

Being in it to win it

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‘Being in it, to win it’

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What is CPD and why the focus now?

Continuing Professional Development (CPD) is something that is becoming more of a focus for sign language interpreters globally. Sometimes doing CPD is voluntary and interpreters engage in it to feel adequately prepared for the job of interpreting generally and/or for specialist domains; sometimes a registration or accreditation system requires its interpreters to undertake CPD for a variety of reasons, some of which I will touch on below. Much of this is driven by greater evidence revealing the work that we do and the knowledge and skills that we need to have to do it, and because deaf people are having ever greater access to a broader range of educational and employment opportunities that our initial interpreter education does not necessarily prepare us for.

An important factor to consider within the landscape of interpreting is the UN CRPD¹. The convention notes that deaf people should have access to *professional* interpreters (Art 9, 2.e), although no definition is given for the term professional. In a study carried out in the UK (Stone, 2013) the interpreters surveyed, who were already working in the UK i.e. a system that expected interpreters to undertake CPD, judged a professional interpreter to engage in specific professional activity and behaviours ranked in the following order:

1. By national registration
2. By the interpreter’s observed professional behaviour
3. By the interpreter’s engagement in CPD

Here we see that even if CPD was not ranked most highly, in the UK there was an expectation that interpreters engaged in CPD if they wished to be considered professional. Some of this is clearly driven by the UK system but importantly the registration system started including CPD as a requirement for registration because UK interpreters voted for CPD as a requirement for our professional interpreter association (the Association of Sign Language Interpreters UK - ASLI²) membership as a way of putting pressure on our registering body (the National register for communication professionals working with Deaf and Deafblind people - NRCPD³) to make CPD a compulsory part of yearly registration.

I am accredited/registered in three different systems for BSL/ASL/IS/English interpreting and so will share some experience of being in those systems. I will then go on to discuss the

¹ The UN convention of the rights of people with disability

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

² <https://www.asli.org.uk>

³ <https://www.nrcpd.org.uk>

demands made of us in the 21st century and what evidence we have to support us understanding the demands made of us and the professional development we can engage in.

CPD in the UK and the US

The US and the UK have very different systems for becoming ‘qualified’ as an interpreter and this is different again from the Nordic context. For the US, one now needs to get a BA/BSc⁴ degree to be eligible to take the Registry of Interpreters for the Deaf (RID⁵) test. The test itself (or at least the test I took) consists of two-parts: the theory part where one demonstrates knowledge of the profession, ASL, ethics and professionalism; the second part (in ASL) requires two ethics questions to be answered demonstrating knowledge of the code of ethics and five interpretations (two into ASL, two into spoken English and one two-way interpretation) all of which are recorded and rated by RID recognised raters. If you pass you are certified as an RID interpreter via the National Interpreter Certificate (NIC⁶), or whichever exam you passed and then have to maintain this level by engaging in CPD (or re-taking the test every four year if you want to avoid CPD or the CPD system).

In the UK we have national occupational standards for interpreting (NOSI) for both spoken and signed language interpreters. The registration body (NRCPD) maps courses against the NOSI and if the course is deemed to teach and assess the appropriate level of knowledge and performance skills then a course will be accredited. Passing the course makes you eligible to register as a sign language interpreter (RSLI) or as a sign language translator (RSLT). RSLI may work between a spoken and signed language or two signed languages; RSLT work from written English to a signed language.

The NRCPD and RID both have CPD systems, but it is worth noting that in both countries most interpreters are freelance and that maintaining skills and developing is seen as a positive attribute (as noted above in Stone, 2013). And that within the free market philosophy this could be something that is deemed as giving some market advantage. The suggests that there is not only the desire, within the context of lifelong learning, to maintain and improve one’s knowledge and skills, but also that in so doing this might also get you work. Even so, as this is part of the registration/accreditation requirements this is something that interpreters are obligated to do if they want to maintain their full professional status on the respective register.

According to RID their CPD (known as the Certification Maintenance Program - CMP⁷) was established to:

- monitoring continued skills development
- ensuring practitioners maintain their skill levels and keep up with developments in the interpreting field
- assuring consumers that an interpreter provides quality interpreting services

⁴ Kandidatexamen

⁵ <https://www.rid.org>

⁶ <https://www.rid.org/rid-certification-overview/available-certification/nic-certification/>

⁷ <https://www.rid.org/continuing-education/certification-maintenance/>

This is much the same ethos as the NRCPD's CPD⁸ requirements, but the monitoring of the system plays out in different ways:

	NRCPD	RID
Cycle	Yearly	4-yearly
Required hours	24 (per year)	80 (8 CEU ⁹ s) (in 4 years)
Required CPD	12 structured hours	60 hours Professional Studies
	12 unstructured hours	20 hours General Studies

In the UK structured hours are activities that have stated learning outcomes such as conferences, workshops and training; unstructured hours include mentoring, reflective practice groups, reflective notes, contributing to professional journals, etc. In the US activities must be pre-approved by an RID sponsor and can either be sponsor initiated activities or participant initiated non-RID activities (PINRA) and this is normally the same as the structured activities in the UK; independent study which is more like unstructured hours in the UK but the systems do not completely overlap. One of the reasons mentoring is so readily accepted in the UK is because for several years ASLI ran a mentor training program to officially accredit ASLI Mentors and so this became embedded in our system. In both systems credit is given for academic coursework.

My take on the two systems (and I maintain my CPD in both systems) is:

UK	US
Quite flexible	Less flexible
Recorded online	Recorded online
Some reflection required	No further reflection required

It is fair to say that both in the US and the UK there is criticism that both systems are 'warm body' systems, i.e. that if you attend things (conferences, workshops, etc.) then irrespective of whether you have activity engaged and reflected or not you get CPD. The online form in the UK does require some reflection but some would feel that this is not enough, which begs the question, if you undertake CPD should you be able to reflect upon and details how this will improve your practice, and how broadly do we understand interpreting practice? There are also other anomalies like in the US it builds in some flexibility regarding career breaks and maternity leave, but you could go crazy and get all your CEU requirements in year one and then not need to do any CPD until the end of your second 4-year cycle leaving a gap of six years when you do not do anything.

In terms of monitoring for the US this is done as you gain your CEUs and this does not include networking during conferences, etc., only the scheduled hours count. For the UK total hours count, i.e. you arrive at a conference in the morning and leave 6 hours later with all of those hours being counted irrespective of the breaks when of course you chat to your colleagues, etc.

⁸ <https://www.nrcpd.org.uk/continuous-professional-development>

⁹College education units – 1 CEU equals 10 hours

Of course there needs to be evidence provided that you attended an event (e.g. a certificate of participation), some details of which presentations you attended (if undertaking a PINRA in the US this could mean that speakers sign your form to say you attended). In the UK the checking happens after submitting your CPD; 10% of all registered interpreters are selected for a CPD audit every year, this is when you will then need to show your evidence and your online record will be assessed for appropriateness.

Both systems, however, have similar weaknesses as neither of them ensures:

- sign language fluency maintenance,
- interpreting skill maintenance, and
- professional development mediated by evidence-based practice.

While Deaf communities often want these issues to be addressed. Working interpreters can be resistant to having these continually 'assessed' but having these requirements within a CPD system is important for our stakeholders.

How can we ensure that a CPD system meets our needs?

If we want a CPD system, and one that works for our context (the Nordic countries being a very different landscape to the UK and the US in terms of gaining full professional status, negotiating fees, working as a freelancer in a free market, etc.) then we really need to be 'in it', i.e. involved in the system's development, to 'win it', i.e. a system that is fit for purpose.

One of the things that we need to address is that in the 21st century the demands and expectations placed on a professional interpreter are not the same as they have been in the past. As a profession, via our professional association and in discussion with the communities we serve, we surely want to be informed by collective professional practices so there is some consistency in our thinking about how we approach the job within our current day context.

Let us first consider the demands now placed on us. In fig 1. we see some of the theorising undertaken by Stone and Brunson (2014, forthcoming) to conceptualise the different types of labour or work that interpreters engage in as part of their professional practice. It has long been known that we engage in more than just language work (see Wadensjö, 1998, or Roy, 2000) and feminist analyses of work (see Hochschild, 1983; DeVault, 1991) given us a better understanding of the invisible labour that we often engage in such as emotional labour, etc. Some of this happens during the interpreted event, some happens before it and some happens after it. Ultimately, we see that there are expectations of us at various systemic levels. Using this thinking to explore the work of sign language interpreters we see that if we want to engage in evidence-based practice (EBP) then in recent years we have a greater understanding of the work that we do, and therefore the CDP that we might need to engage in to legitimately improve our interpreting practice.

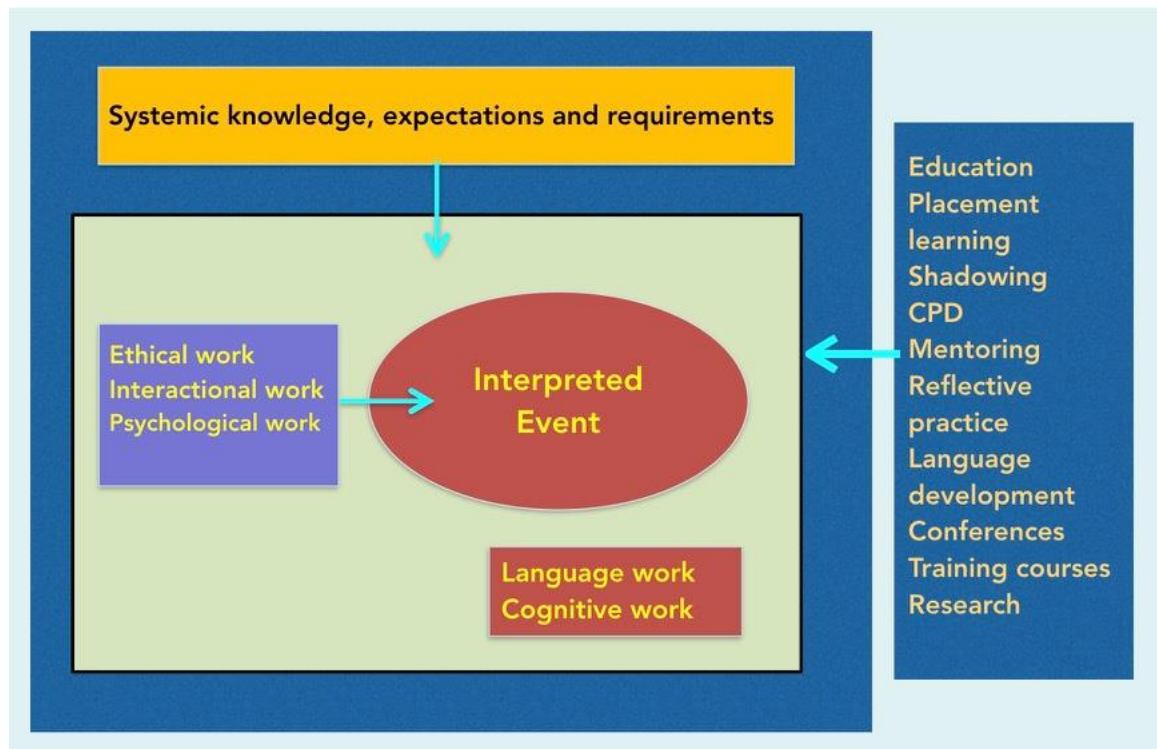


Figure 1. Interpreting in the 21st century

Next follows some exploration of the evidence we have for different aspects of interpreting labour that could then inform our EBP.

Language work

If we consider some of the evidence that has been reported in recent years then this gives us a clearer indication of the types of CPD we could engage in and be required in any CPD system to ensure that we develop our skills in our language work.

We know that sign languages are real languages, and this is not only because of linguistic analyses but also that there is a difference cognitively between the processing of sign languages and pantomime. Emmorey et al (2011) found that “for deaf signers the activation was more extensive and bilateral, which may reflect a more complex and integrated neural representation of hand actions” (p.879). The difference in how we represent hand actions in the brain is something that we want to develop and relies upon us achieving fluency in sign language. One aspect of sign language is depiction (Dudis et al, 2008) and we now know that students in a Norwegian Sign Language interpreting training program, when compared with their instructors, “struggled more with the phonological parameters orientation and movement, rather than with handshape... used fewer depicting signs than their instructors, and instead relied more on lexical signs... were found to struggle with the coordination of depicting signs within the signing space and in relation to their own bodies” (Ferrara and Nilsson, 2017:1).

We also see from Stone (2009, 2018) that some of the pointing and showing strategies that are used by experience Deaf interpreters to depict rather than tell information are congruent with information shared by the viewer (see figure 2). This also enables us to consider how we

ensure the language work we undertake suits the setting we find ourselves in and suits the needs of the Deaf people we are interpreting for. These types of strategies might also overlap



Figure 2 Indexing/Showing during in-vision interpreting

with cultural work in that we ensure that the Deaf experience is represented in the language we use. As early career interpreters we need to know how to develop our language skills so that depiction is less problematic and ensures a good quality of language work.

Another area of Nilsson's (2015) work is the use of metaphor by native sign language users. Her analysis clearly tells us that native Swedish Sign Language using interpreters:

- place individual signs in relation to time lines in order to express metaphorical content related to time, and use movements of their bodies to express comparisons and contrasts,
- express the metaphor DIFFERENCE-BETWEEN- IS-DISTANCE-BETWEEN, and
- layer metaphors for difference and time simultaneously, in some instances also expressing the orientational metaphor pair MORE-IS-UP and LESS-IS- DOWN at the same time (p.35).

This then outlines some of the differences in fluency that we find between native and non-native signers; there could be workshops or training opportunities post qualification that interpreters engage in to develop their skills. This would fulfil notions of evidence based CPD and EBP.

Cognitive work

Although much is known about psychology of interpreting (see Roy, Brunson and Stone, 2018 for an introduction to the interpreting studies research) it is only in this century that we have robust evidence of some of the underpinning neuroscience elements such as working memory in sign language interpreters. Rönnerberg et al. (2004) have found similarities irrespective of language modality "in Broca's area for all tasks and in the anterior left inferior frontal lobe for semantic retrieval" (p.165) suggesting that some of the things that we do when working as sign language interpreters (in this case Swedish Sign Language) are similar to our spoken language interpreters. And that this is an age of acquisition effect suggesting that those who grew up using sign language have different working memory activity than

those who acquired sign language late and might need to engage in different strategies to improve their working memory.

But as we also know, and researchers are now keen to report, some of the things that sign language does is different and we see that the “bilateral parietal activation pattern for sign language bears similarity to neural activity during, e.g., nonverbal visuospatial tasks, and it is argued that this may reflect generation of a virtual spatial array” (p.165) so although some professional development we engage in for the cognitive aspect of the job could be similar to our spoken language colleagues and some different.

I will now move on to discuss some of the evidence we have for ethical work and other aspects of work we engage in that surround the interpreted event, albeit with single examples to elucidate the conceptual model.

Ethical work

In the work of Major and Napier (2011) we see an examination of medical interpreting. They use Wadensjö’s (1998) categories, identified from interpreting in police settings, to examine the decisions that interpreters make accurately represent healthcare interactions. Although this intersects with language work and interactional work I will choose this as an example of ethical work in that when considering accuracy this falls into one of the guiding principles of ethical interpreting work, i.e. to faithfully interpret what is said.

Major and Napier’s (2011) data reveals “that interpreters frequently produce reduced and expanded renditions that are not detrimental to the message or the interaction” (p.207) even though we might presuppose that these kinds of decisions might be unethical. Their conclusions is that as there has been “little discussion of how qualified interpreters make these decisions ... we suggest that achieving accuracy in the healthcare setting may be a more dynamic and context-dependent process than previously suggested” (p.207). As working interpreters these data support us in our understanding of the decisions that we make and, should we be asked to account for our work in front of an ethics tribunal or grievance process, provides us with the necessary justification for the real work of interpreting rather than some idealised notion of interpreting.

Interactional work

Warnicke and Plejert (2012) examine the organisation of turns in video relay service (VRS) interpreting in Sweden. Here we see a continuation of the work of Wadensjö (1998) and Roy (1989, 2000) with the identification that the interpreter “plays a key role in the interaction...” and in “administrating and coordinating the talk” (p.1313) during VRS calls. More specifically the “interpreter is not only a mediator, but a co-creator of the interaction; a part that relates dynamically, and makes the participants relate dynamically, to the specific setting of the service” (p.1313).

To effectively engage in this interactional work the interpreter must recognize that this is part of the collective professional practice of interpreters in the VRS settings. If we are wanting to ensure a consistent service and a professional standard, then this is something that can be taught to interpreters. Again, this enables training and CPD to be driven by evidence and to ensure that we have an EBP driven CPD system, if that is what we want.

Psychological work

Haug et al (2017) asked Deaf leaders what their strategies were for working with sign language interpreters. Four themes emerged from their data:

1. variable level of confidence in interpreting direction,
2. criteria for selecting interpreters,
3. judging the competence of interpreters, and
4. strategies for working with interpreters (p.107)

This then also informs us of the expectations and needs of (one of) our client groups. We know that the level of training of interpreters has increased over the years, and although there is a difference in the emphasis in training that happens (some of course would say that the academic focus means that interpreters graduate but still need to hone their skills – thank goodness there are not many videos of us working immediately after we graduated) but this evidence then enables students and working interpreters alike to understand how they need to develop if they wish to work with Deaf leaders.

It is good to note that “compared to prior studies of Deaf leaders’ perspectives of interpreters, these data indicate some positive trends in Deaf leaders’ experience with interpreters” (Haug et al, 2017:107). But there is clearly more psychological work for us to undertake as the “results also point to a need for further work in creating an atmosphere of trust ... and developing mutual collaboration between Deaf leaders and signed language interpreters” (Haug et al, 2017:107). This kind of work is probably work that interpreters of the community such as “ghost writers” (Adam, Carty and Stone, 2011) have always engaged in but is worth drawing our profession’s attention to once more. Perhaps this is an area where further evidence is needed (Dickinson, 2014) so that we can engage in greater EBP.

Systemic knowledge, expectations and requirements

Other issues can then be found functioning above the interpreted event, as there is now an expectation that we will know things about systems (legal, medical, educational, etc.) the expectations placed on us (language fluency, maintained interpreting skills, being current, appropriate work practices, etc.) and the requirements or obligations place on us (ethical, legal, etc.).

Video interpreting services

Possibly moving into more philosophical territory for some, in the 21st century it is important for us to be mindful and cognisant of how services and technologies evolve and how interpreters are seen as a cog in that system. If we again consider VRS but this time through the lens of Hauland’s (2014) work.

Hauland (2014) considers the multiple definitions of videophone interpreting and the ways in which, within three countries the sociotechnical systems mediate agency. For her the agency, or ability that an individual has to act within a system, is dependent on the system and how videophones and videophone interpreting is labelled has “implications for inclusion and accessibility” (p.287). Her analysis considers the role of technology as enabling access or constructing barriers for Deaf people and surely as interpreters we need to understand which

system we find ourselves in so that we can mediate or at least mitigate against structural barriers if that is possible.

Haualand says that if “the technology and related service are organised external to the system it is intended to give access to, material exclusion mechanisms are reinforced or remain unchanged...” but “in contrast, organisation of the technology and service within an existing sociotechnical system places the users in a more equal position relative to others” (p287). This affects how we operate in these systems and how we understand the latitude of decisions we can make to enable appropriate access. I would suggest that part of a CPD system would want interpreters to have exposure to this kind of evidence and then the opportunity to consider which actions we can usefully undertake to ensure an effective and appropriate service.

Health and safety

If we consider work volume as an above interpreted event issue then in the 21st century we expect to have a work life balance to ensure sufficient *hygge* in our lives. One study by Fisher and Woodcock (2012) in Canada found that “over 68% of the AVLIC¹⁰ membership responded to the survey (314 respondents), and 38% of respondents reported being previously medically diagnosed with carpal tunnel syndrome, arthritis, bursitis, thoracic outlet syndrome or tendonitis” (p.335), i.e. they had some kind of industrial injury. Even if they did not have a diagnosis then “at the time of filling out the survey 25% of interpreters reported feeling pain at a level greater than 3 on a 10-point visual-analog scale” (p.335). With an expectation of safe working practices and prevention of industrial injury then this is depressing evidence.

Canada, has an interpreting market which is similar in many ways to the UK and the US not least with the predominance of freelancers and existence of market forces as a regulator of professional practices. But the findings showed that “both freelance (21.7± 10.9 hrs/week) and salaried interpreters (24.7± 9.5 hrs/week) are equally at risk, although salaried interpreters are exposed to a greater weekly dose of interpreting” (Fisher and Woodcock, 2012:335). This could be felt to be counter-intuitive in that freelancers might be tempted to work more, and staff interpreters work less and in a more regulated way. However this does not appear to be the case and again provides useful evidence of work place and institutional negotiations for workplace practices.

Here we see that considering the work of interpreters includes broader issues than the language work or even a single interpreted event. We also need to be aware of systemic issues and when these are evidence-based then we can ensure that changes we petition for have limited unintended consequences.

Participatory research to inform CPD

One final point that I would like to draw our attention to that if we truly want to have a CPD system that suits us, and we want EBP (which is something we need to consider) then as interpreters we also need to be involved in the research. Most of the studies reported here were only possible because interpreters were generous with their time and enabled the data to

¹⁰ The Association of Visual Language Interpreters Canada

be collected. In some instances, this also meant that they also shared their thoughts on the analysis and facilitated a description of our work that represents what we do and not what people think we should do.

This approach to research is often called participatory research and is premised on the “interactive principles of collaboration between researchers and key stakeholders and thus embedded a participatory approach within the research design” (Wurm and Napier, 2017:102). In creating the experimental or data collection paradigm the voices of interpreters are heard and often in our field the research is undertaken by interpreter practitioners who are also researchers.

According to Wurm and Napier these methods “have at their foundation the aim to rebalance the power dynamics between researcher and researched, maximising the potential for knowledge creation” (2017:15), and surely it is this knowledge creation that can enable us to have a CPD system that we want.

Conclusions

As I hope to have outlined above the landscape of sign language interpreting is more complex than us merely being a cognitively active language box. Not only are we required to ensure that we can engage in the requisite cognitive and language work but we need to engage in a variety of other work both in relation to specific interpreted events and more broadly in our professional practice over several interpreted events, specific settings and our career.

As also shown above there is now ever more evidence, from participatory research that explores what we do rather than what we should do, but also the contexts we work in, the limitations imposed on and freedoms given to us by the systems that we work in, all of which we should be mindful of. We need to ask ourselves:

- What CPD activities do we see as valid?
- What evidence might there be to support those valid CPD activities? and
- What research might you as a profession want undertaken?

By asking these questions and being willing to be participants, co-researchers, knowledge creators and knowledge sharers we can support the development of a CPD system that we want, that is attentive to the needs of our stakeholders and that improves our professional practice. To achieve this goal, we really do need ‘to be in it, to win it’.

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