
EVOLUTION OF PUBLIC SERVICE INTERPRETER TRAINING IN THE U.S.

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This article will provide an analysis of the current state of *public service interpreting* (or *community interpreting*) in the U.S., beginning with a definition of the term and proceeding with a description of how the *profession* has evolved over the past few decades. Since the training of public service interpreters (PSIs) is inextricably linked to how the profession is viewed (or whether it is viewed as a profession at all), the discussion of the history of PSI will necessarily include the development of educational programs along with the expansion of employment opportunities as standards and expectations have changed over the years. After tracing the evolution of such programs to the present time, I will list the *essential elements of training* that scholars in the field have identified, using them as a benchmark to see how the U.S. measures up. The article will conclude with a discussion of issues that complicate the delivery of interpreter training in this country and some recommendations for the future.

1. Definition

Bancroft and Rubio-Fitzpatrick (2009: vi) define *community interpreting* as “interpreting that takes place in any community setting, with a particular focus on government and nonprofit community services, particularly [in] health care, education and human and social services”, though they mention legal settings as well. There is considerable disagreement about whether these “community settings” include the courts, and some authors (Bancroft and Rubio-Fitzpatrick 2009; Pöchhacker 2004) distinguish *court interpreting* from the broader term *legal interpreting*, which they do include in this domain of the profession. As can be seen in its table of contents, *The Routledge Handbook of Translation Studies* (Millán and Bartrina 2013: vii) considers *legal interpreting* to be separate from *community interpreting*. I have asserted elsewhere (Mikkelson 1996: 77) that because “the services are provided to the residents of the community in which the interpreting takes place, not to conference delegates, diplomats, or professionals traveling abroad to conduct business”, they do include court interpreting. Pöchhacker (2004: 15) states that healthcare interpreting and legal interpreting are “the most significant institutional domains” of what he calls *community-based interpreting*. Whether or not PSI includes services provided in judicial proceedings, similar issues arise in the training of prospective interpreters regardless of where they will work. For example, interpreting skills per se (consecutive and simultaneous interpreting and sight translation) are required for interpreting in all settings, as is a knowledge of interpreting theory. In addition, the role-plays designed to simulate real-life dialogues or ethical dilemmas are recommended both by curricula for court interpreters (e.g., Corsellis and Ostarhild 2001: 111 and Torres Díaz, Grollmann and Marquant 2001: 122-23) and by those for community interpreters (e.g., Hale 2007: 189), though the content will vary according to the setting for which students are being prepared. Moreover, because the focus of this article is PSI in the U.S., and many of the standards and training that have been developed are in the area of court interpreting, I will include it in this discussion.

A note about terminology: Although the term *community interpreting* is the preferred term in the U.S. (González, Vásquez and Mikkelson 2012: 85), in deference to the name of this journal I will use *public service interpreting (PSI)* in the rest of this article, except when quoting other authors.

2. History of PSI in the U.S.

Many authors (e.g., Baigorri-Jalón 2000; Pöchhacker 2004; Giambruno 2008; Bancroft and Rubio-Fitzpatrick 2009; González, Vásquez and Mikkelson 2012) have pointed out that interpreting as a profession or occupation has existed for millennia. In modern times, the first large-scale use of paid interpreters to provide services in the public sector in the U.S. can be traced back to the 1960s and 1970s. In 1964, sign language interpreters paved the way for professionalization when they founded the Registry of Interpreters for the Deaf (RID). That same year, the Civil Rights Act was passed, marking the end of overt discrimination against minorities (including linguistic minorities, although the law did not explicitly provide for language rights). Gradually, the effects of the Civil Rights Act were manifested in a number of court decisions on language rights and in the passage of legislation such as the Court Interpreters Act of 1978 mandating the use of interpreters (González, Vásquez and Mikkelson 2012). The Americans with Disabilities Act of 1990 spurred the recognition of Deaf people's language rights even further, and Executive Order 13166 (signed by President Clinton in 2000) explicitly required all institutions receiving federal funding to accommodate the language needs of all of their limited-English-proficient clientele on pain of losing that funding. A succession of court decisions and legislative acts continued to expand notions of civil rights, and eventually it became standard practice in law enforcement agencies, courts, hospitals, schools, and other public entities to provide access to linguistic minorities through translators and interpreters (González, Vásquez and Mikkelson 2012).

As a result of these developments, the PSI profession has grown exponentially and will continue to do so for many years. According to the U.S. Department of Labor, because of the increasingly diverse population in the U.S.,

Employment of interpreters and translators is expected to grow 42 percent from 2010 to 2020, much faster than the average for all occupations. ... In particular, job opportunities should be plentiful for interpreters and translators specializing in healthcare and law, because of the critical need for all parties to fully understand that information. (U.S. Department of Labor 2012: n.p.)

It should be noted that many interpreters in the public sector, especially in health, education and human services, are bilingual employees who provide interpreting in addition to their regular duties and are not necessarily included in government statistics on the employment of interpreters. Bancroft and Rubio-Fitzpatrick (2009: 13) call them “adjunct or dual role interpreters”, noting that there is a great deal of confusion “because no distinction is made between those who provide services in another language and those who interpret from one language to another”. They argue that these employees should receive not only the same training that all interpreters should undergo, but also instruction in how to analyze complex situations and avoid conflicts of interest arising from their multiple duties (*ibid.*: 14).

As interpreters (whether trained or not) have become more ubiquitous in public institutions, officials have recognized the need to set standards to ensure quality. The first sector to do so was the judiciary, most notably by establishing certification exams in response to legislation such as the 1978 Court Interpreters Act. No discussion of PSI training in the U.S. can ignore the issue of certification, which according to Roat (2006: 3) means that “a particular certifying body is guaranteeing that the certified individual has the capacity to

perform a particular set of skills up to an established criterion”. She notes that certification usually includes testing – which it did in the case of court interpreting – but it can also be based on education and experience alone, though “a certification without concrete skills testing ... would have little credibility” (Roat 2006: 3).

Once rigorous standards were set, training programs began to proliferate to help candidates prepare for the exams. At least one existing school of interpreting, the Monterey Institute of International Studies, began incorporating court interpreting into its curriculum and offering short courses focusing specifically on this type of interpreting. Other programs, such as the Summer Institute for Court Interpretation at the University of Arizona, were founded precisely because of the demand created by the certification exams. These pioneer programs were followed by certificate and degree programs at colleges and universities across the country, as well as for-profit companies offering test preparation courses (González, Vásquez and Mikkelsen 2012: 1145-47).

The field of healthcare or medical interpreting followed suit in the 1990s, though it took a different path. According to Roat (2006: 1), many factors led to increased awareness of the need for quality interpreting in these settings: demographic changes in the U.S., research documenting the impact of poor interpreting on all aspects of health care (including cost, unfortunately the only factor that got the attention of many hospital administrators), and guidance from the U.S. Department of Health and Human Services Office for Civil Rights following the promulgation of Executive Order 13166.

Rather than relying on legislatures to impose standards and regulations, professional healthcare interpreters themselves took the initiative. First came the development of the Medical Interpreting Standards of Practice by the Massachusetts Medical Interpreter Association in 1995, which was soon followed by an effort to develop a certification tool (Roat 2006: 80). A variety of training and testing programs were developed by public and private entities in the ensuing years (a thorough description of each can be found in Roat 2006). Some of these programs were carried out in conjunction with legislative initiatives at the state level. However, there was increasing pressure by both the healthcare industry and interpreters themselves to create a national certification that would impose uniform standards and eliminate confusion about the myriad credentials available to interpreters. The National Council on Interpreting in Health Care (NCIHC) addressed the issue of national certification (NCIHC 2009), cautioning that a testing program could not be successful if it did not take training into account. Therefore, the NCIHC embarked on the development of standards for healthcare interpreter training programs, which it published in 2011.¹ However, the campaign for national certification continued despite this caveat, and in fact two competing national testing programs emerged: the National Board of Certification for Medical Interpreters (NBCMI) and the Certification Commission for Healthcare Interpreters (CCHI). The resultant confusion has further muddied the waters for users of interpreting services as well as interpreter education programs. Nonetheless, the NCIHC Standards were a major accomplishment that set a high bar not only for healthcare interpreter training, but for PSI training in general.

Other PSI sectors in the U.S. are not nearly as well developed as court and medical interpreting. I do not know of a single professional organization or association catering to interpreters in education, social services or other PSI settings. Existing professional associations such as the American Translators Association (2013) and the International Medical Interpreters Association (2013) occasionally offer workshops focusing on educational and other public service settings at their annual conferences, but other than that there is very little training and no established standards for interpreting in these sectors. There

¹ Available for download at <http://www.ncihc.org/standards-for-training-programs>.

are government regulations like Executive Order 13166 that require public service entities such as schools and public assistance agencies to meet the language needs of the populations they serve, but these regulations contain no standards regarding the qualifications of the individuals providing language services.

It should be pointed out that Spanish is the dominant foreign language in the U.S. and other languages, though spoken by large numbers of residents overall, do not account for many speakers in any given location. Therefore, the vast majority of the training programs that do exist offer courses in Spanish only, neglecting the other languages. Relatively new degree programs focus primarily on Spanish PSI, although they often have generic names such as Bachelor in Spanish Translation and Interpreting (see, for example, UT Brownsville 2013). There are some programs that are “language neutral”, featuring core lectures and readings in English and language-specific work groups facilitated by bilingual instructors. One example of such a model is described by Swabey and Sherwood-Gabrielson (1999); another example is the recently inaugurated Master of Professional Studies in Public Service Interpreting at the University of Maryland, which

... offers regular instruction in high demand languages, including Arabic, Chinese, French, German, Italian, Korean, Persian, Portuguese, Russian, and Spanish. Other languages can also be accommodated. Full language programs in standalone language sections generally require 8-10 students and are offered as demand allows. The multilingual classroom is a hallmark of the program, particularly in the second-year Professional Practice Forum courses. Students whose languages are not represented in large numbers in the program complete much of their coursework in a multilingual track, in which multilingual instructors guide students who have language pairs that the students do not necessarily share. (Office of Extended Education 2013: n.p.)

One program that has become a model for the entire country in the field of healthcare interpreting (for good or for ill) is “Bridging the Gap”, sponsored by the Cross Cultural Health Care Program (CCHCP 2013a and b). It is a 40-hour, language-neutral course that is offered throughout the U.S. under license by trainers who have undergone the CCHCP train-the-trainers course. Because it was the first of its kind and has become very popular (it currently has 77 licensed training agencies in 31 states), other entities have adopted the 40-hour model and this number of hours has become the national standard. For example, a minimum of 40 hours of training is one of the prerequisites for qualifying to take both the CCHI and the NBCMI exams (CCHI 2009; NBCMI 2012). The NCIHC Standards (2011: 7-8) consciously avoid recommending a particular number of contact hours for instruction on the grounds that no research has been done to quantify the time required to master the relevant skills; instead, they focus on the essential elements of training.

There are many nonprofit agencies similar to CCHCP that offer interpreting services to their communities and have designed their own training programs to meet local needs in PSI, covering a variety of interpreting settings and ranging from 40 to 70 hours. An example of such a program is the Multicultural Community Service of Washington, DC (MCS n.d.). In addition, some for-profit agencies provide both language-neutral and language-specific training, often online (Interpreter Education Online 2013; and de la Mora Interpreter Training 2013). It should be pointed out that few of these non-degree programs screen for language proficiency as a prerequisite for training. Moreover, most of the courses described here offer certificates of completion, which are often confused by users of interpreting services with the certification awarded after passing an exam.

Fortunately, a growing number of universities are opening rigorous certificate or degree programs in interpreting for spoken language interpreters, following the lead of the myriad undergraduate and graduate degree programs available to sign language interpreters (Pöchhacker 2004: 31-32). Examples include the University of Arizona, the University of Texas at Brownsville, the University of Maryland, and Century College. At the Monterey

Institute of International Studies, for a long time the only graduate program in interpreting in the U.S., my colleagues and I have been developing the curriculum for a graduate certificate in community interpreting that is intended to complement the M.A. degrees on offer. A comprehensive list of training programs in the U.S. can be found on the website of the American Translators Association (ATA 2013b). Other than informal approval or recommendation by professional associations, however, there is no formal field-specific accreditation of spoken language interpreting schools. Exceptionally, sign language interpreters in the U.S. have a robust accreditation system in place that has awarded accreditation to 13 programs (CIT 2013).

3. Training Needs

It is clear from the above review of recent history that most stakeholders finally recognize the need for adequate training, though their awareness of what constitutes a qualified interpreter is still weak. Recognizing that training is necessary is just the first hurdle, however. Implementing programs that meet the rigorous standards established by the NCIHC and recommended by eminent scholars (discussed below) while also addressing the multitude of languages prevalent in PSI in the U.S. will be a difficult process. In order to determine in relative terms where the country stands today and where it needs to go, I will examine what the experts say is essential for the training of PSIs. As is the case in the U.S., PSI as a profession has been ignored by existing interpreter associations and professionals in other fields who often work with interpreters, such as doctors, lawyers and social workers (Kainz, Prunč and Schögler 2011: 7). Many writers (Hale 2007; Corsellis 2009a and b; Kainz Prunč and Schögler 2011; Vargas-Urpi 2011) have remarked on the fact that PSI still has a relatively low status, and therefore there is little incentive for extensive training. The use of untrained, ad hoc interpreters in community settings is still far too common; Bahadir (2011: 179) describes the phenomenon vividly as the “lay interpreter emerging from the bowels of the migrant community”. Hale (2007) identifies this among the factors that make training “one of the most complicated and problematic aspects” of PSI. They include:

1. lack of recognition for the need for training;
2. absence of a compulsory pre-service training requirement for practicing interpreters;
3. shortage of adequate training programs; and
4. quality and effectiveness of the training. (Hale 2007: 163)

Before going into detail on the recommended components of PSI training, I will mention some general considerations highlighted by many authors. First, PSI curricula cannot be developed in a vacuum, but must reflect the needs of the communities or countries where the schools are located (Fernández Pérez and Toledano Buendía 2011). Furthermore, it should not be assumed that training for conference interpreting necessarily prepares interpreters to work in public service settings, given the need for specialized instruction in dealing with the intimate, conflict-ridden nature of the interactions in such settings (Bahadir 2011). Pérez and Wilson (2011) make some noteworthy points: One is the conflict between pressure to simplify requirements for entering the profession due to urgent demand, and recognition of the difficulty of acquiring all the skills need to interpret proficiently:

There is a certain tension between the “vocational training” and the “professional education” view of interpreter training with statements made about the need for “fast-track routes” to qualification and criticism that there is “too much theory” in university courses. The first of these comments is generally inspired by frustration at the lack of competent, qualified interpreters (particularly in certain language combinations) and the second is often due to misperception and a lack of

understanding of what an interpreter actually “does” and how a university actually “trains” and “educates” interpreters.

Given the complexity of the cognitive tasks involved in public service translation and interpreting, there appears to be a growing consensus that training should take place at [a] higher education level because mediated professional settings require “smart” interpreters who can make informed judgments based on authentic practice as well as informed theoretical knowledge. (Pérez and Wilson 2011: 245)

Pérez and Wilson (2011) also assert that the users of interpreting services should be involved in curriculum planning and actual delivery of instruction to ensure that students are prepared for the real demands of the working environment. This involvement, which they call the “interlinked approach”, also makes service users more aware the complexities of working with interpreters and provides the authenticity that many authors recommend (e.g., Johnston 2007; Rudvin and Tomassini 2011; Valero-Garcés 2008, 2011). The final general point made by Pérez and Wilson, that is relevant to this discussion, is the need for training to include extensive instructor and peer feedback as well as self reflection to equip interpreters for the “skills and knowledge which will allow them to engage with this ongoing process of negotiation ... in their subsequent working life” (Pérez and Wilson 2011: 251).²

Do training programs in the U.S. reflect these considerations? The NCIHC standards (2011: 17-19) do recommend feedback and self reflection as well as a supervised practicum, but other than recommending guest lectures by practitioners (presumably medical professionals) they do not mention the involvement of service providers in curriculum development. Nor do they advise that instruction take place exclusively at institutions of higher learning. At any rate, it is not clear how many training courses meet those standards, given that there is no field-specific accreditation of interpreter education programs. To be sure, the IMIA (2013b) has recently developed an accreditation program, but the organization’s website does not list any accredited training providers. A number of authors in the field of court interpreting (e.g., Benmaman 1997, 1999; González, Vásquez and Mikkelsen 2012) have also made recommendations about what interpreter training should include, but the descriptions of court interpreting degree and certificate programs available on the schools’ websites do not provide detailed information on their pedagogical approaches.

3.1 Recommended Components

Most scholars agree on what knowledge, skills and abilities (KSAs) PSIs should acquire before embarking on their careers, and accordingly what should be included in a PSI training curriculum. First, the KSAs; a summary of those identified by Hale (1997: 177), Valero-Garcés (2011: 137), and Pérez and Wilson (2011: 249) is provided below:

1. advanced language competence, including a wide mastery of regional varieties, colloquialisms, idioms and slang
2. excellent memory, listening and comprehension skills
3. adequate public speaking skills
4. mental dexterity (Pérez and Wilson call this “the ability to ‘spin plates’”)
5. competence in two-way interpreting (long and short consecutive, including note-taking)
6. competence in one-way interpreting (simultaneous *chuchotage*)
7. sight translation
8. management skills (ability to intervene as appropriate and to coordinate and control the interaction)
9. ability to handle briefings and debriefings

² See also Fowler 2007; Johnston 2007; van den Bogaerde 2007; Skaaden and Wattne 2009; Lesch 2011.

10. profound awareness, integration and application of the code of ethics and best practices
11. ability to engage in reflective practice
12. interpersonal skills that enable them to deal with ethical dilemmas and traumatic situations
13. cross-cultural awareness, knowledge of relevant countries and cultures
14. understanding of the field, professional culture, practices and procedures of allied professionals, as well as the goals of their institutions
15. mastery of specialist terminology
16. knowledge of the theories that underpin the practice of interpreting (linguistics, sociolinguistics, pragmatics, discourse analysis, translation theory)

Next, I will examine the key components of the curriculum, as enumerated by Hrehovčik (2009), Rudvin and Tomassini (2011) and Valero-Garcés (2011). For short courses, Hrehovčik (2009: 162) recommends following a 45-hour model developed at the University of Minnesota, consisting of 10 classes:

1. Overview of interpreting and definitions of terms
2. The interpreter's role
3. The linguistic, cultural, situational, and professional tasks of interpreting
4. Processes and skills required for interpreting
5. Preparation and protocol
6. Ethics and ethical decision-making
7. Process management
8. Overview of interpreting in medical settings
9. Overview of interpreting in legal settings
10. The profession of interpreting

As I pointed out earlier, a short course such as this is typical of what is offered in the U.S. and is not considered adequate in light of the myriad, complex skills that must be acquired (e.g., Roberts 2002; Hale 2007; Valero-Garcés 2011). Rudvin and Tomassini (2011: 90-93) provide a sample curriculum for 60 hours of instruction, noting that the basic curriculum could be expanded with coverage of additional settings if a longer course is contemplated. They recommend the following components:

1. Course introduction
2. An introduction to interpreting for private and public institutions in the country at issue
3. Interpreting skills, competencies and techniques
4. Interpreting for specific sectors (business, health services, mental health, the legal sector)
5. Specialized terminology for each sector, practical exercises such as role play
6. Codes of ethics and the interpreter's role
7. Issues of cross-cultural and intercultural communication
8. Varieties of English (or other lingua francas)
9. Summing up and on-the-job issues

The curriculum of the Master's Degree in Intercultural Communication, Interpreting and Translation in Public Services, a one-year program offered at the Universidad de Alcalá de Henares in Madrid (Valero-Garcés 2011: 129), is much more comprehensive than the ones described above. It is a one-year course in seven language pairs totaling 60 European Credit Transfer and Accumulation System (ECTS) units, comprised of the components shown in Table 1.

Table 1. Master's Degree in Intercultural Communication, Interpreting and Translation in Public Services

Modules	Subjects
I. Interlinguistic Communication (online)	<ol style="list-style-type: none"> 1. Inter-linguistic Communication (5 ECTS) 2. Institutional Communication with Foreign-Origin Communities (7 ECTS)

	3. Techniques and Resources for PSIT (I) (6 ECTS)
II. Interpreting and Translating in Healthcare Settings (on site)	4. Techniques and Resources for PSIT (II) 5. Interpretation in Healthcare Settings (language-specific) (5 ECTS) 6. Specialised Translation: Healthcare Settings (language specific) (5 ECTS)
III. Interpreting and Translating in Legal, Administrative, Educational Settings (on site)	7. Techniques and Resources for PSIT (III) 8. Interpretation in Legal-Administrative Settings (language specific) (8 ECTS) 9. Specialised Translation: Legal Settings (language specific) (5 ECTS) 10. Specialised Translation: Administrative Settings (language specific) (5 ECTS)
IV. Internship or Practicum	11. Internship in Public/Private Institutions (5 ECTS)
V. Master's Thesis	12. Research Project (9 ECTS)

Source: Valero-Garcés 2011: 129

Like the program at the Universidad de Alcalá de Henares in Madrid, the Glendon School of Translation's one-year Graduate Diploma in General Interpreting (at York University in Toronto) features online instruction, but in this case the entire series of courses is delivered online. Students take courses in conference, court and healthcare interpreting, as well as interpreting studies, the Canadian healthcare and court systems and international organizations. The two terms of coursework are followed by "work placements in healthcare and conference settings" (Glendon College 2013a and b).

3.2 Methods of Instruction

Finally, the various works on PSI education tend to agree on the methods by which training is delivered. For example, the methodology reported by Pérez and Wilson (2011: 253) "involves a combination of generic interactive lectures, realistic simulations and interactive seminars", and they provide a detailed description of each one. As noted above, they also stress the importance of involving "service users" (professionals who will be working with interpreters in the field) directly in the training, for the mutual benefit of both students and their future clients. Rudvin and Tomassini (2011) recommend lectures and readings, role play and simulation with dialogues, guest speakers, practical skill-building exercises, and videos. Hale (2007: 179-182) provides a very useful and comprehensive list of the methodology and materials recommended for each area of competence, and Bancroft and Rubio-Fitzpatrick (2009) have developed an entire workbook full of exercises to accompany their textbook. The use of realia, to the extent possible, is emphasized by a number of authors, though they caution that for reasons of privacy, it is not always possible to observe or record actual interactions in PSI settings (Hale 2007; Corsellis 2009; Pérez and Wilson 2011; Rudvin and Tomassini 2011).

3.3 Unresolved Questions

The curricular recommendations raise some interesting questions. One is the role of research in interpreter education. It is widely (albeit not universally) agreed that interpreter trainers need to be aware of research findings so that they can incorporate them into their instructional approaches (Pöchhacker 2004; Hale 2007), and most of the curricula discussed here expose student interpreters to interpreting research and theory. However whether students should actually *engage* in research is not as extensively accepted. Exceptionally, both Hale (2007) and Valero-Garcés (2011) – who, it should be noted, advocate for training at the postgraduate level – stress the importance of training students in research methods. Hale (2007: 193) explains, "If research in this field is to be promoted and its results used to inform both

training and practice, training in research methods is crucial". She also cites another reason why research and training should be closely linked:

There is a need for productive cross-fertilisation between research, training and the practice of interpreting, where practice generates research questions, research investigates and provides answers to those questions, and training incorporates those answers in their [sic] curricula in order to inform practice. (*ibid.*: 198)

Although the curricula of PSI training programs in the U.S. are not usually available to the public, it is highly unlikely that students are taught how to conduct research in view of the short duration of most courses.

Another issue worth examining is the role of distance education. Many programs now feature at least some online learning, and a few are provided entirely through the Internet. It has been pointed out (for example, by Skaaden and Wattne 2009 and Fernández Pérez and Toledano Buendía 2011) that distance learning enables educators to reach a far wider student population, which is particularly critical in large countries and in those where a large number of languages are spoken. This methodology has become increasingly common in the U.S., just as it has elsewhere.

A related topic is whether training in remote interpreting (telephone-, video- or Internet-based) is an essential element of PSI education, given that new technologies are revolutionizing not only how education is delivered but also the way service providers communicate with their clients. This feature is emphasized by some authors, such as Wang and Zhang (2011) and Fernández Pérez and Toledano Buendía (2011), and is also covered in many programs in the U.S. Most of these are companies that provide interpreting services and train their own interpreters, but interpreting schools are now recognizing the need to prepare their students for remote interpreting (see, for example, Kelly 2008: 5).

Traditionally, it has been assumed that PSI involves only consecutive interpreting (CI), and that simultaneous interpreting (SI) is performed only by conference interpreters (Pöchhacker 2004), but it is becoming increasingly apparent that PSIs perform SI on a regular basis, at least in the whisper or *chuchotage* mode (Hale 2007: 177; Valero-Garcés 2011: 137). For this reason, more and more PSI training programs in the U.S. and elsewhere are including SI in their curricula, if only as an elective (Glendon College 2013a; Office of Extended Education 2013; UT Brownsville 2013).

Two final issues to be addressed are screening and the question of language-neutral vs. language-specific training. The two are related, because it is much easier to screen for basic language proficiency when the coursework is presented in one or more particular languages; with language-neutral courses, screening may be done in the core language only (English, in the case of the U.S.) or in a limited set of languages (for examples see Century College 2014; Office of Extended Education 2013; and University of Minnesota 2009). A great many courses do not screen applicants at all, which undermines the credibility of the credentials they offer (Pöchhacker 2004; Hale 2007). Rudvin and Tomassini (2011: 81-84) discuss the issue of language specificity and screening in depth and make a number of valuable recommendations.

3. Conclusion

The preceding review of PSI training in the U.S. as measured against the standards recommended by scholars reveals that PSI professionalization and the concomitant education programs are growing in number and quality, but there is plenty of room for improvement. Certificate and degree programs alike should strive to meet the standards set by the NCIHC

(2011) and follow the models presented by Hale (2007) and Valero-Garcés (2011). Exemplary courses of study such as the degree programs available for sign language interpreters and the certificate, BA and MA programs offered for spoken-language interpreters by Century College, the University of Arizona and the University of Maryland, respectively, should be emulated throughout the country. An accreditation system similar to that implemented by the CIT for sign language interpreting schools should be put in place for all interpreting programs. In this way, quality training will beget quality interpreting, thereby enhancing the prestige of the profession and improving pay and working conditions. In turn, the attractiveness of employment as a PSI will provide more incentives for improving training, and the profession will finally be able to break the “vicious cycle” described by Vargas-Urpi (2011: 82), with low prestige leading to low pay leading to little incentive for training leading to a lack of training, and on and on.

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