be ready to respond to them then.

One question that was already in the feed related to the role. That this was a new ah-ha moment, your description of the role, help the person to -- to have

a better understanding of what role means. In an educational situation. If you have a -- if you have a job -- as -- if you have a member -- saying that sometimes that job will use member of the team to add duties as assigned. So you have specific expectations and if we're a community interpreter, sometimes we want to remain just in the interpreting role. But if you're in a school setting, sometimes you will add other responsibilities to that.

>> *Dean:* Could we hold on one second. Just briefly if I could respond. One problem that we have find in legal interpreting, educational interpreters, we have all of these different classifications of interpreters, but we all basically follow the values of interpreting. We follow the values of the situation that we are put into. And we carry out those responsibilities, even though that, yes, we do have different things that look differently depending on the situation we're in. But the goal always remains the same, so I just wanted to add that briefly.

>> *Williamson:* Absolutely. If you are staff

compared with a contracted interpreter, that would also make a difference. But we still have the same goal in mind.

>> *Dean:* Absolutely, yes. But then again staff sometimes feels, they may have a better understanding of the -- they may be more loyal to the situation, better understanding of the overarching values -- but we may have different feelings about it. We may have a sense of guilt that we take on sometimes and wonder if we're doing the right thing. We do have one question that asks about -- what your opinion is about the code of ethics and if it should be changed to incorporate this mindset and if so how would we adapt that?

>> *Dean:* I'm sorry, there's a moth flying around. I feel bad. You are watching me try to slap this moth away on TV here. Anyway, it's fine. Don't worry about it, Robyn, it's fine.

>> *Dean:* So what to say, let me gather my thoughts. So we talk about intermediate -- intermediate ethical concepts, intermediate ethics, intermediate ethical concepts.

We have the broad set of values and then we go down to the next level and we have the rules. And in between those two, we have the intermediate level. So my opinion is that we need to see -- that is the level that we need to develop. We know the overarching do's and don'ts. We know that we are not supposed -- we must follow do no harm. And then underneath that, we know that we're not supposed to participate, to offer our opinions. But it's this whole middle area that is quite gray for us. We don't have a lot of information and research in that area. So what I think is that this is the area that needs to be developed, the intermediate ethical concepts. There's a woman named -- Bebeau, she's a French woman. I don't know if we're pronouncing that right, but Bebeau, perhaps?

The correct spelling is Bebeau.

>> *Williamson*: So if we talk about another question from the chat box, if we talk about the values then -- that we all have to agree to change. It's the -- often the people that we work with are so used to that whole concept of role, particularly some of

their communities. Often based on a very black and white structure. So how do we describe our values and the reason behind them and that could really affect how people view us as well.

>> *Dean:* Yes, it can have a very positive approach.

If we start borrowing their language. For example, inform -- the concept of informed consent. Instead of saying, well, I'm advocating for the deaf person, no one really -- no other profession really speaks like that. But if we approach it as saying I'm concerned about informed consent for this patient, and I am recognizing that the deaf individual may not have full understanding, that they may help with some of those -- with some of the professionals really understanding what we're saying rather than saying, well, we're a member of the team or we're functioning as a conduit or an ally. But using their words and borrowing their terminology, that can actually really help us get to our concept -- our common goal and I think that's where the feeling is.

>> *Williamson:* Yes, often we have very similar goals in that we do want to work together and we do have

a system of understanding.

>> *Dean:* Right. Many of us walk into multitudes of systems and don't necessarily understand how they function or their values and we're making decisions that are having an effect on the system. I'm not placing blame on one or the other, but it's how we have to develop how we understand the values and what these -- how these systems work. For example, we talk about the medical environments. And the concept of rationing limited resources. For example, we go into triage environments where a patient shows up and wants kind of treatment or service and that's fine, but often individual have to wait for a long -- for a long amount of time because the staff is addressing more pertinent needs or people who are sicker than that individual. A lot of the patient in general or even interpreters are often saying oh, this is so unfair. It's not the right approach. If you focus it on the concept and the value of rationing resources based on need and urgency, we would have a better understanding of their approach.

>> *Williamson*: There's a question related to flexibility. Each situation requires a different -- a different kind of flexibility depending on the environment and the question is: How do you set up your -- what are the lines that are drawn if we adapt to situations and metaphors? What roles do we attempt to adapt to? How do we learn how to behave in different situations? Boundaries. That.

>> *Dean*: Boundaries, that is really the metaphor there, boundaries. Sometimes we don't understand -- we don't understand the meaning of that. We understand the consequences and it depends -- we have to figure out in each situation if I do this, then what is going to be the consequence that comes from that. But if we talk about boundaries, if we talk about boundaries, boundaries, the word boundaries itself is a metaphor, but it's not taken from normative ethics. It's taken from descriptive ethics. So we have to think about what we mean by that boundaries. What does that mean? Means we can't practice out of our area of expertise,

right? And then we have to look at what the consequence will be, so we have to figure out how to adapt and translate that, adapt that into the practice of sign language interpreting.

So it requires that we identify or know and be able to know our area of expertise. And each interpreter will be different as well. For me, I may know a lot about one area and another interpreter might not have expertise in that same area or vice versa, that's fine. So each interpreter is going to have to figure out their area of expertise and what their boundaries are. If it's a unique situation, you might need to let them know. I might not be the best interpreter for this situation. Whatever is going to be helpful for the deaf individual we want the person that knows most about that topic.

All right. I think it's time to wrap.

>> *Williamson*: All right, I think it's time to wrap up questions and comments now. If there are any other questions and comments that you want to add, Robyn, to wrap things up?

>> *Dean*: I would like to offer my email address, if

you would like to Google me or be in touch. Actually,
I do want to add one more thing in summary.

If I can just -- just you can -- the

PowerPoint -- don't worry about the PowerPoint. If

we can just add one more thing in summary. So we have

these summary points on the PowerPoint. And that is

taken -- these are taken from my presentation in

English. So I think it would be very good for

people -- not right now necessarily, but if you want

to look and see if we covered everything, you can

compare what my goals would be in English versus what

you saw tonight in ASL. Then if you would like to

contact me, I'm happy to respond. If you contact me

through email, if you want to discuss anything about

articles or research and you can feel free to Google

me. It's -- I'm sorry. It's rkdns -- what is

it -- yes.

Rkdns@rit.edu. We will make sure that gets out to

everyone in the DropBox and to -- then, too.

Anything.

>> *Williamson*: Anything else that you would like to

add, Robyn, before we close?

>> *Dean:* I wish we had gotten farther. I apologize we didn't get through more material.

>> *Williamson:* That's all right. You have given us plenty to think about for tonight. Plenty to process. Using the metaphor -- will be -- we'll be percolating like a coffee pot to use a metaphor for how we're using this evening. We're very thankful to have the technology support from the university, from the team, Carrie Woodruff and all of the people who helped this evening with all of the details, thank you so very much, for the interpreters, we are happy to -- we're very happy for all of those people that have been on the front lines this evening.

And for the interpreters willingness to have their work out on the front lines this evening. Thank for the captionist, for everyone else, and we'll see you next time. [End of webinar].

Next slide, please.

I wanted to mention again about CEUs.

You should be getting something in your email that will explain the process and you can expect that by tomorrow afternoon. The webinar tonight will be

saved and then uploaded. If there are parts that you missed or weren't able to join, you will be able to watch it later on or watch it again if you would like..

Next slide, please.

Robyn will be offering a second webinar in two weeks, that will be September 12th. Registration is already closed for that, so we hope that you have been able to register. If not, that will also be recorded and saved and you will be able to watch that at a later date. We look forward to hearing more from you, Robyn. Next slide.

So you can look to our website to see other webinars that have been saved. And -- and you can find webinars saved there, but also other information as well.

All that information is available to you. Next slide.

And NCIEC gets funding from the federal government and we receive grants from the U.S. Department of Education, rehabilitation services, training of interpreters program and we're thankful that they are committed to our programs. We want to definitely

make a difference, we know that the funding that we receive makes a difference to people working in our profession.

Thank you.