Teaching students to interpret (with) empathy during emotional interactions involving children / Cómo enseñar a los estudiantes a interpretar (con) empatía durante situaciones emocionales con niños.

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Resumen: Basándose en la investigación existente sobre la interpretación en los servicios públicos, especialmente en lo que respecta a las situaciones emocionales y el impacto de las interacciones de los intérpretes en la comunicación empática, este artículo propone una serie de métodos para enseñar a los intérpretes principiantes a interpretar (con) empatía en los contextos donde hay niños. Para ello, se tiene en cuenta la preparación de los intérpretes y su capacidad de identificar posibles retos para garantizar una comunicación eficaz sin comprometer sus normas profesionales y éticas. Existen varios estudios sobre la interpretación para niños y enfoques para hacer frente a los traumas y responder a las emociones propias durante y después de un evento de interpretación, sin embargo, los estudios sobre la empatía y la comunicación empática en las interacciones mediadas por intérpretes son escasos. Este artículo tiene como objetivo contribuir a la literatura existente sobre los enfoques de la interpretación del estrés y las emociones, centrándose en la empatía como un aspecto importante de toda la pedagogía de la interpretación, y especialmente en los eventos interpretados en los que participan niños.

Palabras clave: Interpretación empática; interpretación para niños; interacciones emocionales; educación y formación en interpretación

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Abstract: Drawing on existing research in public service interpreting, especially as pertains to emotional situations and the impact of interpreter-mediated interactions on empathic communication, this paper seeks to propose scaffolding methods for teaching novice interpreters how to interpret (with) empathy during encounters involving children. The presented methods aim to equip interpreters to identify and react to potential challenges to effective communication without compromising their professional and ethical standards. There are several studies on interpreting for children and on approaches to coping with trauma and responding to one's emotions during and after an interpreted event; however, studies on empathy and empathic communication in interpreter-mediated interactions are few. This paper may contribute to the growing body of literature on approaches to interpreting stress and emotion, with a focus on empathy as an important aspect of all interpreting pedagogy, and especially in interpreted events involving children.

Keywords: Interpreting empathy; interpreting for children; emotional interactions; interpreter education and training

1. Introduction

Whether an interpreter is faced with a difficult narrative, an emotionally charged or high-stress situation, or has observed nonverbal cues of an adult or a child who may not have the words to articulate their traumatic experience, interpreting emotion can render an interpreter paralyzed. Interpreting (with) empathy and recognizing and transmitting the nuances of different interaction contexts and the varying communication styles of different interlocutors presents great challenges. The context, nature, and (un)predictability of topics and questions, as well as responses to seemingly benign questions during an interpreted event, can pose additional challenges for an interpreter. In certain situations, such as those of shared lived experiences, these interactions can also traumatize or re-traumatize even a seasoned interpreter (for example, see Miller et al., 2005; Crezee et al., 2013). The impact is such that, in some instances, and as documented in research on interpreters in the Australian context, vicarious traumatization "may even lead them to leave the profession" (Lai & Heydon, 2015, p. 16). Therefore, training interpreters properly to interpret, navigate, or cope with emotion is paramount. Interpreting traumatic events, whether in pediatric or adult contexts, can span a range of emotions over a short period of time and can occur in any setting (Crezee et al., 2015). This exposure to high-stress situations and traumatic narrative can have lasting effects. Crezee et al. argue individual character traits may make certain interpreters "more vulnerable to stressors;" thus, it is important for trainers to prepare their students to navigate "possible stressors" (2015, p. 75).

While there are several studies on interpreting for children and many on approaches to coping with trauma and responding to one's emotions during and after an interpreted event (see Crezee et al., 2015; Sultanić 2020, 2022), these topics remain understudied in the field of public service interpreting. Furthermore, training and education of interpreters in both academic and non-academic settings, especially in the United States, remains heavily focused on interpreting for adults (cf. Nilsen, 2013). While interpreting for adults can often also be traumatic and emotionally charged, negatively impacting the interpreter (see Knodel, 2018; Lai & Costello, 2020), interpreting for children who have experienced trauma may require a greater amount of empathy and rapport-building between all parties in the interpreted event (see Balogh & Salaets, 2015 for more).

Studies on the effects of interpreting traumatic narratives of unaccompanied minors, and, specifically, the one conducted by Sultanić (2021), show that many interpreters feel

that interpreting difficult content does not have negative effects on their performance, as they are able to continue the session, employing taught, learned, and intuitive coping strategies as a form of self-preservation. Nevertheless, in stressful and emotionally charged interactions, it is paramount to have an interpreter present who is adequately trained to ensure effective communication and to enable the service provider and the child to build rapport. Moreover, it is essential to have an interpreter present who can interpret (with) empathy without compromising the sense of the message, their role boundaries, their professionalism, or their effectiveness. Therefore, it is important to explore the concepts of interpreting empathy and *with* empathy. As will be discussed in subsequent sections, showing empathy, having empathy, and interpreting empathy (empathic communication) are not all synonymous. In fact, it could be argued that not having empathy does not make an interpreter less effective, much like, it is not a "necessity to care about and help others" (Kleineidam & Fischback, 2023, p. 533).

This paper aims to propose scaffolding methods for teaching trainee or novice interpreters how to interpret (with) empathy during different encounters, particularly when vulnerable populations, such as children, are involved. It aims to explore how one might successfully navigate an interpreted event when potentially traumatic or retraumatizing content is introduced. This paper draws on existing research on interpreting in contexts involving adults and children and on approaches to preparing public service interpreters and interpreting students to communicate effectively in different settings, especially during high-stress and emotionally charged encounters. It is set against the backdrop of foundational interpreting skills, interpreter role, interpreting modes, and both the ethical and the professional standards of practice. The paper explores the relevance of this foundational knowledge not only to the interpreter's ability to maintain composure during difficult interactions, but also to their purpose in helping the interpreter recognize their positionality and participation in the interaction. It further explores how the context and different situational parameters inform the form and content of a communicative event and the participants' roles within it.

The paper is structured as follows: Section 2 examines the concept of empathy and the different ways in which it has been conceptualized to date, as well as provides an overview of the current studies that explore empathy and empathic communication in interpreter-mediated encounters with children. Section 3 briefly examines scaffolding pertaining to interpreter education and training. The paper concludes with Section 4, which provides recommendations for teaching novice interpreters to interpret (with) empathy during interactions with vulnerable populations such as children and the many contexts in which such interactions take place.

2. Literature review

Interpreting emotion and, more specifically, interpreting during emotionally charged or traumatic encounters has been explored by several scholars. As with most interpreting research, such studies are primarily focused on interactions involving adults, but the scholarship on the topic of interpreting for children is growing. Regardless of whether one interprets for children or adults, it is important to understand emotion and empathy and to develop the ability to navigate empathic communication.

2.1 Defining empathy

The term "empathy" has been defined in many different ways since it was first introduced by Lipps (1903) in German as *Einfühlung* and then later translated by Titchener (1909) into English. Although the original German term has since fallen out of use, "empathy," as a concept, continues to be studied from different perspectives and in different contexts. It has been explored in clinical psychology and in clinical encounters (Riess et al., 2012), both for its importance in patient-provider interactions (see Riess et al., 2012; Boissy et al., 2016) and in interpreter-mediated scenarios (Krystallidou et al., 2018; Theys et al., 2023; Theys et al., 2022; Theys et al., 2021; Theys et al., 2020; Merlini & Gatti, 2015). There are various definitions of empathy in the literature, all of which suggest some form of feeling for another's pain and suffering (see Decety & Ickes, 2009). Moreover, Hatfield et al. (2009, p. 19) conceptualize empathy positively as an "emotional contagion," stating that it "is best conceptualized as a multiply determined family of social, psychophysiological, and behavioral phenomena."

While there are many definitions of empathy, perhaps the one that is most often associated with the interpreter experience is empathy as an individual "feeling themselves into another's emotions via the process of emotional contagion" (Hatfield et al., 2009, p. 19). More specifically, interpreters experience empathy through what Hatfield et al. describe as the "primitive emotional contagion," which is a "subtle, automatic, and ubiquitous process" (ibid.). However, empathy and/or an empathic response to a narrative or another's situation is not automatic and, as described in the literature, depends on many factors (Gutsell & Inzlicht, 2012). One such factor is when individuals share an affiliation with or belong to the same group or community (ibid.). This factor is especially relevant to interpreting, since many interpreters come from the vulnerable communities for which they interpret and may have lived experience, traumatic or otherwise, similar to that of the individuals for whom they are interpreting (Miller et al., 2005).

2.2 Empathy in interpreter-mediated interactions

Empathic communication in the context of interpreter-mediated interactions and, more specifically, how interpreters may affect such communication, has been only minimally explored in the field of interpreting studies. Research on empathy and empathic communication in healthcare settings has been centered around the effect of empathy on patient satisfaction with both their provider and their subsequent care, patient compliance with treatment and medication, and the quality of care received (see, for example, Mercer & Reynold 2002; Kim et al., 2004). Bylund and Makoul (2005) conducted an observational study of "empathic opportunity–response sequences" (p. 126) in language concordant or shared-language adult patient-primary care provider interactions using the Empathic Communication Coding System (ECCS), a tool with a six-point scale to measure provider empathy. The result was that the providers "had a clear tendency for acknowledging, pursuing, and confirming patients' empathic opportunities" (Bylund & Makoul, 2005, p. 138).

The authors also acknowledged that empathic opportunities and responses differed based on language and culture.

In their study on the effect of the interpreter on empathic communication during nine simulated and recorded language discordant patient-provider consultations, Krystallidou et al. (2018) found that interpreters had an impact on both the "level of empathy expressed by the doctor" and the "intensity of the patient's empathic opportunities" (p. 40). For this study, they operationally defined empathy as "transactional," further calling it a "sequential process" because, as they argued, "the realization of clinical empathy is a process of co-construction between the patient and the doctor," since how the provider responds to "the patient's emotional expression might prompt the patient to expand further on their concerns," influencing how "the discourse unfolds" (ibid., p. 34). Using the ECCS, they found that all interpreter renditions resulted in "reduction, increase, and omission" (ibid.) of empathy, regardless of whether or not the interactions were subject to what they called a "shift" in the level of empathy which was presented in the form of "an increase or reduction in meaning and/or intensity of the expressed statement." One of the conclusions from their study was that it further illustrated that "interpreters participate in interaction" (p. 39).

Unlike the Krystallidou et al. (2018) study, which was based on simulated interactions, several other studies were conducted on empathy in interpreter-mediated interactions (see Theys et al., 2022; Theys et al., 2021; Theys et al., 2020). The most recent by Theys et al. (2023) was a qualitative study on the interpreter's impact on the verbal co-construction of empathic communication in clinical consultations. They found that the different interlocutors (patient-provider-interpreter) co-construct empathic communication, with interpreters having both control and power over said co-construction (Theys et al., 2023). Similar to the findings by Krystalliodu et al. (2018), they also demonstrated that interpreters negatively impacted the patient-provider "mutual understanding of each other's perspectives" (p. 58). Although these studies are based on healthcare contexts, and hardly generalizable, the findings are consistent in illustrating not only the complexities of interpreting empathy, but also the ways in which interpreters affect empathic communication. Although these studies center on adult patient-provider consultations, they could be replicated for studies in other interpreter-mediated contexts.

2.3 Interviewing children

Interactions with children require special consideration of emotion and empathy. For example, conducting interviews with children requires a nuanced and highly specialized approach, as well as an understanding of the many variables explored below (Zwiers & Morrissette, 1999). To be successful, an interviewer must adhere to specific guidelines. Entire volumes have been dedicated to the topic of child interviews and the proper techniques to employ for various types of questioning and various settings (see, for example, Zwiers & Morrissette, 1999), yet these are seldom included in interpreter training curricula.

How children understand events and the world around them depends on both internal and external factors (ibid.) such as age, development, gender, socialization, self-awareness, and culture, as well as the context of the interview itself (ibid.). All of these factors must be considered when interviewing a child. Further, each child is unique even within a given age group, and "the uniqueness of each child must never be overlooked," especially when seeking to effectively interview a child (Zwiers & Morrissette, 1999, p. 21). The same authors maintain that "professionals need to empathize with children in order to see the world through their young eyes" (p. 7). As a result, they call for interviews with children to be

individualized with "a blend of structured and unstructured communicative interactions" (ibid.). During interviews where adults use closed questions or engage in questions with high suggestibility, children will inevitably feel pressured to respond in a way they perceive as favorable to the adults in the room.

Before the interview begins, it is important that the professional establish a rapport with the child. "Building a rapport" with a child in an interpreter-mediated interaction that implies an explanation of the role of each participant, the child's role in the interaction, and the purpose of both the interaction and of each individual present (see Balogh & Salaets, 2015). The professional introduction and explanation of the purpose of the interview must be done in a manner that a child fully understands. Moreover, when conducting research with children, researchers must take special measures to ensure that the questions are not only appropriate, but that they are also designed with minimal risk to trigger a trauma response or negatively impact the account and its accuracy (see La Rooy et al., 2009). One way this is achieved in forensic interviews with survivors of child sexual abuse is through free recall (ibid.). Research also shows that a child's response to the retelling of stories and/or traumatic narratives of their lived experiences depends on age, with younger children experiencing the greater impact (see Ybarra et al., 2009). Other factors are also often taken into account while working with children, such as a child's history of trauma and/or mental health issues (see Finkelhor et al., 2014; Langhinrichsen-Rohling et al., 2006; Ybarra et al., 2009; and Zajac et al., 2011;).

Professionals engaging in interviews with children are expected to employ and adhere to appropriate child interviewing techniques. There are many contexts in which these interviews take place, and, although it is expected that the interviewers are trained and know how to properly employ these techniques, research shows that not all interviewers are going to be equally skilled and successful at doing so (Zwiers & Morrissette, 1999). Finally, during conversations or interviews with children, language and language development must also be taken into account, especially in language-discordant interactions (ibid.).

2.4 Interpreter-mediated interactions with children

Just as interviewing children requires special learned considerations, new interpreters must be educated about how to effectively work in emotional contexts involving minors, including such factors as interprofessional interactions with interviewers (e.g., social workers or medical personnel). There is a dearth of research on interpreter-mediated interactions involving children. Existing studies have investigated interpreting for children in asylum hearings (Keselman et al., 2008; 2010a; 2010b), interpreting for refugee children in the U.S. (Sultanić 2021; 2022), and interpreting during investigative interviews (Böser & LaRooy, 2018). The most comprehensive volume to date (Balogh & Salaets, 2015) explores interpreter-mediated interviews with vulnerable children and discusses many relevant aspects, including interpreting interviews with children, the child's vulnerability, question types and patterns, interpreting techniques (including who determines which mode is best), and interprofessional training and education.

The most recent study on interpreter-mediated interactions centers around the perceptions of children and adolescents on interpreting in the Italian context (Amato & Mack, 2021). This study situates children as "the main players and sources of information and knowledge," rather than as objects of study (Amato & Mack, 2021, np). Their study comprises three different age groups (6-9, 10-13, and 14-17) and was conducted using semi-structured interviews. In order to ensure that their instrument and the questions were appropriate

for the developmental stages of each group, they consulted several professionals. The questions were categorized into what the authors refer to as "7 thematic chapters" and encompassed "1) personal feelings; 2) understanding of roles and relations between the persons involved; 3) skills of the people involved; 4) space and time arrangements; 5) the technical implementation of the interview; 6) trust and rapport and 7) general feedback" (Amato & Mack, 2021, np).

One important aspect of this study is that it was carried out with children who had no history of migration, and, therefore, there was no possibility for the children to have prior understanding of the role of an interpreter or prior experience with engaging in interpreter-mediated interactions. The findings of this study were categorized into the children's feelings about the interpreter-mediated interactions, and questions were posed in terms of what the participants liked and disliked about the interaction and their perceptions of the interpreter role. Questions that pertained to what was disliked were tied to the interpreting mode, and "whispered simultaneous" was the mode reported as the most disliked, as it was perceived as an interruption of the speaker.

The questions regarding perceptions of roles revealed that the participants' responses were split 50-50 regarding whether their "primary communication partner" was the interpreter or the interviewer (ibid.). Some older participants referenced body language such as "eye contact" from the interviewer as the reason for the interviewer being the one they spoke with (ibid.). In terms of rapport building, interpreter age was a factor, with some participants finding the younger interpreter less intimidating and some feeling that an older, or more experienced, interpreter might be more reliable and reassuring. The study also captured perceptions about seating arrangements, as researchers felt it was important to understand the potential impact of seating arrangements on role and rapport. What they found was that some participants preferred having the interviewer in front of them, for the reasons described above, and the interpreter, "or the go-between," where they could best hear them.

The key takeaway from this study was that briefing the participants on the role of the interviewer and the interpreter beforehand "made them feel at ease and 'in control' of the interaction" (ibid.). Moreover, the study also revealed that children were "well aware [of] communication axes and components – both verbal and non-verbal – and of who was their main conversation partner" (ibid.). Other main findings, insights, and suggestions from Amato and Mack's (ibid.) study, which were based on the participants' experiences and preferences for interpreter-mediated interactions, include:

• being informed (i.e., know what to expect from the interview(er) and who does what and why);
• feeling at ease and not being put under pressure;
• being listened to carefully;
• not being interrupted;
• having eye contact with both the interviewer and the interpreter; and
• being allowed to choose the seating arrangement.

These main findings from Amato and Mack's study speak to the need for "specialised training for interpreters who work or intend to work with children" (ibid.), even with the understanding that each context is unique and regardless of whether a child has a history of trauma. This study further demonstrates that effective communication can, in fact, take place during an interpreter-mediated encounter with young children, although a child's age and stage of language development are important factors, as shown and supported by the

study's findings for participants in the 6-9 age group (ibid.). This finding aligns with existing literature (see, for example, Balogh & Salaets, 2015; Nilsen, 2013).

In their study on the interviewer's perspective on the challenges of using interpreters during child sexual abuse interviews, Powell et al. (2017) provide a range of variables that must be considered such as interpreter readiness and skill, the impact of gender on the investigative interview, and the interpreter's professionalism and ability to build rapport or establish trust with the child. They also recognized that more interpreter training is required to better support investigative interviews with children, as performing interviews with children is a highly "complex process centered on the elicitation of accurate, detailed, and coherent accounts of offenses" for which specially designed training modules are paramount (Benson & Powell, 2015, p. 309). When designing these training modules, it is necessary that special attention be given to the professional role boundaries involved and to ensuring that the interviewer and the interpreter are in constant dialogue regarding the interpreter's involvement. Some research shows that without these guardrails in place, interpreters may sometimes be given too much responsibility and, in turn, may "take over" the interview (Salaets & Balogh, 2017, p. 173).

2.5 Interpreting traumatic content: self-care and coping before, during, and after the interpreted event

Interpreters work in a variety of settings and, in addition to mastering the technical skills of interpreting, must also be prepared to cope with emotion and traumatic content. It is not surprising that, in addition to the general focus on theory, interpreting skill or technique, and cognitive skills, most trauma-informed interpreter training has been geared toward interpreter self-care (Korpal & Mellinger, 2022; Crezee et al., 2015; Bontempo & Malcolm, 2012). Other aspects of interpreting for vulnerable populations, which are often also explored in research, include some variation of navigating traumatic narratives and events, as well as the challenges of interpreting traumatic content (Sultanić, 2021, 2022). They also explore different strategies that interpreters can employ before, during, and following an interpreted event in order to mitigate and, often, minimize the impact and duration of trauma or vicarious trauma on the interpreter (ibid).

Crezee et al. (2015) propose a three-step process for learning self-care as a way to reduce the negative impact of traumatic content. These steps are: 1) becoming aware of being negatively impacted and choosing whether or not to take action; 2) making a decision regarding what self-care action to take; and 3) dealing with the consequences of either lack of awareness or not taking action at the various stages of being negatively impacted (p. 77). They further recommend ways in which interpreters might be able to potentially mitigate any risks or negative impact interpreting traumatic content might have on their overall wellbeing. These were broadly categorized into:

• Time and workload management
• Rest and diet
• Exercise
• Mindfulness
• Third-person interpreting
• Counseling and debriefing

Crezee et al. (2015) also make additional recommendations that are important to consider, as they touch on different aspects of stress management and self-care and include recommendations for both the interpreter and the educator. Their interpreter-related recommendations range from advising interpreters to center their own vulnerabilities (background and problem "triggers"), their own limitations and coping strategies, their own symptoms versus their own functioning, and the system within which the interpreting job takes place (p. 79). These are proposed as a loosely structured interpreter self-assessment tool. Interestingly, the authors addressed both potential internal (emotion, triggers, symptoms, and coping strategies) and external (system, context) catalysts for negatively responding to trauma and stress. The educator recommendations provided by the authors range from good time management, rest and a balanced diet, regular exercise (outdoors, with friends, as per personal preference, recreation (as per personal preference), maintaining time for personal interests, and favorite leisure pursuits. All of these are presented as suggestions for "preventive self-care;" however, they also represent potential coping strategies or mechanisms for managing the impact of stress following an interpreted event (ibid.).

3. Public service interpreter education

Current public service interpreter training models tend to emphasize interpreting for adults, and therefore, they often fall short in properly training and educating interpreters to work with children. Furthermore, as has been previously noted, the existing models for public service or community interpreting, regardless of the setting in which they are offered, vary in length and scope, and there is often no consensus on either their duration or content (see, for example, Sultanić, 2018, 2020 on medical interpreter education and training). Many interpreter training programs, academic and non-academic, include certain foundational components, including interpreting modes or techniques, interpreter roles, and ethics, and professional standards. Community interpreter training tends to place importance on the ethical aspects of interpreting (such as accuracy, confidentiality, and impartiality or neutrality), interpreting techniques (including note-taking), and cognitive skills (see Sultanić, 2021). In settings where one is faced with emotional content, where empathic communication is present, "the inherent psycho-emotional complexity of the context necessitates certain interpreting skills that recognise the specific demands of the situation and safeguard the communicative goals of the encounter" (González Campanella, 2022, p. 39). Yet, empathy, as an important aspect of interpreter education and training, and its role in achieving the communicative goals and trust-building between the provider and the client, are only addressed implicitly.

In addition to strong linguistic knowledge, impeccable interpreting techniques, understanding of ethics, and cognitive skills – all of which are important for the quality of the interpreted message – there are several other aspects that should be taken into account when interpreting. These aspects are form and content and skill and/or knowledge scaffolding, both of which require a developmental approach from interpreter trainers and educators. This section considers these aspects as important, not only for interpreter education, but also for understanding how they contribute to empathic communication, be it in language concordant service provision or in interpreter-mediated interactions. Each will be briefly discussed.

3.1 The importance of understanding the difference between form and content in interpreter education

In an interpreter-mediated interview, understanding how questions are asked, knowing the purpose of the interview, and being aware of the use of open-ended vs closed-ended questions is paramount. As was stated earlier, interpreters work in a variety of contexts and interact with participants who belong to different linguistic or cultural backgrounds and speech communities (Angelelli, 2019), including individuals at different stages of language proficiency and development. In the context of healthcare encounters, as Angelelli (2019) notes, providers are familiar with the ins and outs of clinical encounters, interviewing processes, and medical discourse, while the patient and the interpreter are usually unfamiliar with these contextual aspects of discourse. This raises the question of whether the same information or expression is understood by all in the same way (Angelelli, 2019), especially when one of the interlocutors is a child. Although there are times when the interpreter might be a subject matter expert in their own right and have, therefore, a deep understanding of the topic at hand, the context, and the relevant situational aspects of an interaction, it is nearly impossible for an interpreter who works in many contexts to be fully versed in the speech communities of each participant. However, preparation and an understanding of the purpose of each communicative event can help to navigate this potential disconnect.

Some main considerations for effective communication, according to Angelelli (2019), are message form (i.e., how something is said) and content (i.e., the topic or the subject matter) (pp. 67-70). Angelelli explores how the interpreter's status as either staff or contractor can directly impact their understanding of form and content (surface vs deep meaning), due to varying levels of familiarity with and ability to navigate the medical discourse community. Although frequent exposure and access to the context, including its norms and expectations, can prove beneficial, as patients, providers, and interpreters alike, in any context, can, over time, become familiar with the situational and contextual norms and expectations. Therefore, form and content can be learned outside of the professional context.

Angelelli, backed by studies on interpreter-mediated mental health interviews and, more specifically, on rapport building and the effect of an interpreter on empathic communication, recognizes that, though empirical data is scarce, it all points to the same conclusion: that interpreter's understanding of form and content, as well as briefing an interpreter on role and expectations, is paramount. Another thing that must not be overlooked is the need to build rapport with the language discordant party seeking the service (ibid.). Furthermore, one of the most important takeaways for interpreters in healthcare and mental health settings, according to Angelelli, is for interpreters "to rethink" the communicative goal or, rather, "help the provider extract data from the client and render it 'as is' in the target language, paying attention to both content and form and trying to preserve them as intact as they possibly can" (2019, p. 72). Form and content, then, become an important consideration for all public service interpreting settings.

3.2 Scaffolding skills in interpreter education

Before an interpreting student can enter the professional context, their learning and skills must be scaffolded. Scaffolding, as it pertains to translator and interpreter training and education, has primarily been explored in the context of translator training (see Kiraly, 2000; Nord, 2005; Davies, 2004), and it is often discussed in relation to or in contrast with situated learning and situated cognition (see Calvo, 2015). Some may also perceive scaffolding done in classroom settings as largely decontextualized, i.e. devoid of the professional context,

and, therefore, separate from situated learning (González-Davies & Enríquez-Raído, 2016). This separation, in turn, makes classroom scaffolding insufficient on its own, although it is critical to interpreter education and development at the pre-professional stage and can be useful later during professional practice. The general issue with current scaffolding as it is practiced in the classroom is more due to the varying length and room in interpreter training curricula for learning to be properly scaffolded or for different scaffolding models to be properly implemented.

In interpreter education, especially in preparing interpreters to work in emotional or high-stress situations, instructor support and mentoring can be effective not only during scaffolded skill acquisition, but also in learning and improving self-assessment and selfregulation techniques and in learning, understanding, and performing self- and guided reflection. Interpreters are often expected to engage in self-assessment, to possess self-awareness, to be able to self-regulate, and to engage in self-reflection often on their own and without learning how to properly do so.

Pietrzak (2019) explored scaffolding as a learning method in the context of translator student self-reflection, arguing that "the use of reflection in the classroom can improve the effectiveness of the learning process by promoting greater self-awareness and self-regulation" (p. 416). Other interpreting scholars concur that these skills are "fundamental to skill acquisition and the development of professional-level interpreting skills," recognizing that "simply instructing learners to 'reflect' and 'self-assess' is not sufficient (Herring et al., 2022, p. 86). Still, these skills are important for an interpreter to acquire through proper scaffolding so that they can then be readily employed prior to, during, and following interpreted events, and especially during emotional or traumatic encounters. The following section offers a broad proposal for scaffolded training of novice interpreters to move toward interpreting (with) empathy during emotional interactions involving children.

4. Recommendations for scaffolded learning and skill development for working with children

As concluded above, the training and education of public service or community novice interpreters that are working with children in diverse settings should be scaffolded. The proposal provided below suggests topics to include in existing curricula or that should be further developed and adapted for interpreter-mediated interactions and interviews with children that require the effective communication of emotion and empathy. These recommendations are divided into sections or modules, and each offers didactic and practical considerations, as well as suggestions for how they can be integrated into existing components of interpreting curricula and adapted for settings involving vulnerable populations, specifically children. All of these suggestions are based on pre-professional classroom or simulated practice and are offered with the assumption that interpreters will already have at least a general understanding of interpreter role and ethics and have begun developing interpreting skills. The following modules are proposed and briefly discussed in subsequent sections:

• Understanding empathy and interpreting (with) empathy
• Interpreting emotion and trauma
• Interpreting for children
• Self-reflection

4.1 Module 1: Understanding empathy and interpreting (with) empathy

In order to scaffold interpreter learning and skill in preparation for working in contexts where high levels of empathy might be required, interpreter trainers must first clearly define empathy, a definition that can also be operational, since each setting may require a uniquely nuanced approach. The reason for defining empathy is twofold: it 1) helps the learner understand empathy (what empathy *is*) and 2) allows them to make the connection to empathic communication and their role in effectively communicating it (what empathy *does*).

All interpreters, regardless of their professional context, are taught that accuracy and completeness of a message are of utmost importance. In fact, it is their ethical obligation to ensure accuracy (cf. Gil-Bardají, 2020). Empathic communication and the topic of empathy can thus be attached to the concept of accuracy. This can be achieved by presenting examples from existing studies on interpreter role and impact on empathic communication, such as those discussed in this paper, and demonstrating the importance of transmitting empathic messages. Evidence-based research can be used to exemplify the interpreter's role and their participation within the interaction, which can be especially impactful when the examples are derived from studies with interpreters as participants or subjects.

Once the extent of interpreter participation is demonstrated and situated into the larger context of interpreter role, interpreting techniques, ethics, and standards of practice, students can be introduced to existing scenarios (recorded or scripted) for analytical and problemsolving exercises. Instructing the participants to first analyze and identify empathic responses in existing scenarios can offer an additional opportunity to scaffold specialized terminological knowledge and serve as a unique opportunity to begin to explore interpreter self-awareness. To this end, interpreters may be asked specific questions regarding how the scenario or situation makes them feel. To help guide them in their response, instructors might wish to develop a brief emotional response self-assessment tool with general questions regarding the students' reaction to any discomfort, loss of a loved one, or the suffering of others.

The next step is then simulated interpreting practice using existing case studies or composite scenarios, including ones that draw on personal experience. Students are asked to interpret the simulated scenarios with both accuracy and compassion or an empathic tone. This helps the instructor set expectations for the interpreted renditions and establish specific parameters for both the instructor and the students to later evaluate or assess their interpretations. This can be done using a scale for adequacy of tone, accuracy and completeness or omission, and form. At this stage, instructor assessment, as well as peer- and self-assessment, can also be introduced.

4.2 Module 2: Interpreting emotion and trauma

In this module, before introducing students to interpreting emotion and trauma, interpreter trainers may wish to discuss the concept of interpreting as emotional labor and emotional trauma, and the impact this can have on the interpreter. One way to achieve this is to share empirically sound research which shows that exposure to trauma and emotion or emotional content in interpreting encounters can lead to compassion fatigue (Boyle, 2015) and Secondary Traumatic Stress (STS) disorder that results from secondhand or vicarious exposure to trauma (Figley, 1995). Rooting trauma and its impact in the literature offers a foundation onto which to build both technical and emotional knowledge.

Since teaching interpreters to interpret emotion and traumatic content requires a multistep approach, the first step in the process should include deepening the students' understanding of trauma and its nuanced impact on a communicative event and its participants. This can be achieved through sharing examples from professional interpreters' responses regarding their experiences, the short- and long-term effects of trauma they have experienced, as well as coping strategies they employ prior to, during, and following an emotionally charged event. Coping strategies can be introduced by expanding on the concept of emotion or interpreting as emotional labor and through conversations around interpreting trauma, especially when working with children.

One way to introduce coping strategies in the context of emotional interpreted events is through the dimensions of emotional labor identified by Guy et al. (2008). In fact, these have already been applied in a study by Sultanić (2021) as a way to "help name and classify the different responses to exposure to traumatic content" of interpreters working with unaccompanied child migrants (p. 232). Some of the dimensions of emotional labor identified by Guy et al. (2008, pp. 5-6) include caritas, compassion fatigue, professional face, show time, rapport, stage left, emotional suppression, emotional engagement, and emotional mask (ibid.). These were consistent with the findings from the Sultanić (2021) study and the interpreters' response to traumatic content.

Although these and other dimensions identified by Guy et al. (2008) are not comprehensive, they can be used to help novice interpreters understand how they might respond to emotional content, which intuitive responses they already have, and identify additional effective strategies for coping. Additionally, interpreter trainers may wish to use these dimensions to develop self-assessment tools. They may start by letting students read and familiarize themselves with the dimensions of emotional labor as a way to help raise novice interpreters' self-awareness, especially around their natural reaction to emotional or traumatic content. This can be followed by an introduction to video or scripted content containing emotional elements for which each student must complete a guided self-assessment identifying their response or trauma reactions. When devising the self-assessment tools, instructors may suggest that students observe their cognitive, physical, and emotional reactions, as proposed by Bancroft et al. (2012, p. 63). Subsequently, observing their reactions, and identifying strategies for navigating both content and reaction to said content prior to, during, and following an interpreted event, can be modelled after those proposed by Crezee et al. (2015), and as identified in the Sultanić's study (2021).

4.3 Module 3: Interpreting for children

When building the module on interpreting for children, as it has been established in this paper, it is important to have as an objective a general understanding that interactions with children require special considerations. It is important to frame this as true for both language discordant (interpreter mediated) interactions and language concordant interviews with children. When teaching novice interpreters to interpret for children, it is important to first lay the foundation of empathy and discuss the interpreter's impact on empathic communication.

After the foundation has been laid down, interpreters can begin to be exposed to techniques and strategies to help them navigate emotionally difficult interactions, including specific strategies for interpreting for children. These can be narrowed down to two main considerations: form and content. Although Angelelli (2019) discusses form and content in the context of medical and mental health interpreting for adult participants, these concepts can be applied to any specialty or participant group.

In interpreting for children, discussion of form or genre needs to cover the "how" of such interviews as it relates to the role and techniques required of the interpreter. Therefore, the overview of the form of an interview with a child should include: the purpose of the interview, types of questions (open or closed) and why, and external and internal factors relevant to the age, gender, stage of language development, culture, self-awareness, and context (Zwiers & Morrissette, 1999), including any history of trauma of the child participant. Furthermore, in terms of the form of the interview, it is important to explain to the student interpreters the importance of trust and rapport building with children and the purpose of both the interaction and the role of each individual present, as supported by the studies conducted by Amato and Mack (2021) and Balogh and Salaets (2015). It is also important to emphasize child-service provider and interpreter-service provider rapport, and how it fits into the interpreter role-boundary in order to ensure role adherence and prevent interpreter involvement beyond their assignment (Salaets & Balogh 2017).

Another way to introduce the ideas of form, rapport-building, and role-boundary is through the interpreter pre-session, or briefing, which interpreters are taught to hold with each interlocutor prior to the interpreted event. It is also at this stage that content, the other aspect of interpreter readiness, both emotional and technical, can be introduced. Although, in practice, it may not always be possible to have access to the content or know what each interpreted event might comprise (Bontempo & Malcolm, 2012), it should not be overlooked as a best practice during interpreter training. Having a professional briefing, or modeling a professional briefing, can help a novice interpreter prepare for and readily anticipate any potentially difficult encounters.

Additionally, modelling how to inquire about the content of an interpreted event may help novice interpreters gain confidence and feel empowered to inquire about the content of each session in advance. As Angelelli (2019) emphasizes, not all interpreters will have the same opportunities to access and learn the form and content of each specialty due to their status (staff vs. freelance) or the type of training and education they have received. Therefore, in such cases, modeling best practices through role-play becomes paramount to interpreters' emotional, contextual, and technical readiness. To illustrate this, interpreter trainers may wish to show existing examples which illuminate best practices of clear, mutually agreed-upon roleboundaries with an overview of form and content. This can be followed by scripted, or, perhaps, even manipulated, interpreting practice scenarios during which the students must take full ownership of information excavation. When available, and as a next step, these can be staged as mock sessions with other professionals who regularly engage with children, such as therapists, social workers, and even immigration attorneys who work with children on asylum cases. This would provide the students with an opportunity to conduct a pre-session, understand the goals of the other professional in the room through an overview of the form and content, practice rapport-building, and debrief in a safe and supportive space. Although these may not always be possible, these models can serve for self-advocacy once they enter the profession.

4.4 Module 4: Self-reflection

Self-reflection in public service or community interpreter training, much like in translator training, is necessary and should be taught with appropriate instructor guidance and scaffolding (Herring et al., 2022). This module is particularly important, as some scholars maintain that reflection is only possible with experience (see Metcalfe, 1996); however, self-reflection is part of learning and can be taught and applied to skill and knowledge acquisition prior to an interpreter joining a professional context. In fact, self-reflection should be an integral part of all interpreter training and education, beginning with introductory-level coursework.

There are several ways to introduce self-reflection as an important skill onto which an interpreter can later build. First, prior to engaging in self-reflection, the students need to be given specific instructions and tools for gauging their self-awareness, as well as tools for selfassessment as pertains to emotions, their reaction to traumatic content, and their ability to self-regulate using both the intuitive and learned mechanisms previously described. Although some of these may only truly be understood once the interpreters have had a chance to engage in situated learning or be in an actual interpreted event, such learning can prime them for: 1) understanding their role in the communicative event, 2) identifying their cognitive, physical, and emotional reaction to triggering content, and 3) being more attuned to how said response might, in turn, impact their ability to identify empathic communication and interpret it effectively. Some of the recommendations for self-reflection in the scaffolding of translation skills can be adapted for interpreter training contexts.

Although interpreter training is largely decontextualized and self-reflection should ideally be situated or contextualized (Ghaye, 2010), simulated practice in the form or role play can be effective. Although the learning environment would not mimic that of an actual encounter, instructors working with novice interpreters can use the simulated context as a low-stakes, safe setting which may place less pressure on the student. Furthermore, for analysis and reflection of video recorded content, simulated practice presents fewer challenges, since there is no potential privacy risk or special permissions needed to record aside from the consent needed from the student.

Interpreter self-reflection can be encouraged by using an adapted version of Pietrzak's (2019) translation student self-reflection questionnaire. This can further be adapted to training novice interpreters to interpret (with) empathy when working with children by asking them to reflect on: 1) the purpose of the interpreting assignment and the interpreting technique most suited for interpreting with children in a given context; 2) the process of interpreting difficult or traumatic content, including their cognitive, physical, and emotional reactions; 3) their own interpreting learning process; and 4) their role in the interpreted event and its impact on effective empathic communication. Therefore, learning takes place "reflectively" and the instructor assumes a supporting role in the reflection (ibid.).

5. Conclusion

This paper set out to explore how one might train novice interpreters to successfully interpret emotion and (with) empathy, especially during interactions involving children and otherwise vulnerable populations. It demonstrated that these are important considerations for public service interpreter training programs and curricula, both academic and non-academic. It further demonstrated how the context and different situational parameters impact the form and content, and in turn, the participants' roles. This paper offers suggestions for scaffolding novice interpreter training and education in this area. How one goes about achieving that is not limited to the recommendations offered herein. Whether it be through teaching public service interpreters to understand form and content (Angelelli, 2019) in order to be effective communicators or through interprofessional education of providers and interpreters to learn more about "the intricacies of their communicative practices" (Theys et al., 2023, p. 59), these curricular models are needed, if not overdue. Although it has been established in this paper that, while desirable, it may not always be possible to achieve consistency across all interpreting curricula, especially given curricular and other variables such as duration and availability of language-specific programs, scaffolding methods in novice interpreter training and skill development must not be overlooked, especially given the complexity of interpreter-mediated interactions with children, the complexities of empathy and empathic communication, and the empirical evidence that shows the degree of interpreter impact on empathic opportunities. The arguments and literature discussed in this paper contribute to the growing body of knowledge and literature on interpreting empathy and on interactions involving children. Furthermore, this paper serves as a point of entry into a much larger and more nuanced theoretical and empirical exploration of empathy and empathic communication in different interpreter-mediated communicative events and contexts. Nevertheless, more comprehensive and specialized curricular models, as well as studies that further bridge simulated and situated professional interpreting practice, are needed.

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