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When There Are No Words:
ASL/English Interpreter Practices with
Alingual and Semi-lingual *deaf* Immigrant Children

By

Roselia M. Fichera-Lening

A thesis submitted to Western Oregon University

In partial fulfillment of the requirements for the degree of:
Master of Arts in Interpreting Studies
August 2016
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**WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF
WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSED**

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ASL/English Interpreter Practices with
Bilingual and Semi-bilingual deaf Immigrant Children

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*and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment
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ABSTRACT

The purpose of this study was to extend the current research on alingual deaf immigrant studies to include the American Sign Language (ASL)/ English interpreters who work with them. The investigation included questions: How does working with alingual deaf immigrant children affect the work practices of ASL/English interpreters? How does the documentation status of alingual deaf immigrant children affect the work practices of ASL/English interpreters? In what ways do collaborative practices with other interpreters or peer professionals impact the work practices of ASL/English interpreters working with alingual deaf immigrant children?

Nineteen participants from across the United States completed a mixed method survey. Participants were ASL/English interpreters over the age of 18, all of whom had experience with alingual or semi-lingual immigrant deaf children. The online questionnaire was administered through interpreting social-media websites and collected data from working ASL/English interpreters who have experience with alingual and semi-lingual deaf immigrant children. The survey further gathered data on peer professional collaboration and if the rights of the alingual deaf immigrant child appeared to be influenced by documentation status.

The main results support the following perceptions: that when ASL/English interpreters use their preparation time and are well prepared they perceive inter-professional collaboration as more useful. The data also support the conclusion that when ASL/English interpreters perceive that they are well prepared they perceive a higher level of collaboration (as ranked on Table 4), with other professionals as best when working

with alingual or semi-lingual deaf immigrant children. There is a relationship between ASL/English interpreters' perceptions of how useful it is to be well prepared for an interpreting assignment and perceptions of the usefulness of collaborations with peer interpreters. Data also support that when ASL/English interpreters collaborate they perceive that they are seen as useful to their peers when working with alingual or semi-lingual deaf immigrant children.

Keywords: Alingual, children, collaboration, deaf, immigrant, interpreter, semi-lingual

CHAPTER 1: INTRODUCTION

Interpreters are challenged to communicate with and provide services to alingual deaf immigrant children due to not sharing a language. The subject of alingual immigrant deaf children is largely an understudied subject in conjunction with American Sign Language (ASL)/English interpreter experiences'. Alingualism refers to those who are languageless, and those who do not have a full command of any language (Alingual, 2014). For ASL/English interpreters who work with deaf immigrant alingual children, or those who do not have a first language, or an A-Language (Humphrey & Alcorn, 2007), offering an interpretation is nearly impossible. The challenge for interpreters centers on the fact that these children are "acquiring not one new language and culture, but at least two" (Gerner de Garcia, 1995, p. 455).

Pape, Kennedy, Kaf, and Zahirsha (2014) estimate that there are more than 18,000 deaf and hard of hearing children in the United States. The Pew Research Center (2015) estimates that if trends in migration continue, 88% of the American population will be immigrants by 2065. Deaf immigrant children will have unique paralinguistic needs, and thus the results of this study may be used to support the ASL/English interpreters working with them.

Gerner de Garcia (1995) acknowledged that deaf "immigrant students are depending on the input of two languages they do not know," a visual signing system, and English "presented orally and/or in written form" while in schools (p. 457). The inability to effectively communicate excludes minimal language competent (MLC) individuals as a full member of communities. MLC individuals are those with limited linguistic skills (Neumann Solow, 1988).

This study surveyed participants who were over 18 years of age, who have worked as an ASL/English interpreter for more than a year, and those who have interpreting experience with alingual or semi-lingual deaf immigrant children (n=19). The survey was an online questionnaire administered through interpreting related social-media websites. Both quantitative and qualitative data was collected, and data were analyzed using convergent design and thematic coding (Wisdom & Creswell, 2013). Eight out of 20 participant responses indicated that documented or undocumented alingual deaf immigrant children were “sometimes” protected equally from exploitation. The data was further analyzed to find correlations between the perceptions that when preparation time is utilized, inter-professional collaboration is perceived as more useful. When ASL/English interpreters perceive that they are well prepared their perception of inter-professional collaboration (as ranked on Table 4) increases when working with alingual or semi-lingual deaf immigrant children. Further, data also support that when ASL/English interpreters collaborate they perceive that they are seen as useful to their peers when working with alingual or semi-lingual deaf immigrant children.

Background

My interest in the research of alingual children began years ago as an educational ASL/English interpreter, when I encountered multiple minimal language competent (MLC) deaf children who, incidentally, were immigrants or from migrant families. I was tasked to interpret academic concepts, in a classroom, by using a signed language with children who had not been exposed previously to any linguistic concepts. A formal

investigation into the experiences of working ASL/English interpreters may shed some light onto the work that ASL/English interpreters do while engaged with these children, and whether those work practices change when the child is undocumented.

The literature indicates that primary resources have not have investigated the practices of working ASL/English interpreters while working with the selected client population. Prior research has centered on interpreting with Minimal Language Competent (MLC) individuals (Miller, 2000; Neumann Solow, 1988), methods of language acquisition (Humphries et al., 2012), pedagogy for the immigrant deaf child (Gerner de Garcia, 1995), rights of linguistic development (Haualand & Allen, 2009; Humphries, Kushalnagar, Napoli, Padden, & Rathmann, 2014; Trovato, 2013), linguicism (Murillo & Smith, 2011), the hearing alingual (Peale, 1991), spoken language interpreters' collaboration with Speech Language Pathologists (SLPs) and audiologists (Langdon & Cheng, 2002), and collaboration with Deaf interpreters or "lay people who have special knowledge of the homesigns" (Best Practices Manual, 1999, p. J-14; Metzger, 2003; Mirdal, Ryding, & Sondej, 2011). Papic, Malak, and Rosenberg (2012) and Mirdal et al. (2011) include both interpreters and immigrants in their respective studies, though these studies seem to neglect the inclusion of interpreter experience, and no study includes the interpreter experience with the alingual or semi-lingual immigrant deaf child. A semi-lingual is defined as a monolingual individual who begins a second language (L2) acquisition resulting in inadequate competence of either language (Duncan, 1989; Harris & Ratner, 1994).

Immigrant deaf and hard of hearing children are often not establishing a dominant language, and in some cases not establishing a language at all (Krikorian, 2002, para. 1).

Alingualism is a term referring to a person who is languageless or those who do not have a full command of any language (Alingual, 2014). In Krikorian's (2002) article on hearing immigrant children, he quoted a teacher who described children in an English as a Second Language (ESL) classroom. The teacher described children who do not have a command of a full language: "These children are growing up knowing neither English nor Spanish... it's as if they don't have a dominant language... They're alingual" (para. 2).

Worldwide there are an estimated 222.4 million deaf people in developing countries without any linguistically appropriate education (Justice & Searls, 2010). ASL/English interpreters in the United States encounter immigrant individuals with unique "paralinguistic" issues (Dean & Pollard, 2013, p. 58). A paralinguistic problem for an interpreter is any challenge with the expressive source language (e.g., signed or spoken accents, mumbling, signing with one hand). As of early 2014, there are more than 18,000 documented and undocumented deaf immigrant children in the United States¹ (Pape et al., 2014).

A majority of those children that mass immigrated to the United States in 2014 came from Honduras, Guatemala, and El Salvador; these countries offer bilingualism in their schools but may not enforce such efforts (Haualand & Allen, 2009). Occasionally there is a misplacement or misdiagnosis, as evaluators may not recognize foreign signing systems (Gerner de Garcia, 1995), and a child may be placed into an Exceptional Children (EC), or special education, classroom with children diagnosed as having developmental delays. One can assume therefore that a portion of these immigrant

¹ Please note: the immigration of children from South America to the United States that occurred during the summer of 2014 is not reflected in this number.

children who are deaf may be misdiagnosed—and consequently remain uneducated—and that alingualism or semi-lingualism remains unchecked. Gerner de Garcia (1995) categorized deaf immigrant students into two groups: those who have a foreign language literacy and those with limited or no formal education. When these children are provided interpreting services, they are often labeled as alingual and may not be further provided with accommodations matching their needs. This is where the following research intersects.

As the immigrant population is projected to increase, the investigation of the ASL/English interpreters' practices when working with alingual or semi-lingual deaf immigrant children may add to the literature on how languagelessness impacts the ASL/English interpreter work practices.

Statement of the Problem

Interpreters are challenged to provide interpreting services to alingual deaf immigrant children with whom they do not share a language. The problem is multidimensional for interpreters; these children may be dysfluent, acquiring their first language, or they may be functioning with a foreign, yet unidentified, signed language. The investigation of ASL/English interpreter practices while working with alingual immigrant deaf children may help us reduce the challenges of providing effective communication through interpreting services to these children. The investigation may aid ASL/English interpreters in the future to begin to overcome language barriers in providing interpreting services to these children.

The key research questions and concepts of the research focus were:

RQ: How does working with alingual deaf immigrant children affect the work practices of ASL/English interpreters?

Sub Questions:

- How does the documentation status of alingual deaf immigrant children affect the work practices of ASL/English interpreters?
- In what ways do collaborative practices with other interpreters or peer professionals impact the work practices of ASL/English interpreters working with alingual, deaf, immigrant children?

Also, this research investigates how merely providing interpreting services does not equate to equal access to communication for alingual deaf immigrant children. Understanding practices of ASL/English interpreters while working with alingual or semi-lingual deaf immigrant children is a critical first step, to be followed by further study as to how collaborating with professional peers may improve the “psychophysical integrity” of these children (Trovato, 2013, p. 412).

Purpose of the Study

The purpose of this study is to extend the current research on children who are deaf alingual immigrants to include the ASL/English or trilingual interpreters who work with them. This work seeks to understand the practices of ASL/English interpreters working with these children; it attempts to explore whether the child’s documentation status affects the ASL/English interpreters work practices and how ASL/English interpreters create a successful language transfer. The immigrant population is projected to increase in the United States. An investigation of ASL/English interpreters’ practices

when working with alingual or semi-lingual deaf immigrant children may add to the literature on how languagelessness impacts the ASL/English interpreter work practices.

Theoretical Bases

Successful communication with minimal language competent (MLC) deaf individuals is dependent on a shared context and/or language mode (Best Practices Manual on Interpreters In the Minnesota State Court System, 1999, J-14; Linell, 1997). Effective interpreting, or translating, effects the source language (SL) transfer of meaning to a target language (TL) “such that the text expresses the same content or is pragmatically equivalent” (Lindell, 1997, p. 62).

Using dialogical theory, where dialogue interconnects with the internal concept of self within a person’s mind and external meanings become communication, communication between individuals can occur (Hermans, & Dimaggio, 2004). To that end, meanings and understandings are related. Thus, before a language can be interpreted with alingual deaf children, an established L1 (a first language) (Duncan, 1989) or source language (SL) is needed to provide a shared framework of contexts (Lindell, 1997). Harris and Ratner (1994) suggest that due to the time needed to acquire proficiency, children should begin the L2 learning prior to elementary school. In other words, the L1, first language (Duncan, 1989), should be established prior to that time.

Role of the Researcher

This research on alingualism comes with biases. Biases include the researcher’s personal beliefs that the ASL/English interpreter maintains rights within the workspace: the right to advocate for oneself in order to fulfill the duties of the assignment to the best of the ASL/English interpreter's abilities and the right to advocate for a child’s needs.

Any language bias toward educational ASL/English interpreters is a result of my own background and is not related to the intent of the research. I have worked to reduce bias by comparing my findings with other scholars' work on collaboration as well as including interpreters outside of education within the study. I also discussed my research with peers and mentors in order to crosscheck the validity of the findings.

As an ASL/English interpreter who has worked directly with alingual and semi-lingual deaf immigrant children, I have had the opportunity to identify with other ASL/English interpreters work experiences and practices. This brings a bias of shared experience, as well as my view on the potential lifelong implications if linguistic deficits are not resolved.

Limitations

Data collected is limited to the scope, as well as to the participants who self-selected to take the survey. One strength of the study was the participating interpreters and their various backgrounds. The qualitative feedback on experiences provided a wealth of information to analyze. The researcher would like to acknowledge the limitations of the number of respondents with this study, as “quantitative analysis require[s] much larger sample size to obtain statistical significance than do qualitative analyses, which require meeting goals of saturation” (Wisdom & Creswell, 2013, p. 4), though the mixed method form has potential for further study through analysis of the findings. “Kumar (2011) suggests that an adequate response rate for a survey is between 20 per cent and 50 per cent” (as cited by Hale & Napier, 2014, p. 68). The intent of this survey was to receive more than 50 data sets; with only 20 responses collected, this limits the generalizability of the results that were analyzed.

Though the survey was available and distributed widely, the lack of responses is believed to be a limitation. This may be due to several factors: survey instrument used, terminology used in reference to deaf children, or possibly even lack of ASL/English interpreter awareness. Though it should be noted that “absence of evidence is not necessarily evidence of absence” (Morford & Hanel-Faulhelder, 2011, p. 527) of the population and interpreter experiences investigated.

Definition of Terms

A-Language: also known as an “L1,” or a first language, mother tongue, or native language. This language is typically the spoken language of the parents, though not always (Humphrey & Alcorn, 2007, p. 430).

Alingual/Alingualism: when a person is languageless, or when they do not have a full command of any language (Alingual, 2014).

American Sign Language (ASL): “a visual-gestual language ...made with its own grammar and syntax... the natural language of the Deaf community... [and] an integral part of Deaf culture” (Humphrey & Alcorn 2007, p. 430).

B-Language: “refers to one’s second language... acquired by living in a country where that language is spoken, by interacting... with people... or by studying the language formally” (Humphrey & Alcorn, 2007, p. 431).

Bilingual: the exposure of, and ability to communicate, in two languages (Humphrey & Alcorn, 2007; Harris & Ratner, 1994); or “a person who uses two or more languages (or dialects) in everyday life” (Grosjean, 1992, p. 307).

Bimodalism: “reading and writing in the ambient spoken language combined with a sign language” (Humphries et al., 2012, p. 7).

Bi-monolingual: “mastery of two languages equal to a monolingual (Duncan, 1989, p. 33).

Collaborate: to work, jointly with others, together for a special purpose (Collaborate, 2015) or “a vision, an unfulfilled promise, an aim of balance that under prevailing conditions of radical imbalance requires persistent, targeted labor” (Okwaro & Geissler, 2015, p. 507).

Communicatively handicapped: limited English proficiency (LEP) children who are limited in understanding of both the minority language and English (American Speech-Language-Hearing Association, 1985, as cited by Harris & Ratner, 1994).

Contact dialect: a minority language that is influenced by the majority language and changes to create a unique language (Duncan, 1989).

Creole language: when a language is developed “in a single generation as a result of children growing up exposed to a pidgin language” (Bickerton, 1981, as cited in Gerner de Garcia, 2012, p. 173).

deaf: Customarily capitalizing “Deaf” indicates members of a cultural group that share a language (Mindess, 1999). In this instance “*deaf*” remains lowercase in appropriate instances to indicate the languageless individuals who do not identify as sharing a language with a cultural group.

Dysfluent: Lack of fluency in an individual’s preferred language. Derived from either disruptive errors in language, a lack of fluency; or “language [that] is so distorted that the ability to communicate on a functional level is severely compromised” (Dean, n.d., para. 1).

English Language Learner (ELL): The U.S. Department of Education clarified eligibility of the ELL label to include “those deaf and hard of hearing children who have a language other than English as a native language” (as cited by Gerner de Garcia, 2013, p. 18).

Exploit/Exploitation: defined for this study as “the action, fact or act of benefiting from another in order to make use of a situation, take advantage for oneself, or treat unfairly, in order to benefit, profit or make gains for oneself off another’s resources or work” (Definition of Exploitation, n.d.; Exploitation Definition in the Cambridge English Dictionary, n.d.).

Home signs: gestures used by deaf children to communicate with their hearing family that becomes systematic (Gerner de Garcia, 2012).

Individualized Education Program (IEP): An IEP is a federally supported document created by parents and school officials that articulates the education, behavioral and auxiliary services a child will receive, as well as providing delineating how progress will be assessed.

L1: refers to an individual’s first language (Duncan, 1989).

L2: See B-Language.

Late learner: refers to deaf individuals who acquire a signed language first, as their L1 and primary communication mode, learned after early childhood (Morford, & Hanel-Faulhelder, 2011) or a language that develops after age 10 (Gerner de Garcia, 2012).

Limited-English Proficient (LEP): children who lack English proficiency [see Non-English proficient (NEP)] (Harris & Ratner, 1994).

Linguicism: “discrimination against someone because of how s/he speaks, writes, or signs” (Murillo & Smith, 2011, section 1, para. 1).

M1/L2 signers (single modality second language): refers to “individuals learning a second language” in the same modality as their first language (e.g., English and French, or ASL and Lingua dei Segni Italiana/LIS) (Pichler, 2012, p. 28).

M2/L2 signers (second modality second language): “refers to individuals learning their first sign language,” when their first modality is spoken (Pichler, 2012, p. 28).

Minimal Language Competent (MLC): “limited or nonexistent linguistic skills” (Neumann Solow, 1988, p. 18); also known as High Visual Orientation (HVO) (see Humphrey & Alcorn, 2007).

Modality: “the channel through which a message is expressed, specifically spoken (aural/oral) or signed (visual/ gestural)” (Humphrey & Alcorn, 2007, p. 439).

Monolingual: A person who can speak only one language (Harris & Ratner, 1994).

Multilingual: A person who can speak more than two languages (Harris & Ratner, 1994).

Non-English proficient (NEP): those who lack English proficiency (see Limited-English Proficient/LEP) (Harris & Ratner, 1994).

Pidgin languages: “a contact language that speakers of different languages use to communicate among themselves when they do not share a language (Bickerton, 1981, as cited in Gerner de Garcia, 2012, p. 172-173).

Psychophysical Integrity: “one’s right to develop one’s cognitive faculties and one’s right to experience appropriate social interactions. These are fundamental, inviolable rights” (Trovato, 2013, p. 412).

Semi-lingual: a monolingual who begins a second language (L2) acquisition resulting in inadequate competence of either language (Duncan, 1989; Harris & Ratner, 1994).

Source Language (SL): a language that is to be translated into another (Linell, 1997).

CHAPTER 2: REVIEW OF THE LITERATURE

The study of American Sign Language (ASL)/English interpreter practices while working with alingual deaf² immigrant children is scarce at best. A review of related literature provides starting points from which this study may borrow, though these studies do not address interpreter experience. The literature indicates that primary resources do not investigate the practices of working ASL/English interpreters while working with alingual deaf immigrant children. Prior research thus far has centered on interpreting with Minimal Language Competent (MLC) individuals (Miller, 2000; Neumann Solow, 1988), methods of language acquisition (Humphries et al., 2012), pedagogy for the immigrant deaf child (e.g., Gerner de Garcia, 1995), rights of linguistic development (Haualand et al., 2009; Humphries et al., 2014; Trovato, 2013), linguicism (Murillo & Smith, 2011), the hearing alingual (Peale, 1991), spoken language interpreters' collaboration with Speech Language Pathologists (SLPs) and audiologists (Langdon & Cheng, 2002) and collaboration with Deaf interpreters or "lay people who have special knowledge of the homesigns" (Best Practices Manual., 1999, p. J-14; Metzger, 2003; Mirdal et al., 2011). Papic et al. (2012) and Mirdal et al. (2011) include both interpreters and immigrants in their respective studies.

Although it has been more than 20 years since 1999 and young Elian Gonzalez was in the news, the issue of terminology when referring to immigrant children has not

² *deaf*: Customarily 'D' Deaf' indicates members of a cultural group that share a language (Mindess, 1999, p. 10). In this instance "deaf" remains lowercase in appropriate occurrences to indicate the languageless individuals that do not identify as sharing a language with a cultural group.

yet been resolved. Americans today tend to believe the terms *illegal immigrant* and *undocumented* are interchangeable, though both terms are steeped in sociopolitical controversy (Martin, 2010, para 2). In their recent discussion on *Tell Me More*, Johnson and Navarrette offer heated debates on the use of these terms (Martin, 2010). For the purpose of this study, “undocumented” was selected, despite the argument that these immigrants have multiple documents to produce. “Illegal” was passed over as an appropriate term due to the mental image it may evoke and it predicates the individual’s behavior. Ultimately “undocumented” was selected, as this work involves immigrant children both documented and undocumented.

So Here’s the Situation

Globally the rights of the d/Deaf are generally agreed upon, though perhaps not universally enforced (Haualand et al., 2009). According to the United Nations Convention on the Rights of Persons with Disabilities,

People with disabilities have the right to enjoy full human rights. The core factors for the human rights of Deaf people are access to and recognition of sign language including acceptance of and respect for Deaf people’s linguistic and cultural identity, bilingual education, sign language interpreting and accessibility.

(Haualand et al., 2009, p. 6)

The “Deaf People and Human Rights report is based on a survey... of 93 countries, most of which are developing” (Haualand et al., 2009, p. 6). Only 23 out of 93 countries surveyed offered a bilingual education in a signed language and their national language to deaf children. The report emphasizes that though the reporting countries do not deny deaf

people rights to education, the literacy levels and education systems provided are not sufficient.

When it comes to the topic of educating deaf children, most would readily agree that the importance lies in the child acquiring knowledge. Where this agreement usually ends, however, is on the question of method. Whereas some are convinced that cochlear implants (CIs) and oral methods are vital, others maintain that bilingual and bicultural education are a better fit (Humphries et al., 2014). Humphries et al. (2014) recognized that 80% of deaf children in developed receive cochlear implants (CIs) as a result of uninformed parents seeking guidance from medical professionals on language acquisition. These recommendations made to parents frequently result in isolation from signed languages during the primary language acquisition years (Humphries et al., 2014, p. e32). Regardless of the country's development status, scholars maintain that a bilingual approach would better serve deaf children (e.g., Gerner de Garcia, 1995; Humphries et al., 2014; Trovato, 2013). Implications of bilingual and bicultural education lean toward improved psychophysical integrity (Trovato, 2013) and psycho-social health in children (Humphries et al., 2014). Trovato (2013) explains psychophysical integrity as “one's right to develop one's cognitive faculties and one's right to experience appropriate social interactions. These are fundamental, inviolable rights” (p. 412).

Scaling the Issue of Emigrating deaf

According to Norland (2015), the migration from the global south to the global north will continue. Immigrating deaf children will be entering the Deaf, interpreter, and—at a minimum—the education communities. Pape et al. (2014) provided an estimation of 18,767 immigrant children with congenital hearing loss, and this number

increases with neglect in medical attention and as delayed onset deafness is overlooked. Further, this figure also changes with international adoptions (Pape et al., 2014). The surge of children immigrating during the summer of 2014 is not part of the statistics mentioned above, thus the number of deaf immigrant children may be even higher.

Detection of Language Deficiencies

Language deficiencies of deaf immigrant children are due to lack of healthcare for babies and hearing parents who either do not use or learn a signed language with their deaf children (Pape et al., 2014). One must also consider that U.S. Immigration policies play their own part in the perpetual instances of the languagelessness of deaf children. Whereas the Newborn Hearing Screening laws are in effect for babies born in American hospitals, a “hearing evaluation is not required as part of the mandatory medical evaluation when immigrating to the United States” (Health Related Grounds of Inadmissibility and Medical Examination, 2009, as cited in Pape et al., 2014, p. 239). The Newborn Hearing Screening is a policy which provides hearing screenings to newborns less than one month old (National Conference of State Legislatures, 2011). In rare cases, there are the unfortunate incidences of isolation from language, abuse, and neglect (Ramirez, Lieberman, & Mayberry, 2013). With psychological and educational misdiagnosis and misplacements, alingualism and semi-lingualism may remain unchecked as signed languages are limited in the settings where those children are placed (Gerner de Garcia, 1995).

Education of d/Deaf Immigrant Children

Assimilation and Linguicism. Research shows that the natural language of the Deaf is a signed language (Sign Language – WFD, n. d.). In the United States, the natural

language of Deaf citizens is American Sign Language (ASL), though it is recognized as a foreign language with legislation in only 40 states (States that Recognize American Sign Language as a Foreign Language, 2004). On the other hand, as an immigrant to the United States, in most cases, a child's native language would be foreign (Peale, 1991), and as a deaf immigrant child, their natural language would be a foreign signed language. Foreign signed source languages (SL) may not be recognized by evaluators and thus the evaluator may misdiagnose the child (Gerner de Garcia, 1995).

Data on the enrollment of immigrant children (a child with at least one immigrant parent) in early education from ages three to five has shown an increase from 55% in 2006 to 59% in 2013, in contrast to the one percent increase of those born to native parents (Woods, Hanson, Saxton, & Simms, 2016, section 5, para 1). Despite this increase, those who are attending have teachers who have little education in the area of the linguistic needs of the deaf (Gerner de Garcia, 1995). In discussions of education, the issues of assimilation and linguisticism have been controversial. On the one hand, Cummins (2001) and Gerner de Garcia (1995) argue for bilingualism. A bilingual refers to "a person who uses two or more languages (or dialects) in everyday life" (Grosjean, 1992). On the other hand, policies such as No Child Left Behind (NCLB) focus on assimilation practices. Murillo & Smith (2011) cite that "Funding for English language literacy programs through NCLB and Reading First has tilted the balance even further in favor of English..." (section 4, para 13). NCLB maintains a focus on using "highly qualified" and "content-area certified" instructors, making it difficult to obtain such instructors for the ELL population of students (Neill, 2005, p. 1). Together this means that ELL students are less likely to meet the state's NCLB English proficiency requirements (Neill, 2005).

Gerner de Garcia's argument for a bilingual approach to deaf education is supported by Cummin's (2001) report on the positive effects of bilingualism. Gerner de Garcia (1995) studied Hispanic deaf students and remarked on her development of a holistic approach to teaching thematically as a worthwhile approach to "a bilingual/bicultural model in deaf education" (p. 458-9, 463). Cummins (2001) reports on the positive effects of bilingualism in regards to their educational and linguistic development; these children "gain a deeper understanding of language and how to use it effectively" (p. 17). Harrington, DesJardin, and Shea, (2010) cite language development as a key area related to academic success; pointing out that expressive and receptive skill as well as vocabulary correlate with academic achievement.

Children in American schools are expected to use a language that is "academic in nature," or Standard American English, despite No Child Left Behind (NCLB) initiatives on English Language Learners (ELL) (Harris & Ratner, 1994, p. 112, 115). The NCLB (2002) legislation was passed by Congress in 2001 to "promote academic and social achievement, especially for high-risk populations" (Harrington et al., 2010, p. 50). The U.S. Department of Education clarified eligibility of the ELL label, in 2011, to include "those deaf and hard of hearing children who have a language other than English as a native language" (Gerner de Garcia, 2013, p. 18). This clarification would include deaf immigrant children. "Children from lower socioeconomic status families may be at further risk for oral language and school readiness skills because of less exposure and type of vocabulary used in the home" (Hart & Risley, 1999; Lonigan, Burgess, Anthony, & Barker, 1998, as cited in Harrington et al., 2010, p. 60). For this reason, Trovato (2013)

posits that early intervention, as soon as day care, should require use of a signed language to promote language acquisition, regardless of use of assistive listening devices.

Expectations that English will be used academically is a form of linguicism (Murillo & Smith, 2011). Linguicism is defined by Murillo and Smith (2011) as “discrimination against someone because of how s/he speaks, writes, or signs” (section 1, para. 1). Duncan (1989) has criticized assimilation to the local majority language, in this case ASL or English, citing “linguistic and cultural identity loss” (p. 24). Cummins (2001) has echoed Duncan’s (1989) assimilation criticisms in education and linguicism, a sentiment that has been reiterated through the academic world. Cummins expands on the topic of academic achievement by offering a situational awareness:

The challenge for educators and policy makers is to shape the evolution of national identity in such a way that the rights of all citizens (including school children) are respected, and the cultural, linguistic, and economic resources of the nation are maximized. To squander the linguistic resources of the nation by discouraging children from developing their mother tongues is quite simply unintelligent from the point of view of national self-interest and also represents a violation of the rights of the child.” (Cummins, 2001, p. 17)

Linguicism in schools “can have disastrous consequences for children and their families” since “assimilation policies in education discourage students from maintaining their mother tongues” (Cummins, 2001, p. 16).

In the United States, at this time, monolingualism is perpetuated through linguicism and English favoritism (Murillo & Smith, 2011, section 4). Gerner de Garcia (1995) posits that those who use ASL “are not provided with appropriate educational

programs that introduce them to ASL and English as new languages” (p. 456). It has been argued that linguisticism in education results in linguistic shame and the inability of children to communicate with their families in the same language (Murillo & Smith, 2011, section 2).

Academic approach. “Nationwide 23% of deaf and hard of hearing K-12 students are categorized as ELL under No Child Left Behind, and over 30% are Latino” (Gallaudet Research Institute, 2011, as cited by Gerner de Garcia, 2013, p. 18). The Individuals with Disabilities Education Act (IDEA) supports parental involvement in the educational planning for their children with disabilities, although parental involvement may be stymied due to cultural differences or even awareness of parental rights (Harris & Ratner, 1994). Regardless of the Latino student percentage or parental involvement, when offered optimal circumstances such as those cited in Deaf People and Human Rights (2009) (e.g., “access to and recognition of sign language including acceptance of and respect for Deaf people’s linguistic and cultural identity, bilingual education, sign language interpreting and accessibility” (p. 6) and Trovato (2013) (e.g., include the use of signed language with infants to promote language acquisition irrespective of assistive listening devices), literacy has been shown to develop (Trovato, 2013).

School achievement is related to language development (Harrington et al., 2010). Harrington et al. (2010) cite studies suggesting that expressive and receptive skills strongly correlate with academic success as well as basic oral skills³. Without these factors of bilingual education and early intervention these children gain limited literacy in

³ Related to academic success, Harrington, et al. (2010) cite Biemiller (2006); Cooper, Roth Speece, & Schatschnider (2002); Metsala (1999); Rvachew (2006); and Walker, Greenwood, Hart, & Carta (1994). Related to basic oral skills Harrington, et al. refer to Storch & Whitehurst (2002),

their native (home) language and a contact dialect, or creole language emerges. Contact dialect refers to a minority language that has been influenced by a majority language, thus changing to create a unique language (Duncan, 1989). Gerner de Garcia (2012) cited Bickerton's (1981) definition of a creole language saying that it is developed "in a single generation as a result of children growing up exposed to a pidgin language" (p. 173). Morford and Hanel-Faulhelder (2011) concluded that pidgin signing or "homesign[ing], despite its structural complexity, is not sufficient to optimize language learning outcomes in deaf individuals" (p. 526).

With these practices of bilingual education and early intervention children have an increased potential for bi-monolingualism with the gain in literacy in a B-language, or second language (Humphrey & Alcorn, 2007). Bi-monolingualism is when someone has mastery of two full languages, equal to the native fluency of a monolingual (Duncan, 1989), such as a fluent speaker of both English and Italian, or both ASL and English. According to Pichler (2012) some researchers are now adopting the terms "M1/L2 signers and M2/L2" (p. 676). These terms refer to the modality (i.e., the aural/oral or visual/gestural channel which a message is expressed) and the sequence of language learned (Humphrey & Alcorn, 2007).

Through providing these, and "mother-tongue teaching and educational recognition of the minority language skills" (Duncan, 1989, p. 24), alingual children can progress toward adult independence. Duncan (1989) wrote about the United Kingdom supporting mother-tongue teaching in early education in attempt to "encourage conceptual development" (p. 25). It is imperative to the "psychophysical integrity" and development of the child to interact with a range of fluent Deaf and hearing individuals to

increase language (Trovato, 2013, p. 412). Linguistic collaboration strengthens the L1 of the minimal language child and “permits full access to life” increasing the potential to become an independent adult (Trovato, 2013. p. 412).

ASL/English Interpreters and a Source Language

For some ASL/English interpreters, their working source language (SL) is a contact dialect. Simply stated, it is known that MLC individuals are often excluded from hearing and deaf communities due to their inability to effectively communicate (Best Practices Manual on Interpreters In the Minnesota State Court System, 1999, J-14). Some deaf individuals are neither culturally deaf nor “oral”; they have obtained so little language that they are ‘minimally language competent’ (MLC)” (Best Practices Manual on Interpreters In the Minnesota State Court System, 1999, J-14) though not “disabled” (IDEA, 2004). Often communicating with a lingual, or MLC individuals, requires extra dealing such as acquiring a knowledgeable intermediary (e.g. family member, friend or colleague) or collaborating with Certified Deaf Interpreters (CDI; Best Practices Manual on Interpreters In the Minnesota State Court System, 1999, J-14). Witter-Merithew (2010) explains further in her report, *Conceptualizing A Framework for Specialization in ASL-English Interpreting*:

Also, the influx of foreign-born Deaf people to the United States continues to increase and result in additional and complex linguistic and social challenges. As a result of educational, social and linguistic deficits and/or deprivation, some Deaf individuals in the United States are semi-lingual or a-lingual and require the use of visual-gestural communication that relies on non-standard signs and gestures as a method of communicating. The competence necessary to communicate in this

manner typically exceeds the competence of interpreting practitioners and results in the need to work in collaboration with a Deaf interpreter/Deaf communication specialist” (Mathers & Witter-Merithew, 2008, as cited in Witter-Merithew, 2010, p. 4).

ASL/English interpreters, and other professionals, who work with these children can aid in the linguistic development of the child through collaboration with peer professionals (Mitchell, 2013; Trovato, 2013). “Often these children are served by multiple systems with no interconnection” creating challenges for coordinated quality care (Pollard et al., 2014, p. 378). Mitchell (2013) wrote about youth language acquisition in the educational setting stating that research showed “a need for more communication during the collaboration” phases and that over time instructional participants became more comfortable with collaborating (p. 18).

Collaboration Efforts: ASL/English Interpreter Collaboration

Working interpreters might agree that the interpreting space requires ongoing assessment of how to engage oneself with others. The NAD-RID Code of Professional Conduct (Registry of Interpreters for the Deaf, 2005) Guiding Principles and the Entry-to-Practice Competencies all support consultation and collaboration. The NAD-RID Code of Professional Conduct (RID, 2005) supports the collaboration of ASL/English interpreters through “consult[ation] with appropriate persons regarding the interpreting situation to determine issues such as placement and adaptations necessary to interpret effectively” (tenet 3.1). Further, Guiding Principle 5.0 states that “interpreters are expected to collaborate with colleagues to foster the delivery of effective interpreting services” (p. 4).

These core principles of the ASL/English interpreting profession are further exemplified in the Entry-to-Practice Competencies that also promote collaboration by respecting professional conduct practices (Witter-Merithew & Johnson, 2005). The Entry-to-Practice Competencies for ASL/English Interpreters suggests ASL/English interpreters “collaborate with participants and team members in a manner that reflects appropriate cultural norms and professional standards during all phases of assignments and implement changes where appropriate and feasible” (Witter-Merithew & Johnson, 2005, p. 144).

In their respective works, Dean (n.d.) and Pollard (1998) both recommend ASL/English interpreters become trained in recognizing dysfluent clients. Dysfluency refers to a lack of linguistic fluency. Pollard (1998) asserts that undertrained interpreters, or those ASL/English interpreters who are unsure, may “guess” at the language they see, resulting in an accurate but seamless interpretation. This “clean up” of the language misleads clinicians and impedes a proper diagnosis (p. 90-91). Nida (2001) emphasizes that translators often learn to make sense out of nonsense and practice an intralingual approach to their work. He acknowledges that “linguists analyze texts... [and that] translators must understand” the source language (SL) in order to comprehend how language and context relate (Nida, 2001, p. 10). ASL/English interpreters both analyze text and assess meaning by taking into consideration the source of the message and the intended meaning. Pollard expands on the benefits of communication with peer professionals through collaboration in these circumstances. Specifically, in the mental health field, collaborating allows the clinicians to feel comfortable in the ASL/English interpreter’s performance. Witter-Merithew (2010) agrees that “interpreters in specialized

settings need advanced skills in assessment, consultation, collaboration and research” (p. 5). Dean (n.d.) explains that by collaborating in clinical settings, ASL/English interpreters can offer linguistic information that would otherwise not be known to clinicians. In communicating cultural behaviors we empower the diagnosing professionals to make a holistic educated decision about the client (Pollard, 1998). This sharing of information reduces misunderstandings of cultural norms.

An Approach to Collaboration

The American Academy of Child & Adolescent Psychiatry (AACAP) (2010) established three generalized collaborative models to use across the United States for pediatric primary care and mental health care partnerships (AACAP, 2010). *Consultation, co-location* and the *integrative* models (AACAP, 2010, p. 6) mirror much of Doherty, McDaniel, & Baird’s (1996) *Five Levels of Collaboration Between Primary Care and Behavioral Health*, shown below as Table 1.

Table 1

Five Levels of Collaboration Between Primary Care and Behavioral Health

Level	Description
Level 1: Minimal collaboration	Health care professionals work at different locations, do not integrate their services, and have little communication.
Level 2: Basic Collaboration from a distance	Health care professionals still practice in separate locations and do not integrate their services, but they do communicate more frequently. Health care professionals see each other as a resource, but they do not share power or responsibility, and they do not understand each other’s organizational culture.
Level 3: Basic collaboration on site	Health care professionals co-locate services, but they do not integrate their services. Providers communicate frequently. Although they see themselves as part of a larger system and they value the role other professionals

	play, they still do not appreciate each other's organizational culture.
Level 4: Close collaboration in a partly integrated system	Health care professionals co-locate services and integrate some of their systems, including coordinated treatment plans. They also participate in more frequent communication and face-to-face consultation.
Level 5: Close collaboration in a fully integrated system	Health care providers co-locate, have integrated systems, and provide seamless services. Health care providers meet routinely and have a deep appreciation of each other's organizational culture. Power and decision making are shared among all team members.
Note: Doherty, McDaniel, and Baird (1996); reprinted with permission; layout modified from Pollard et al., (2014).	

Consultation allows providers to phone conference or use other technologies. Co-location promotes communications between providers, and the Integrative model includes “co-management and case coordination” as well as chart sharing and co-location to enhance quality of situational management (AACAP, 2010, p. 6).

Pollard et al. (2014) discuss collaboration for interpreters in reference to primary care and behavioral health professionals. Competency and benevolence are noted as time consuming and a necessity for “build[ing] cross system relationships” (p. 379). Competency does not always equal trust; coworkers build this through integrity over time with clients. Pollard et al. (2014), as well as Okwaro and Geissler (2015), agree that time is a factor of working in concert with peers:

Rather than being self-evident and stable, collaboration is an encompassing and innovative social concept that is constructed, evolves, and takes varying shapes depending on the contexts and the groups involved. Collaborations require sustained effort to bring and hold together layers of interdependent actors... and their respective institutions. (Okwaro & Geissler, 2015, p. 495)

The work of Alix, Dobson, Wilsmore (2010) adds that the fundamental skills of observation, trust, communication, teamwork and “cross-subject work” (risk-taking) as critical to engaging in collaborative practices (p. 12-14). “Collaboration is primarily, a process of learning, how to engage the self with others” (p. 15). The process of providing interpreting services to alingual deaf immigrant children is a challenge, one that is multidimensional and thus may go beyond the breadth of knowledge of most interpreters, necessitating a need to collaborate with CDI peers (Mathers & Witter-Merithew, 2008, as cited in Witter-Merithew, 2010). Collaboration with peer interpreters, further with peer professionals, facilitates a strengthening in the language transfer process.

Migrants, Professionals, and Collaboration

Immigrants arriving in the United States have varying experiences in their travels. Migrant families may flee dictators, civil war, poor economies, and unfruitful lands; they seek safety, security and opportunity (Norland, 2015). Deaf immigrants may experience trauma in their journey, or they may have previously experienced trauma in their home country. Based on a survey conducted with spoken language interpreters, therapists and traumatized refugees, Mirdal et al., (2011) assert that a “development of trust and a good working alliance [between refugees, interpreters, and therapists] was seen by all as the most important curative factor” (p. 436). The successful interpersonal relationship was further described as including “compassion, solidarity, feeling like a team, and positive regard” (p. 442). Mirdal et al. (2011) concluded that though it is understood that professionals must follow their codes of conduct, “acts of compassion... were reported as being beneficial” for all parties involved (p. 446). Those who are sensitive to the “patient’s demands, who [try] to understand ... [their] values and goals, who [are] able to

see the illness from the patient's perspective, and who [respond] both emotionally and in accordance with professional knowledge and ethics" were considered the most competent clinicians (Mirdal et al., 2011, p. 446). This clinician approach of situational awareness, interpersonal theory of mind, acknowledgement of intrapersonal psychological response and accordance of ethics was cited as "beneficial... for patients" and "uplifting" for both interpreters and the therapist (Mirdal et al., 2011, p. 446).

In a survey conducted with Canadian family physicians on the perspectives on management of immigration patients it was found that the care to immigrant patients could be improved through access to interpreters (Papic et al., 2012). Papic et al. also found that "lay interpreters" were fraught with ethical and quality problems (p. 208). The Canadian Collaboration for Immigrant and Refugee Health is establishing a uniform framework to assist family physicians in their care for immigrant and refugee families (Papic et al., 2012). The guidelines include a database of interpreters with medical, cultural and confidentiality training.

Conclusion

The study of American Sign Language (ASL)/English interpreter practices while working with alingual deaf immigrant children is rare. Related study offering a situational awareness in the areas of immigration, language deficiencies, assimilation and linguicism merely scratch the surface to offer a glimpse into the complex situation interpreters are challenged with when interpreting with these children. Additional literature focusing on collaboration offer starting points that may mitigate challenges of providing effective communication through interpreting services to these children via increased study of collaboration with both peer professionals and interpreters.

CHAPTER 3: METHODOLOGY

Research Focus

A survey of related literature revealed that at this time there are few studies that investigate deaf immigrant children (see Garner de Garcia, 1995, 2012, 2013; Pape et al., 2014; Ramirez et al., 2013). The review of literature did produce procedures for ASL/English interpreters working with MLC individuals (see Best Practices Manual, 1999; Langdon & Cheng, 2002; Dean, n.d.; Guidelines for Proceedings, 2000; 2004; Mathers & Witter-Merithew, 2008; Miller, 2000; Pollard et al., 2014; Professional Standards Committee, 2007). Thus far the research has not revealed the practices of ASL/English interpreters working with MLC immigrant children. This study was designed to gather data on ASL/English interpreter experiences with alingual or semi-lingual deaf immigrant children. Furthermore, it attempted to collect data on whether the rights of those children appear to change with documentation status, as well as the processes of peer professional collaboration.

Design of the Investigation

After a search for surveys or questionnaires that included experiences of interpreters yielded no results, the development of the mixed method survey instrument began. The survey instrument was designed using sample surveys in Hale and Napier's (2014) *Research Methods in Interpreting*. The mixed method survey was then piloted to a small group of ASL/English interpreters who provided suggestions for clarification of questions. Only grammatical clarifications and structural changes were made to the survey.

As the work of ASL/English interpreters can be multifaceted, the survey instrument was designed to collect both qualitative and quantitative data. In order to investigate the research questions, the survey was designed to elicit responses on Likert scales, differential value scales, lists, and open-ended questions. “By integrating quantitative and qualitative data” into the investigative survey the researcher is able to “provide a more complete story than either mode would [provide] alone” (Wisdom & Creswell, 2013, p. 3).

The online survey used a mixed method approach and consisted of 36 questions. Respondents were asked to rate topics on a five-point Likert scale from “strongly agree” to “strongly disagree.” A semantic differential values scale was also used where respondents were asked to decide from “extremely useful” to “completely useless.” They were also able to select from lists and to respond to open-ended questions. The survey included qualifying questions as well as questions on demographics, collaborative experiences, and preparation. Inquiries were also made related to definition of terms, as well as personal experiences with views of responsibility and policy. A majority of the questions were open ended (47%). The remaining were Likert scales (11%), semantic differential scales (14%), and list selections (28%).

The designed research instrument and consent form drew from key questions: How does working with alingual deaf immigrant children affect the work practices of ASL/English interpreters? How does the documentation status of alingual deaf immigrant children affect the work practices of ASL/English interpreters? In what ways do collaborative practices with other interpreters or peer professionals impact the work practices of ASL/English interpreters working with alingual, deaf, immigrant children?

The survey was available for 46 days and was disseminated through interpreting social-media websites such as various interpreting-focused Facebook pages (e.g., Trilingual ASL/English/Asian language Interpreters, Registry of Interpreters for the Deaf (RID), National Consortium of Interpreter Education Centers (NCIEC)) and other interpreting-affiliated websites. At the beginning of the survey, an implied consent statement was included as indication that participation in the completion of the questionnaire implied consent for resulting data to be used for research (see Appendix A). Participation was completely voluntary, and participants were assured that they could exit the survey at any time without penalty. Participants were further assured that there would be neither physical risks nor collection of identifiable information. The research maintains their anonymity and confidentiality.

In order to capitalize on the snowball method, reposting and sending to others was encouraged (Hale & Napier, 2014). Snowball sampling was used to cast a wide net and therefore to draw data from ASL/English interpreters and trilingual interpreters who have experience with alingual and/or semi-lingual deaf immigrant children.

Population

Twenty ASL/English interpreters self-elected to take the survey while it was available between October 8, 2015 and November 22, 2015. Demographic information was collected and one of the first questions inquired about work experience with alingual and semi-lingual deaf children. Participant data sets that met the following criteria were used in the final results. Participants were required to be over 18 years of age, who have worked as an ASL/English interpreter for more a year, and those who have interpreting experience with alingual or semi-lingual deaf immigrant children. There were a total of

20 respondents to the survey; however, one response was eliminated due to lack of experience with alingual and semi-lingual immigrant deaf children, leaving a sample size of (n=19).

Survey Instrument

The survey was created from Hale and Napier's (2014) *Research Methods in Interpreting*, based on feedback to target ASL/English interpreters who have experience working with alingual and/or semi-lingual immigrant deaf children and up to 25 years of experience in the interpreting field. Quantitative questions were categorized into overarching themes: Demographic questions, Qualifying questions, Definitions/Opinions, Collaboration, Preparation, and Responsibilities/Policies.

The questionnaire collected data on American Sign Language (ASL)/English interpreter practices while working with alingual and/or semi-lingual deaf immigrant children, data related to whether citizenship/documentation status affected rights of the children, and data on working collaboration methods used between peer professionals. Data collection consisted of Likert scales, differential scales, list selections, and open-ended questions. The survey sought responses to questions regarding interpreter practices with alingual and semi-lingual deaf immigrant children. It further sought an overview of interpreter inter-collaborative practices with peer interpreters, as well as between ASL/English interpreters and peer professionals. Data was submitted from the survey and was sent to a Google Sheets form, which was password protected through email and only the surveyor could access. The survey closed on November 22, 2015.

The survey neither documented nor collected personal identifiable information. There were no physical risks. It was stated that no direct benefits would occur, though

future benefits from the research data would potentially further the practices of ASL/English interpreters with the same experiences.

The data collected during the survey remains anonymous and will be untraceable to participants' computers. The principal investigator was the only person to have access to the data. All data was kept in a password-protected laptop. Once the surveys were completed by participants, the researcher analyzed the quantitative and qualitative data and coded the comment sections according to emerging themes: collaborative experiences, preparation, definitions/opinions, and responsibilities/policies.

Data Analysis Procedures

The study used both quantitative and qualitative methods in data collection. Data collection and analysis was founded in the exploratory method (Guest, MacQueen, & Namey, 2012) using "concurrent procedures" (Creswell, 2003, p. 16). As the research was "content driven" (Guest et al, 2012, p. 7), it asked ASL/English interpreters about their experiences with alingual or semi-lingual deaf immigrant children. In the concurrent design, researchers collect qualitative and quantitative data then incorporate both in the interpretation of the results (Creswell, 2003). Using concurrent procedures, the investigator collected data and analyzed data by seeking patterns to create codes for further analysis.

The data was analyzed using "*convergent design*, to compare findings from qualitative and quantitative data" (emphasis in the original, Wisdom & Creswell, 2013, p. 2). Convergent design subsequently led to thematic analysis for data interpretation with qualitative text selections; qualitative data were thus coded for themes (Guest et al., 2012). Open coding was then used to identify categories of questions, and respondents'

answers were also coded according to thematic analysis. See Table 2 for an example of this coding process.

Table 2

Coding for Self-Advocacy Theme

<u>Theme</u>	<u>Coding/numbered</u>
Administration/Supervisor	One
Professionalism/Demeanor	Two
Collaboration with Peer	Three
No Experience	Four
No Response	Five

Responses were reviewed until a theme emerged; the themes were number coded and further reviewed for statistical significance within the survey questions. For example, a question related to collaborative experiences of ASL/English interpreters asked about maintaining confidentiality while with other professionals and alingual deaf immigrant children, and then the same question was asked about peer ASL/English interpreters. Similar themes emerged as shown in Table 3.

Table 3

Themes Related to Peer Professional and Interpreter Collaborations

<u>Themes Found in: Collaborations & Confidentiality with Peer Professionals</u>	<u>Themes Found in: Collaborations & Confidentiality with Peer Interpreters</u>
Need to Know	Need to Know
Collaboration Toward Goal of Setting	Peer Interpreter Collaboration
Peer Interpreter Collaboration	Collaboration toward Goal of Setting
CPC	CPC
No Response	No Response

Both data sets were integrated and were coded for concurring themes. Themes that arose from analysis of quantitative responses were compared to qualitative items and assessed for similarities.

Limitations Arising in the Methodology

Collection of the survey data was limited to survey participants self-selecting to respond. Another survey limitation was not asking for respondents' majority work setting, and only asking where ASL/English interpreters have encountered an alingual or semi-lingual deaf immigrant child. This oversight limits the researcher from exploring such questions as whether there is a correlation between the 11% that selected interpreter collaboration between other professionals should remain in separate locations and the possibility that the answer was provided by video relay interpreters. Video relay interpreters remain at a separate location during interpreting assignments, thus their responses may affect this outcome. Additionally, a limitation would be focusing on an acute subset of over 18,000 MLC immigrant deaf population that may not yet be recognized.

CHAPTER 4: FINDINGS

Quantitative Data

Three pre-qualifying questions were established for validation of viable respondents to the survey. There were 20 respondents with 19 viable responses (n=19) to the online survey. Two pre-qualifying questions inquired about quantity of alingual and/or semi-lingual deaf children who were encountered in the ASL/English interpreter's experience. The third question inquired as to the setting where those encounters took place. These questions were used to determine sample selection as those responses depended on the interpreters' experiences with the children. This chapter represents the findings from those 19 respondents.

Encounters. Nineteen responses were received for indications of alingual deaf children encounters. The working definition for alingual/alingualism was established as "a state in which a person lacks a full, fluent command of any language" (Alingual, 2014). Responses indicate that nine respondents have encountered "5+" alingual deaf children, seven respondents have encountered "1-5" alingual deaf children, and two respondents indicated "0" (zero) experiences, as shown in Figure 1.

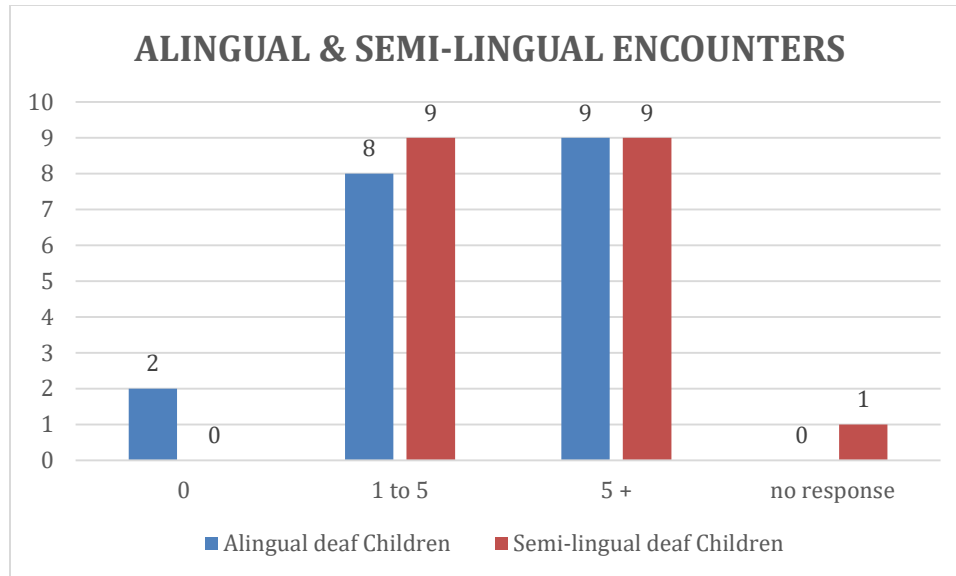


Figure 1. Alingual and Semi-lingual Encounters

Interpreters were asked about encounters with semi-lingual deaf children. Responses indicated that nine respondents encountered “1-5” semi-lingual deaf immigrant children and nine respondents had encountered “5+” and one respondent declined to answer.

Settings. Figure 2 displays the settings where these ASL/English interpreters worked with the children; multiple selections were allowed. A majority (37%) selected “K-12,” 27% indicated “Community Interpreting,” with 10% “Post-Secondary,” and 13% for both “Medical” and “Other.”

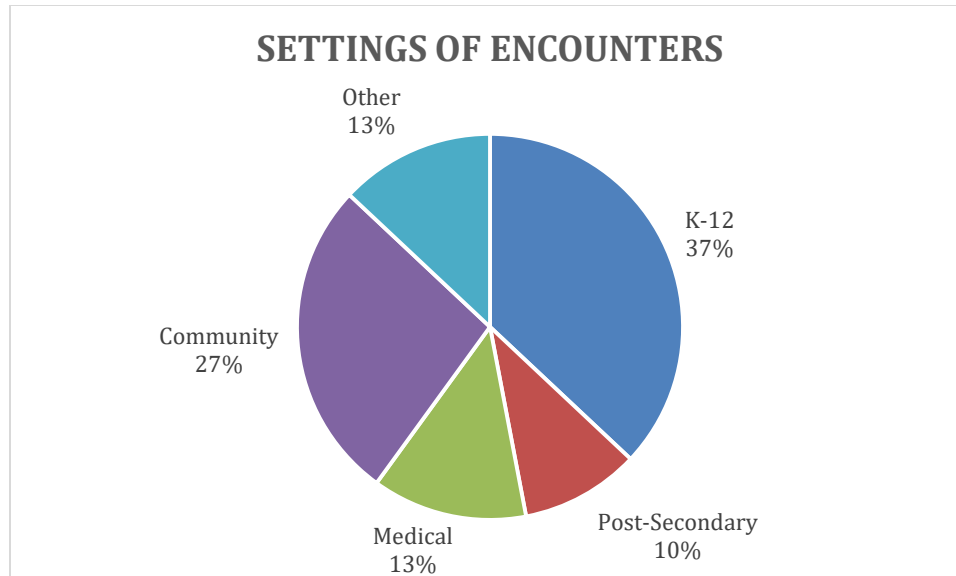


Figure 2. Settings of Encounters

Demographics

Data was collected from each respondent on demographics to include Registry of Interpreters for the Deaf (RID) Region (see Figure 3), certifications held, and years of experience. There were four questions that helped to describe the demographics of the sample population. There were 20 respondents with 19 viable responses (n=19) to the online survey representing Registry of Interpreters for the Deaf (RID) Regions II through V, a variety of state and national certifications, and varying experiences with alingual or semi-lingual deaf immigrant children.

Region. Responses were recorded from most RID regions (see Appendix C). Region II had the most respondents (42%), followed by Region V (37%). The fewest responses came from Region 4 (16%) and Region 3 (5%). Region I had no recorded responses.

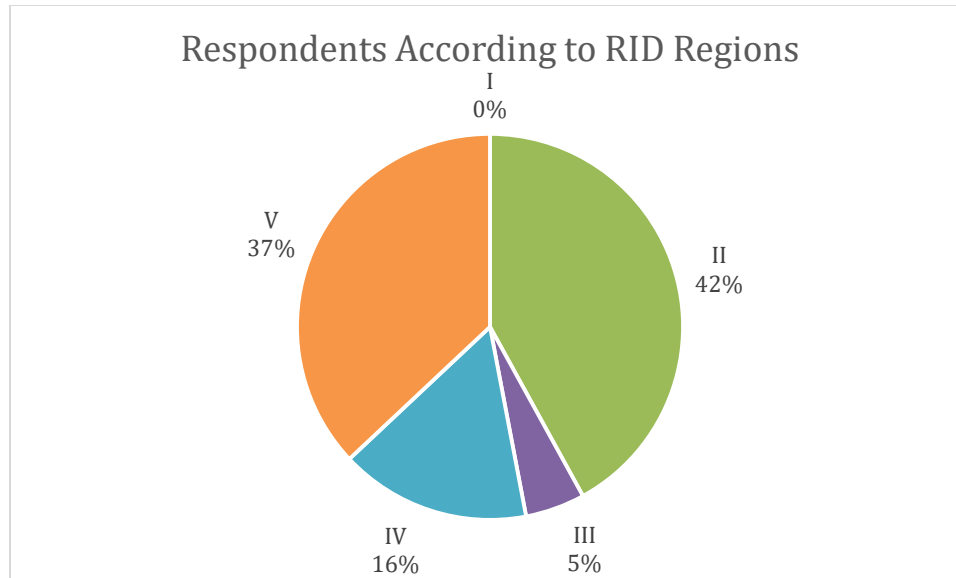


Figure 3. Respondents According to RID Region

Years of Interpreting Experience. The 19 respondents indicated their years of interpreting experience by selecting from several ranges. Four respondents selected “Less than 5 years” (21%), four selected “6-10 years” (21%), four selected “11-15 years” (11%) and five respondents had “over 21” years of interpreting experience (26%).

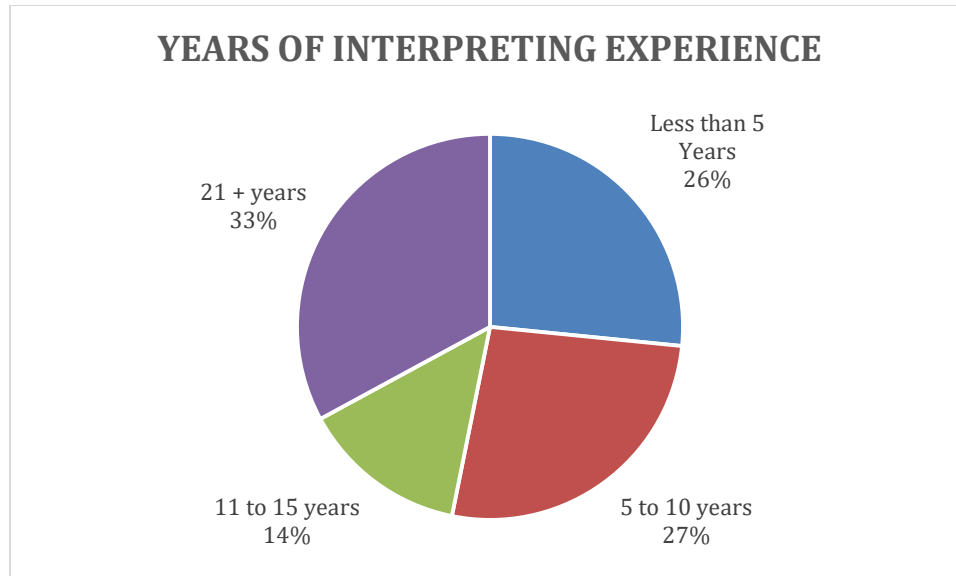


Figure 4. Years of Interpreting Experience

Current Certifications. Survey respondents were asked to identify the certifications they currently hold. A list of 10 options were available for selection. Respondents were also able to select “Other” and self-identify other options. The data showed 30 selected and self-identified credentials as participants could “check all that appl[ied]” (See Figure 5). Nation Interpreter Certification (NIC) was the highest marked at nine recorded, Registry of Interpreters for the Deaf’s (RID’s) CI (Certificate of Interpretation), RID’s CT (Certificate of Transliteration), and Educational Interpreter Proficiency Assessment (EIPA) each had four selected.

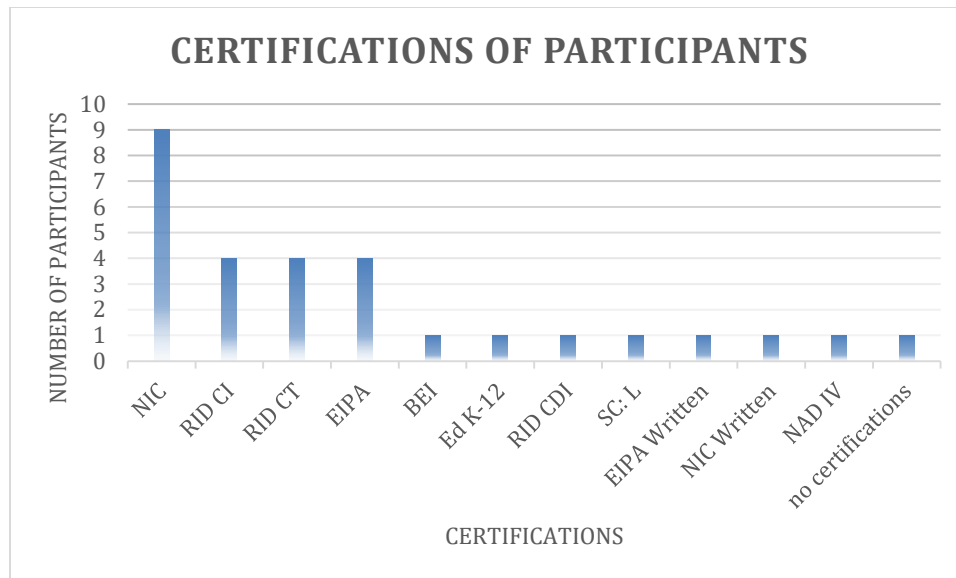


Figure 5. Certifications of Participants

All other credentials were single responses: State licensure, Texas Board for Evaluation of Interpreters (BEI), Educational Certificate: K-12 (ED: K-12), RID’s Certified Deaf Interpreter (CDI), RID’s Specialist Certificate: Legal (SC:L), EIPA written, NIC written, National Association of the Deaf, Advanced (NAD IV), and one respondent wrote “nothing.”

Preparation

There were four quantitative questions that were coded “preparation” for ASL/English interpreters going to or preparing for an assignment. Three of these produced results sufficient for reporting. One qualitative question was coded “preparation” (see Figure 17).

Prior knowledge. Nineteen respondents wrote 21 responses, as they could check all that applied. Respondents indicated if they had received prior awareness of the alingual or semi-lingual deaf child before arriving at the interpreting job. Forty-three

percent indicated they had “no” knowledge, and 38% marked “sometimes” on the list of selections. Open text comments for this survey question indicated prior knowledge, and were coded as “yes.” Further, these comments indicated a foreign signed language was being used.

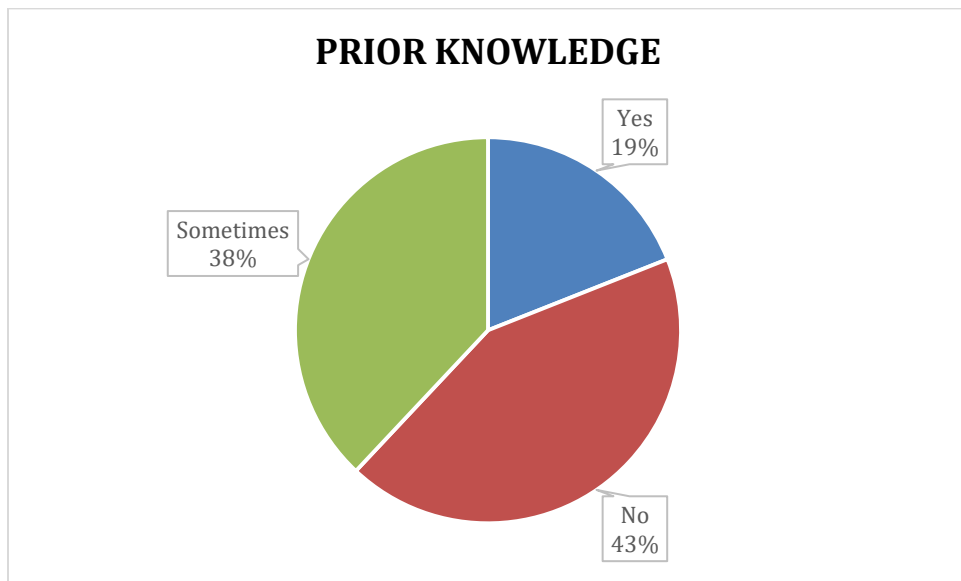


Figure 6. Prior Knowledge

Preparation Time. Preparation time was assessed on a Likert scale that ranged from “never” to “always.” Participants were asked how often they were given preparation time to become acquainted with the alingual or semi-lingual child before assignments. Out of 19 respondents, one did not answer, and two indicated the midrange “sometimes.” It should be noted that a working definition for “preparation time” was not provided on the survey. In this instance preparation time may indicate: using time before an interpreting assignment to assess or become aware of the environmental goals, linguistic needs of consumers and vocabulary that may be utilized.

This data set strongly suggested that a large percentage of practicing ASL/English interpreters “almost never” to “never” receive preparation time, as indicated with seven

marked as “never” and nine as “almost never.” A single respondent indicated they “always” receive the preparation time. This participant indicated professionalism (not accepting assignments that do not include preparation time), as the reason.

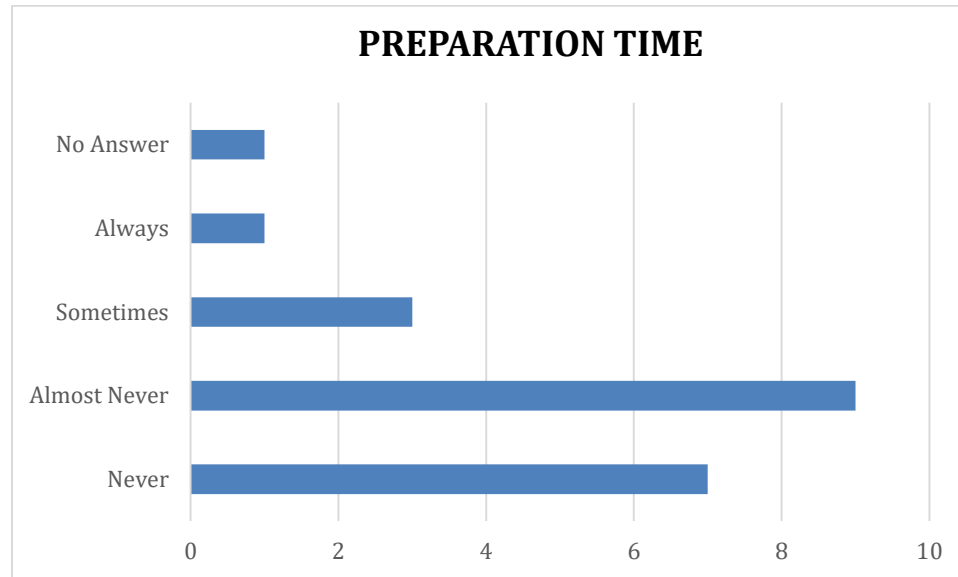


Figure 7. Preparation Time

Preparation Usefulness. Participants were asked how useful the preparation time was when working with the alingual or semi-lingual immigrant deaf child. Responses were marked on a Likert scale ranging from “very useful” to “never.” “Sometimes” was indicated by two participants, “seldom” was indicated by one participant. “Mostly useful” was marked by two participants, and “very useful” was indicated by 11 participants. Three participants declined to answer.

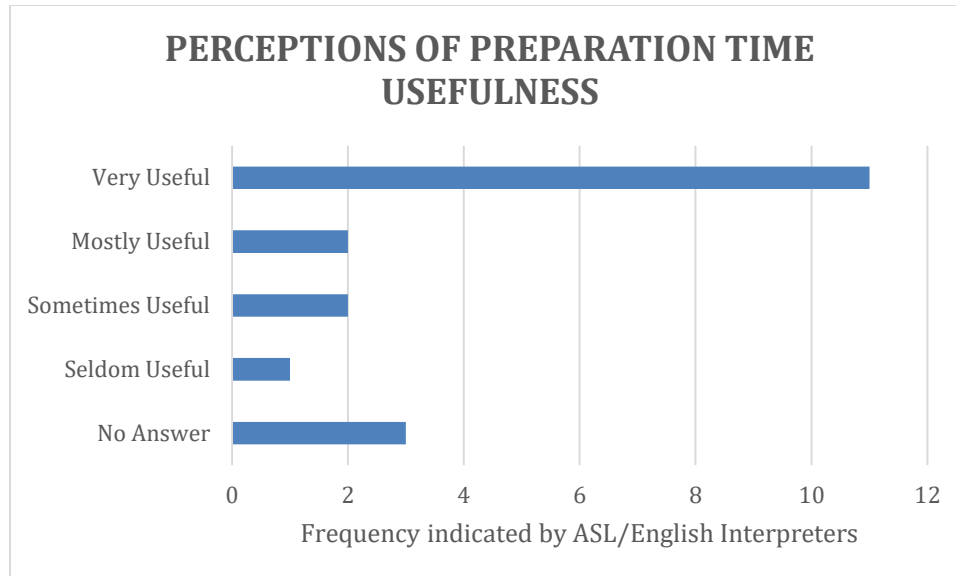


Figure 8. Perceptions of Preparation Time Usefulness

Views of Responsibilities/Policies

Three quantitative data questions were coded “responsibilities/policies.” Five qualitative questions were collected with only three offering sufficient results for reporting. (Qualitative views of responsibilities/policies can be found starting at Figure 19.)

Effective communication. When asked to indicate the success rate of effective communication with the child, all 19 respondents answered. Participants indicated their reply on a five-point Likert scale from “not effective” to “very effective.” There was a majority response of nine replies indicating “sometimes.” A “low effectiveness” was indicated by four respondents and another four respondents indicated their communication was “successful.” Two respondents indicated “very effective.”

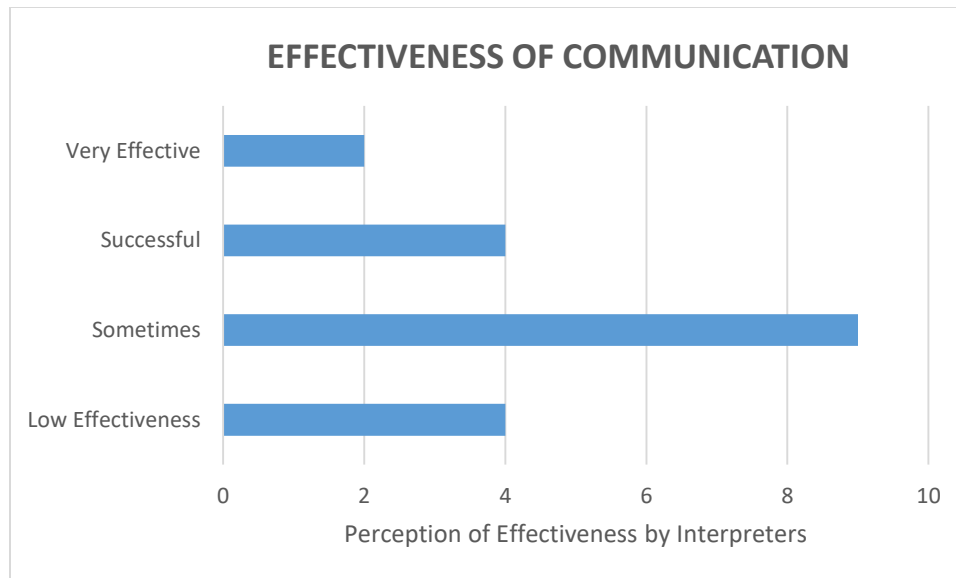


Figure 9. Effectiveness of Communication as Perceived by ASL/English Interpreters

Participants were asked the most effective methods for establishing communication. These were indicated through a checklist as well as open text. The checklist was comprised of options including Certified Deaf Interpreter (CDI), use of pictures/images, internet, time working with child, prep time, interpreting team, collaborating using inter-professionally gathered information, and “other.” “Other” provided an open text response box.

All 19 participants responded to the survey item. Participants could check all that applied. Nineteen participants gave 11 indications of “CDI,” 19 “use of pictures/images,” 16 of “time working with child,” and “collaborating using inter-professionally gathered information” yielded 17 indications of methods that were perceived as ways to establish effective communication. “Internet” was indicated seven times by participants, “prep time” and “interpreting team” each had eight responses. The open text box, “other,” had four respondents’ notes. Notes from open text were: Non CDI Deaf staff, collaboration with parents and guardians, peer supports for the child, and educational team. One

respondent wrote “In regards to using a deaf interpreter, effective communication has been successful only when the deaf interpreter is part of the same culture/ethnicity.”

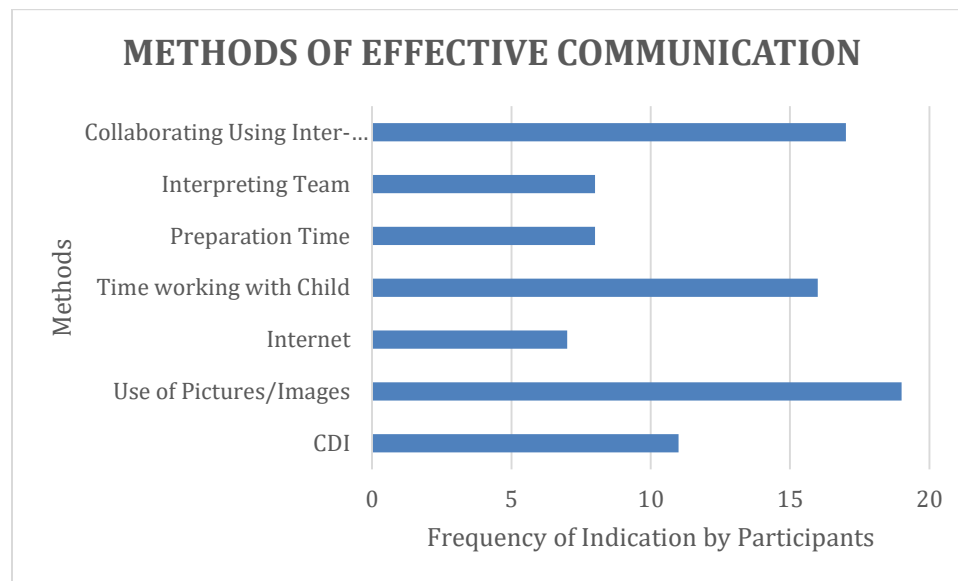


Figure 10. Methods of Effective Communication

Equal Protection. Participants were asked if, in their experience, documented and undocumented alingual or semi-lingual immigrant deaf children were protected equally from exploitation. The working definition for exploitation was “the action, fact or act of benefiting from another in order to make use of a situation, take advantage for oneself, or treat unfairly, in order to benefit, profit or make gains for oneself off another’s resources or work” (Definition of Exploitation, n.d.; Exploitation Definition in the Cambridge, n.d.). Response options were “yes,” “no,” “sometimes,” “other,” and an open text box was available. Participants could mark all that applied. All 19 respondents replied with a total of 20 responses. Eight participants indicated “sometimes,” and five said “no.” Three respondents wrote “I don’t know” in open text boxes. Four participants indicated that “yes” the children were protected equally from exploitation.

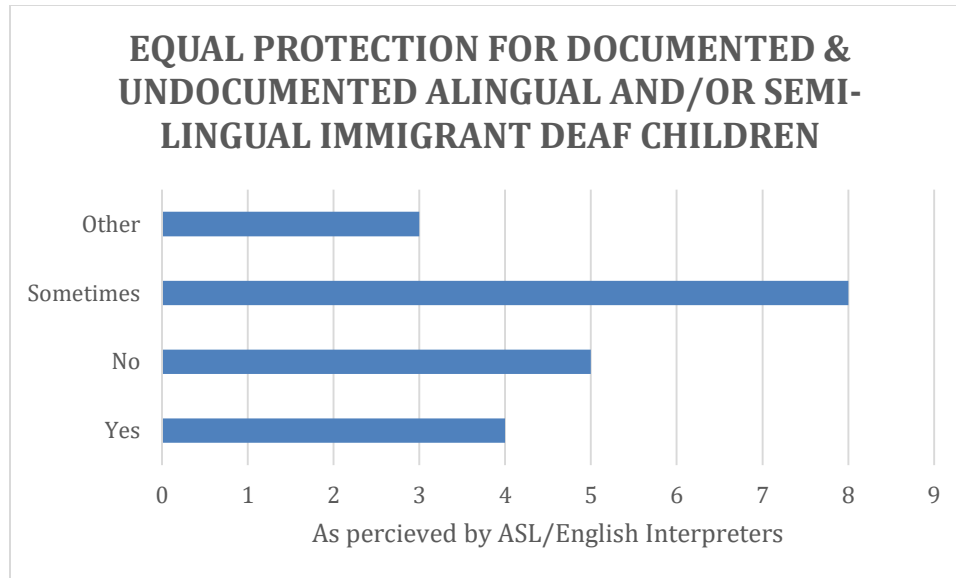


Figure 11. Equal Protection for Documented and Undocumented Alingual and/or Semi-Lingual Immigrant deaf Children

Collaboration

Both quantitative data and qualitative data were collected on ASL/English interpreters and collaboration. There are seven quantitative data reports, only four out of the five qualitative survey questions produced enough data for reporting as respondents were able skip survey questions. Qualitative data on collaboration can be found starting at Figure 21.

Inter-professional collaboration. Usefulness of collaboration was measured on a five-point Likert scale, measuring from completely useless to very useful. When asked about usefulness of inter-professional collaboration *when working with* alingual or semi-lingual deaf immigrant children, 18 out of 19 participants responded. The survey indicated that 11 participants felt this collaboration was very useful. A strong indication of six participants perceived the inter-professional collaboration as useful on the Likert

scale. One participant indicated “sometimes useful” and a single participant declined to answer.

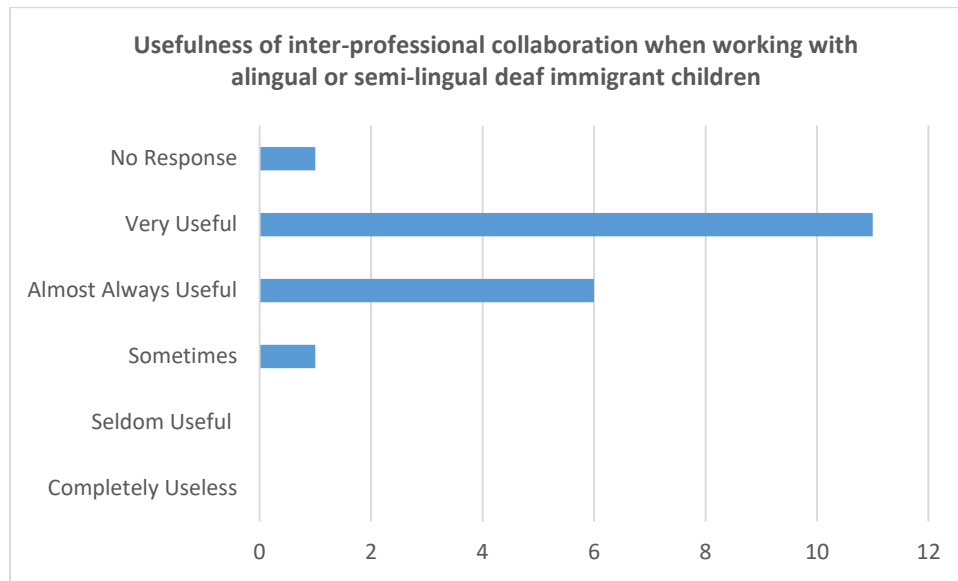


Figure 12. Usefulness of Inter-Professional Collaboration when working with alingual or semi-lingual deaf immigrant children

Participants were asked about the *overall* usefulness of inter-professional collaboration on the five-point Likert scale. (Please note: Figures 12 and 13 are similar. Figure 12 and asked about the usefulness of Inter-professional collaboration when working with alingual or semi-lingual immigrant deaf children, while Figure 13 does not include the child population.) “Very useful” was indicated by 11 participants, four participants indicated useful, two participants indicated “somewhat useful,” one participant indicated “completely useless” and one declined to answer.

Inter-professional collaboration while working with alingual or semi-lingual deaf immigrant children (Figure 12) and inter-professional collaboration (Figure 13) were both indicated as being very useful. Both Likert scales showed over half participants considered collaboration “useful” to “very useful.”

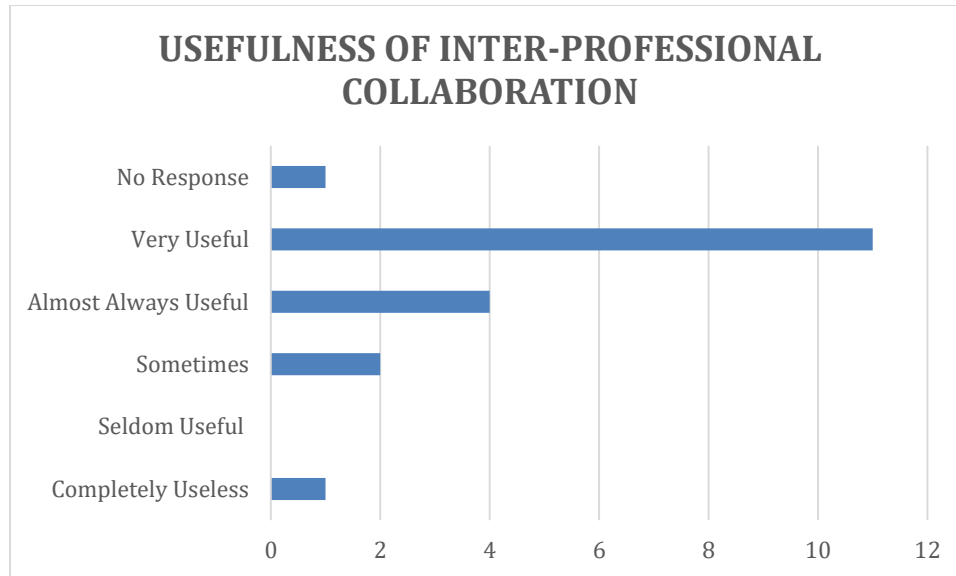


Figure 13. Usefulness of Inter-Professional Collaboration

Peer Interpreter Collaboration. When asked about the usefulness of peer interpreter collaboration in general on a five-point Likert scale, 18 out of 19 participants responded. One participant indicated they perceived the collaboration as “completely useless” and one marked “seldom useful.” Two participants indicated it was “sometimes” useful. There were four participants that felt collaboration with peer interpreters was “mostly useful” and ten indicated “very useful.”

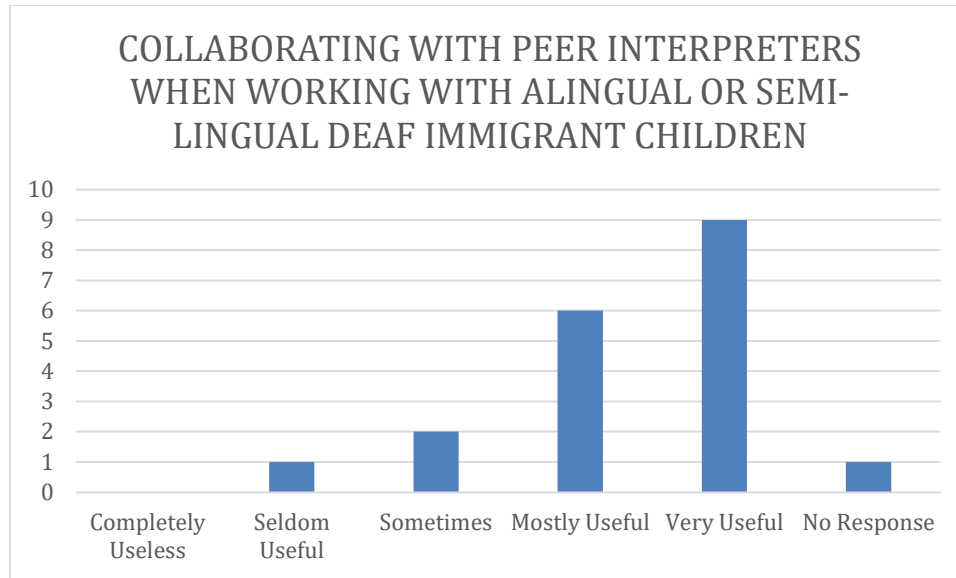


Figure 14. Usefulness of Peer Interpreter Collaboration while working with alingual or semi-lingual deaf immigrant Children

When asked about the usefulness of peer interpreter collaboration while working with alingual or semi-lingual deaf immigrant children on a five-point Likert scale, 18 out of 19 participants responded. One participant indicated they perceived the collaboration as “seldom useful” and two said it was “sometimes” useful. There were six participants that felt collaboration with peer interpreters was “mostly useful” and nine indicated “very useful.”

Though both peer interpreter collaboration (Figure 14) and inter-professional collaboration (Figure 13) were perceived as “useful” and “very useful” by 50% of participants in each survey question, the frequency of collaborating with peer interpreters (Figure 15) is not as strongly indicated.

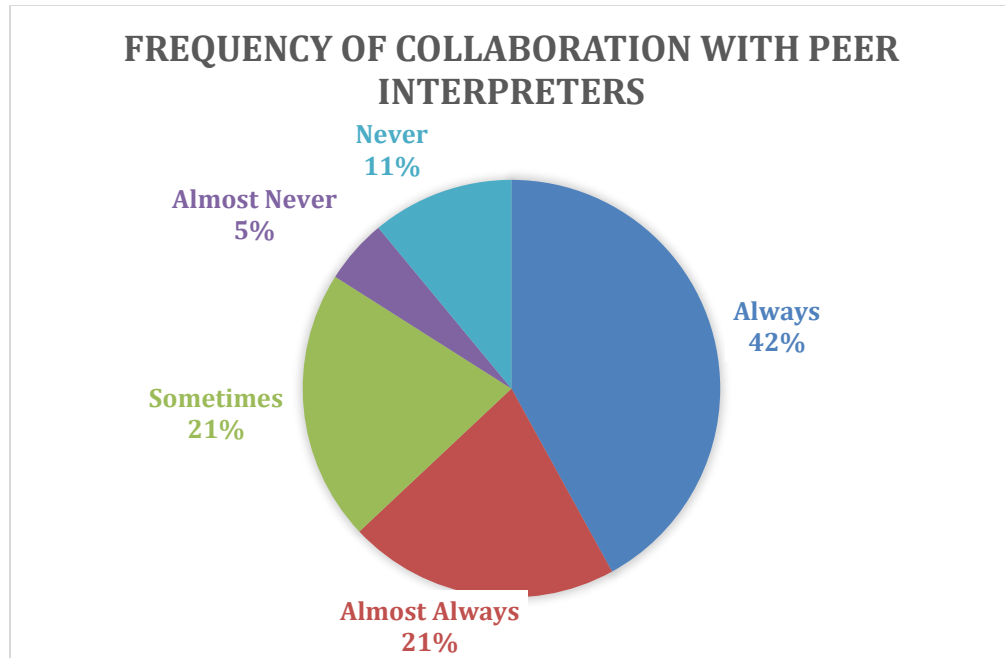


Figure 15. Frequency of Collaboration with Peer Interpreters

All 19 participants indicated their frequency of collaborating with peer interpreters while working with alingual or semi-lingual immigrant deaf children on a Likert scale of “never” to “always.” Forty-two percent of participants always collaborate with team interpreters. Both “sometimes” and “almost always” were indicated by 21% of participants each, 11% never collaborate with peers, and 5% almost never collaborate while working with alingual or semi-lingual deaf immigrant children (Figure 16).



Figure 16. Frequency of Collaboration with Peer Professionals

All 19 participants indicated their frequency of collaborating with peer professionals while working with alingual or semi-lingual immigrant deaf children on a five-point Likert scale from “never” to “always.” Two respondents (10.5%) “always” collaborate with peer professionals (see Table 4). “Almost always” was indicated by 26% (five respondents) of participants; “sometimes” was indicated by 53% (ten participants) and 10.5% of respondents indicated (two respondents) they “almost never” collaborate with peer professionals. No respondents indicated they never collaborate with peer professionals while working with alingual or semi-lingual immigrant deaf children.

Table 4

ASL/English Interpreter Collaboration with Other Professionals (Level)

1 Minimal collaboration	Interpreter(s)/service providers work at different locations, do not amalgamate services, and have limited association.	0%
Level 2 Basic collaboration from a distance	Interpreter(s)/service providers still work at different locations, do not amalgamate services, and have limited dialogue. Service providers see Interpreter as resources, but	11%

	do not share power or responsibilities, and don't understand the other's professional culture.	
Level 3 Basic collaboration on site	Interpreter(s)/service providers share location site and do not amalgamate services. Frequent communication is increased, individuals see themselves part of a larger system, valuing the roles of others. However, all parties still don't understand the cultural role of the other professional.	37%
Level 4 Close collaboration in a partly integrated system	Interpreter(s)/service providers share location site and amalgamate some services. Communication is continual and all parties are consulted with full understanding.	5%
Level 5 Close collaboration in a fully integrated system	Interpreter(s)/service providers share location site and amalgamate all services. Service to consumer is streamlined. Team meets routinely and has a deep understanding and appreciation for all involved professionals organizational cultures. Power and decision making is held in the appropriate areas that match the professional strengths and responsibilities match those roles.	47%

Note: Doherty, McDaniel & Baird (1996), used with permission. Adapted from Pollard et al. (2014) with permission.

All 19 participants selected from a list to indicate what they felt best described ASL/English interpreter collaborations with other professionals. These descriptions vary in the combinations of services, frequency of communication, the professionals' cultural role, and the balance of powers. The descriptions were based on Doherty et al., (1996) *Five Levels of Collaboration Between Primary Care and Behavioral Health* (see Table 1) which were adapted by Pollard et al., (2014) and are further modified here.

Qualitative Data

Methods of Preparation

Using open-text responses, respondents indicated the types of preparation in which they participated. Four participants declined to answer. Open-ended text responses

were evaluated for emerging themes and coded numerically one through five. Responses from 15 participant yielded five themes comprising 23 data points. As indicated in Figure 17, themes included Resources (numbered 1), Collaboration with Peers (numbered 2), Assessment of Client (Language Needs) (numbered 3) and Collaboration with Environmental Goals (numbered 4). Nine respondents indicate they used Resources (something they made, found or even their own background). Collaboration with Peers was found among five responses and Collaboration with Environmental Goals was indicated among five open responses. Four respondents did not answer, these were numbered as 5.

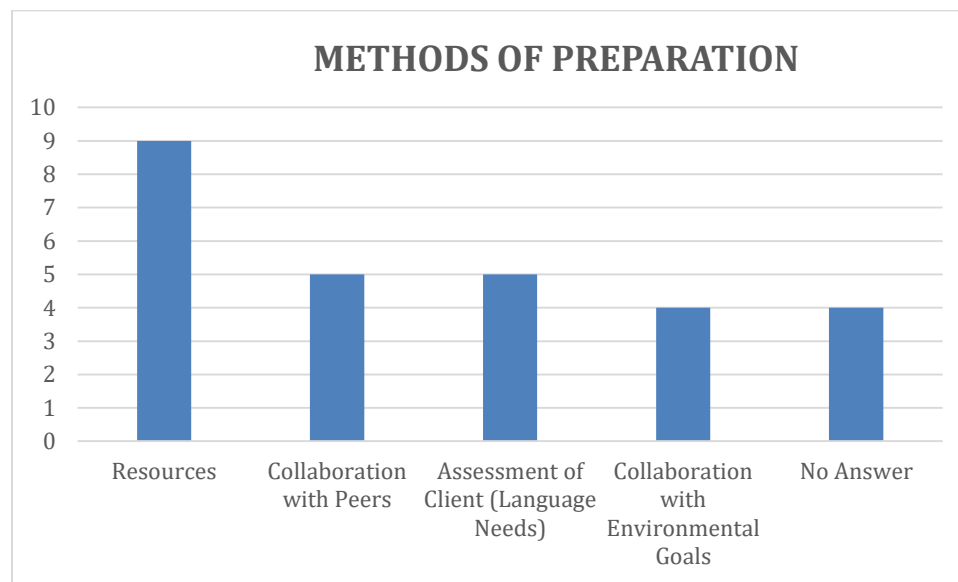


Figure 17. Methods of Preparation

Participants' Definitions of Terms

There were five qualitative questions that were coded "definitions."

Effective communication. Open-text responses were evaluated for emerging themes and coded numerically one through five. Responses from 17 participant yielded five themes comprising 22 data points. Participants were asked to define their idea of

“effective communication.” Out of 17 responses that were subject to coding, there were 12 citations of “mutual understanding” (numbered 1). Three instances of “checking for understanding” (numbered 2) and another three of “application” (use of the language/sign in appropriate context; these were numbered 3). Two respondents gave “specific examples” (numbered 4); one cited a need for an L-1 language “before the child enters school.” Another participant wrote about their effective communication techniques saying that asking for any gestures to be repeated, or when multiple people are involved, to use roleplaying. One respondent wrote their comparative definition as:

With the general population, effective communication is when both parties understand each other with ease using a common language. However, when working with alingual children it is that the students are able to understand the content regardless of language and often times it is not easy.

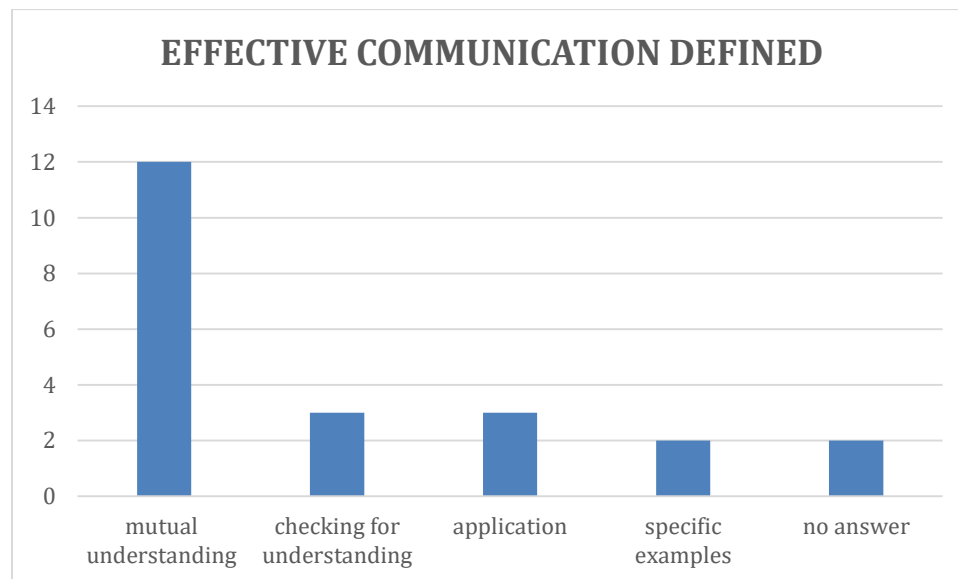


Figure 18. Effective Communication Defined

Language defined. Participants defined their idea of language, and open coding was used on the 16 responses received. There were five citations of “grammatical rules

and markers,” and 10 cited that language was an “exchange of information.” Three participants remarked that language was “movement with intent,” and another two cited it was “community related.” Three participants left no response. One respondent wrote “That is who you are.”

Rights of the Interpreter

Respondents were asked their opinion on the rights of the interpreter. Open text responses were evaluated for emerging themes and coded numerically 1, 2, 3 and 5. Out of the 19 respondents, nine declined to answer. Although the open coding did provide data enough to code and it is believed to be insufficient, the researcher believes it is valuable to report. The rights of the interpreter were reported to be “codified” (numbered 1) by three respondents. “Peer professional (and all that it entails)” was reported by eight respondents (numbered 2), “self-advocate” (numbered 3) was indicated by six participants. Nine participants elected not to respond (numbered 5). One indication of the nine participants that elected not to answer might be found in a response of “good question.” Another respondent wrote, “safe work environment, access to resources and open communication that is in the interest of the child, participate in any legal meetings where the role and responsibilities of the interpreter are defined in relation to the child.”

Advocacy. Respondents were asked if the interpreter’s rights when working with the alingual deaf immigrant child were different. Of the 19 surveys analyzed, eight did not answer the question, and seven were coded as “no.” Though the open-ended response rate for the question was insufficient for data analysis, two open text reactions are noted. Two interpreters wrote about their thoughts on interpreter rights: “We always carry these rights with us. Doing what is necessary to make communication happen may look

different with children, but it is something we always do” and “I think the right to want to advocate is stronger in someone who works with alingual or semi-lingual immigrant deaf children.”

Interpreters were also asked to share opinions of how the rights of interpreters changed if the child was undocumented. Participants may have misunderstood the question as open coding produced “no,” “yes,” and “intra/interpersonal” as responses to a question that prompted an explanation. Eight participants did not respond. There were 11 negative indications that the rights of the interpreter do not change if the child were undocumented. Two were coded for “intra/interpersonal” issues. One interpreter wrote:

Parents will not cause any waves and the students need their parents. The parents choose to not say anything even if their child is discriminated against. When you know this as an interpreter you are being put in a very hard spot. Many students are very poor. They [the students] don't have eye-glasses. The parents will not get it for their children because they are poor. The parents don't want to draw any attention to their family. The interpreter is put in a very very difficult position and no one understands.

Views of Responsibilities/Policies

There were three qualitative results that were coded “responsibilities/policies” that yielded sufficient data for reporting.

Advocacy. Interpreters were asked about how they advocate for themselves (Figure 19) when they felt their “voice” in the workplace was not heard. Open-ended text responses were evaluated for emerging themes and coded numerically one through five. Themes found resulted in the following: “administration/supervisor” (numbered 1),

“professionalism/demeanor” (numbered 2), “collaboration with peer” (numbered 3), “no experience” (numbered 4), and “no response” (numbered 5). Of the 19 surveyed there were three participants that elected not to answer. There were a total of 24 response codes. “Administration/supervisor” (five participants), “professionalism/demeanor” (eight participants), “collaboration with peer” (eight participants). Three participants had “no experience,” and three participants offered “no response” coded as number 5.

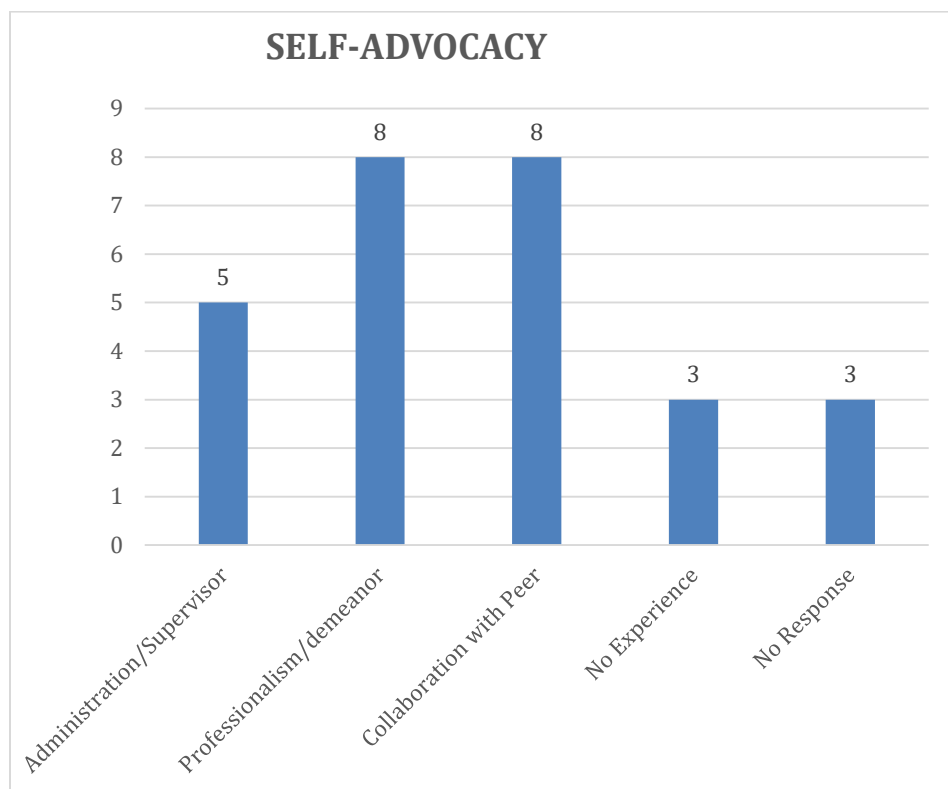


Figure 19. Self-Advocacy

Interpreters were asked about how they advocate for their client’s linguistic needs (Figure 20). Results were coded using emergent themes from the open text. Coding resulted in “Professionalism/using resources” numbered 1, “self-advocacy (explaining job role/needs)” numbered 2, and “peer professional collaboration” numbered 3. “Peer interpreter collaboration” was numbered 4 and “no response” was coded number 5. Out

of the 19 respondents, five elected not to answer the open text question. Codes were indicated 30 times in the 14 responses. Six participants indicated “Professionalism/using resources”; there were five responses that indicated “self-advocacy (explaining job role/needs).” “Peer professional collaboration” yielded eight responses, and six for “peer interpreter collaboration.”

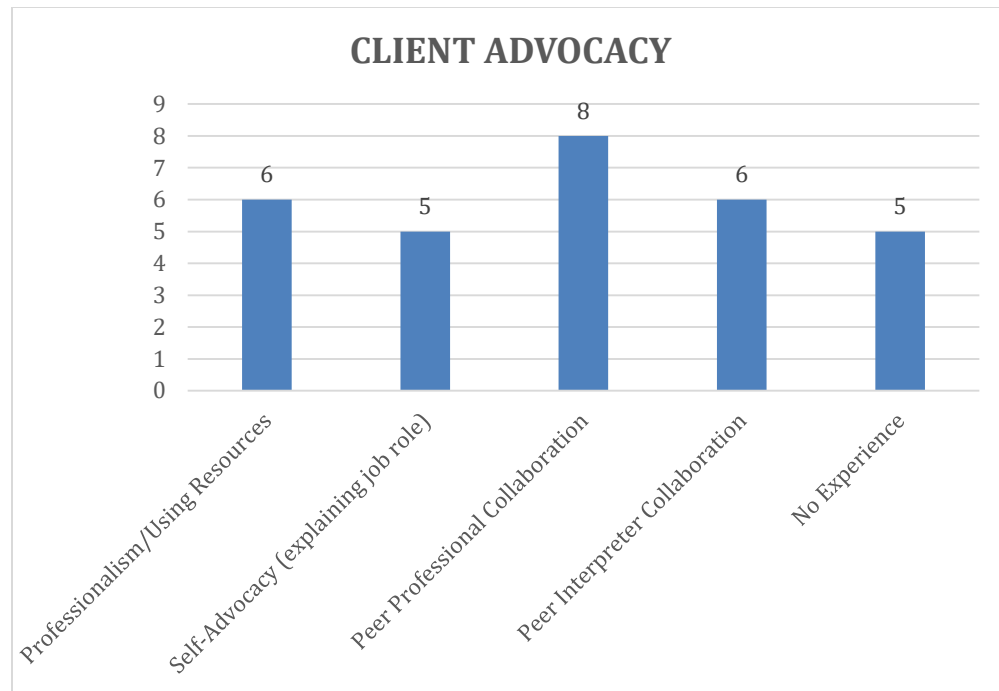


Figure 20. Client Advocacy

Policies. In open-text responses participants indicated written policies that protect the interpreter if they should feel the client is endangered or exploited. Open coding was used for emerging themes. Themes found were numbered numerically one through five. “Report as needed” was numbered 1, “examples” was numbered 2, “not sure” was numbered 3, “specific” was numbered 4, and “no response” was numbered 5.

Table 5

Coding Scheme related to Policies

<u>Theme</u>	<u>Coded/numbered as</u>
--------------	--------------------------

Report as needed	One
Examples	Two
Not sure	Three
Specific	Four
No response	Five

Seven respondents were “unsure” as to written policies protecting them, and four others were coded as “report as needed.” One respondent offered “examples” (code 2) as references to written policies that protect interpreters. Comments offered varied from citing RID Standard Practice Papers and reporting to Social Services, to the sufficiency of mandatory reporting. One participant response, coded “specific,” wrote: “No, I have not seen anything protecting interpreters.”

Collaboration

Qualitative data were collected and coded “collaboration” on ASL/English interpreters. Only four out of the five qualitative survey questions yielded sufficient results for reporting.

Confidentiality. Participants were asked their thoughts on the interpreters’ ability to maintain confidentiality when collaborating with peer professionals while working with alingual or semi-lingual deaf immigrant children. Six participants declined to answer the open text response. Thirteen respondents’ text resulted in five themes. Themes were coded numerically: “need to know” coded number 1, “collaboration toward goal of setting” number 2, “peer interpreter collaboration” number 3, and “CPC” number 4. “No response” was coded number 5. The five themes were used 28 times in the 13 responses. “Need to know” was the highest coded response at eight indications, “collaboration

toward goal of setting” was indicated six times, the Code of Professional Conduct (“CPC”) was indicated five times, and the lowest indicated response was “peer interpreter collaboration” by three participants.

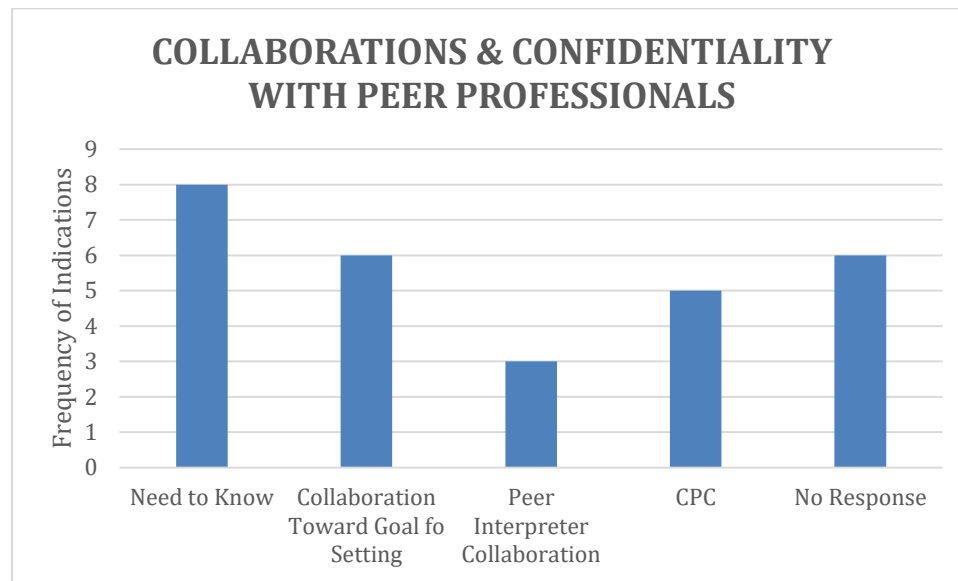


Figure 21. Confidentiality and Collaboration with Peer Professionals

Participants were asked their thoughts on the interpreters’ ability to maintain confidentiality when collaborating with peer interpreters while working with alingual or semi-lingual deaf immigrant children. Six participants declined to answer the open text response. The thirteen respondents’ text resulted in five themes that were coded numerically one through five. The five themes were used 28 times by the 13 respondents. “Need to know” (number 1) was indicated twice by participants, “peer interpreter collaboration” (number 2) was the highest indicated at nine responses, “collaboration toward goal of setting” (number 3) was indicated four times, the Code of Professional Conduct (“CPC”) (number 4) was indicated seven times, and six respondents declined to answer (number 5).

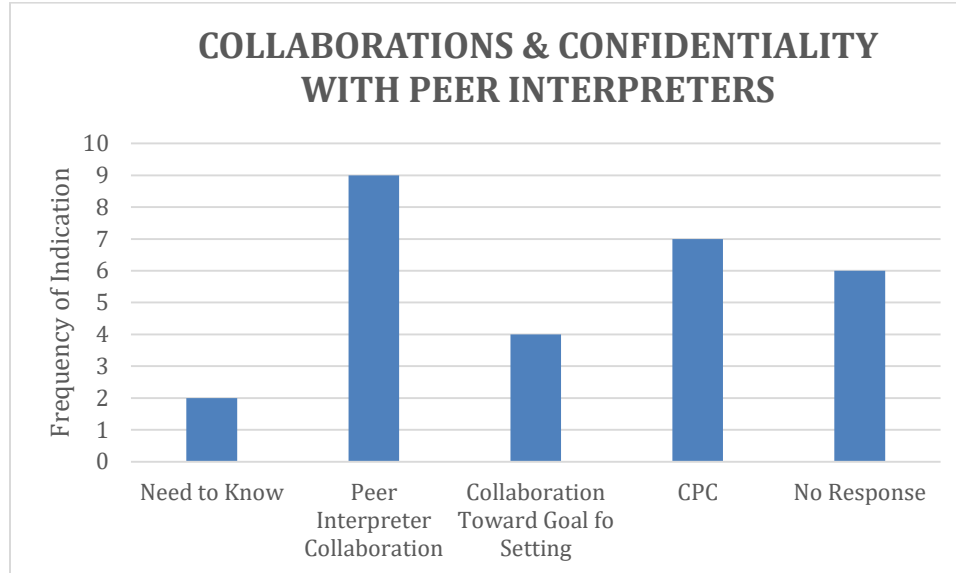


Figure 22. Confidentiality and Collaboration with Peer Interpreters

Successful collaborations. Using open-ended responses, participants indicated the professionals whom they perceived as having experienced successful collaborations. There were 50 total responses from 16 respondents. The open-ended text responses were evaluated for emerging themes and coded numerically one through six. “Therapists” coded number 1, included indications of “SLP” [Speech Language Pathologist], “occupational therapists,” and “COTA” [Certified Occupational Therapist Assistant] for a total of 10 indications. “Teachers,” number 2, included indications of “teachers of the deaf,” “general education teachers,” “SPED” [special education teacher] “vision teachers,” and “academic counselors” for a total of 16 indications. (“Administrators” coded as number 3, included indications of “dorm resident advisors” for a total of three indications. “Medical” number 4, included indications of “doctors,” “psychologists,” “nurses,” “audiologists,” and counselors” for a total of 11 indications. “Legal,” coded as number 5, included indications of “school resource officers,” “corrections officers,”

“lawyers” and “law enforcement” for a total of four indications. “Miscellaneous,” coded as number 6, included indications of “group home workers,” “social workers,” “domestic violence advocates,” and “family support specialists” for a total of six indications.

Participants also commented: “No one,” “[T]eachers in special needs settings (used to problem solving and accommodations),” and “Only teachers. Most doctors I’ve worked with make it my problem.”

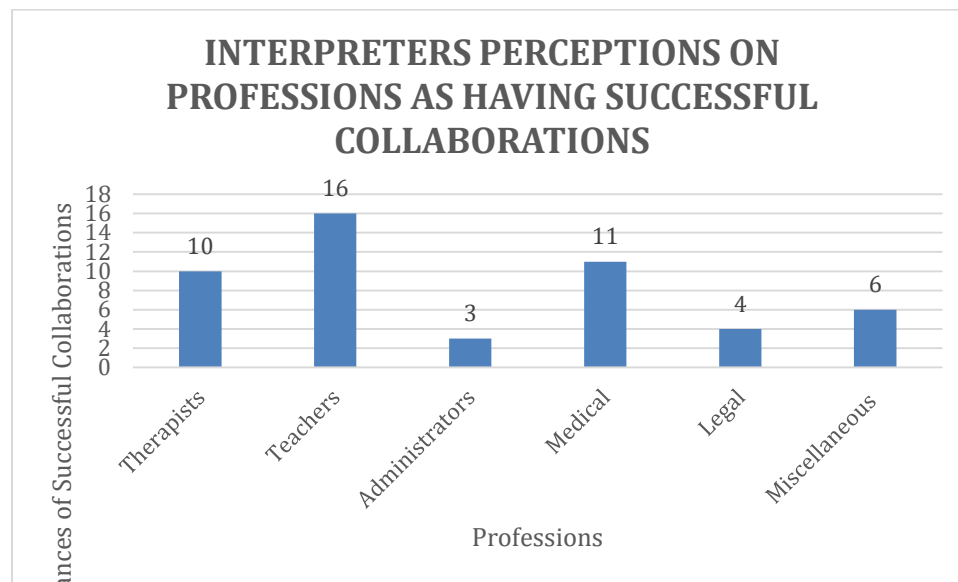


Figure 23. Interpreters Perceptions on Professions as Having Successful Collaboration

Respondents indicated the reasons they believed the collaboration was successful with other professionals. Open-ended text responses were evaluated for emerging themes and coded numerically one through five. Out of 19 surveys, 15 participants responded to the open text question. There were five codes used that came from the data. “Shared goal,” numbered 1, was indicated six times. “Peer professional collaboration,” number 2, was indicated 11 times, “perceptions of professional peer interpreters,” number 3, was indicated six times. “Agency understanding,” number 4, was indicated once, and there were four participants that declined to answer, numbered as 5. One respondent wrote:

The school district had the job of interpreter categorized as professional. From both experience and peer discussions spanning my 30+ yrs I STRONGLY believe if you are labeled professional other staff will work with you if you are labeled para-professional...well I suggest....quit.

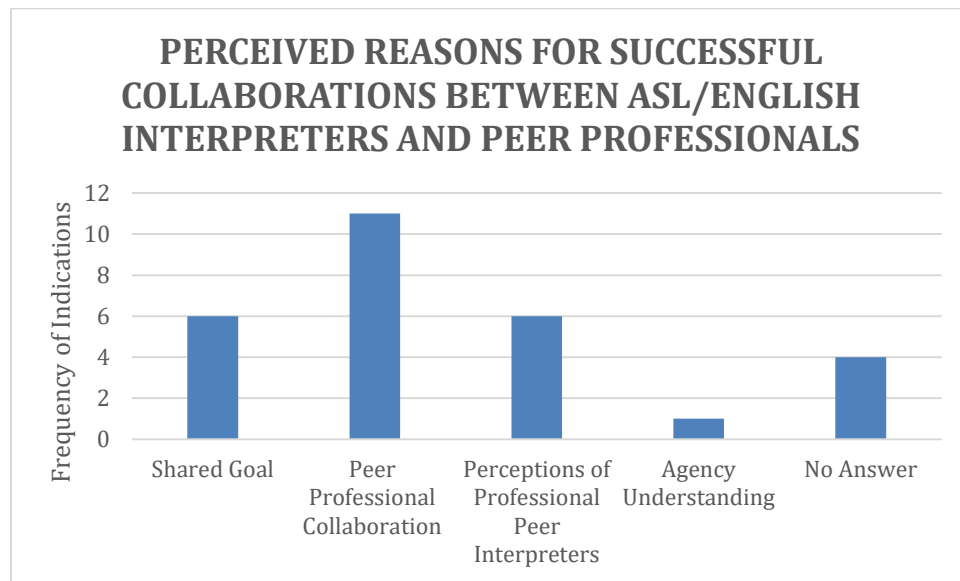


Figure 24. Perceived Reasons for Successful Collaboration

Associations

The data was analyzed further for correlations on ASL/English interpreters’ Preparation Time, Collaboration with Peers and Peer Professionals. The researcher recognized a correlation between the data of ASL/English interpreters’ perception of how useful it is to be well prepared for an interpreting assignment to the perception of how ASL/English interpreters felt they collaborated with other professionals, as demonstrated in Figure 25.

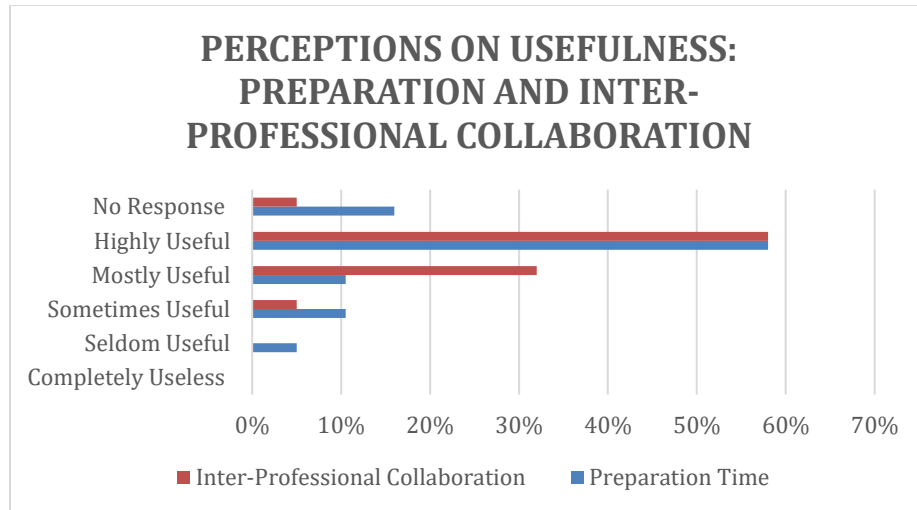


Figure 25. The Correlations of Perceptions on the Usefulness of both Preparation Time and Usefulness of Inter-Professional Collaboration when working with alingual or semi-lingual deaf immigrant children

The researcher recognized a correlation between the data of ASL/English interpreters' perception of how useful it is to be well prepared for interpreting assignments and ASL/English interpreters' perceived best definition of inter-professional collaboration (as ranked on Table 4 and shown in Figure 26).

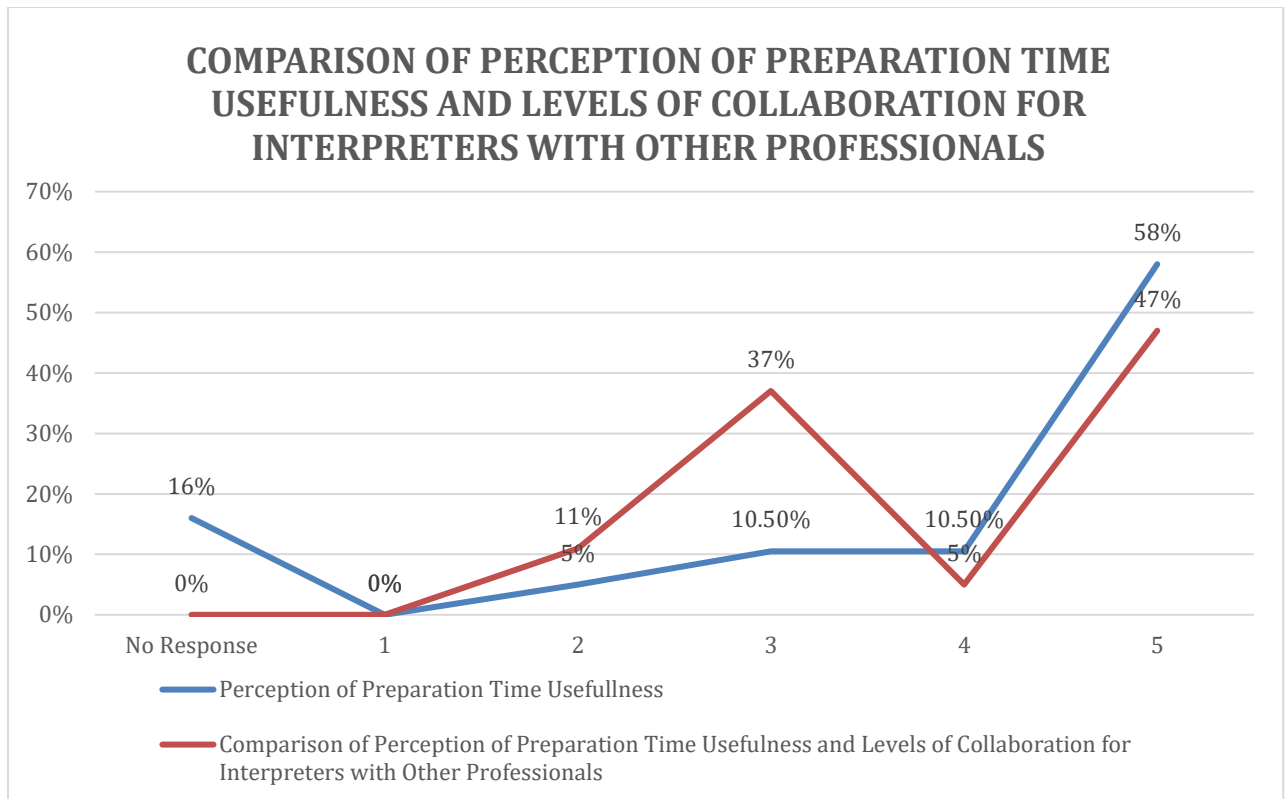


Figure 26. Comparison of Perception of Preparation Time Usefulness and Levels of Collaboration for Interpreters with Other Professionals

The researcher recognized a correlation between the data of ASL/English interpreters' perception of how useful it is to be well prepared for an interpreting assignment and perceptions of the usefulness of collaborations with peer interpreters, as shown in Figure 27.

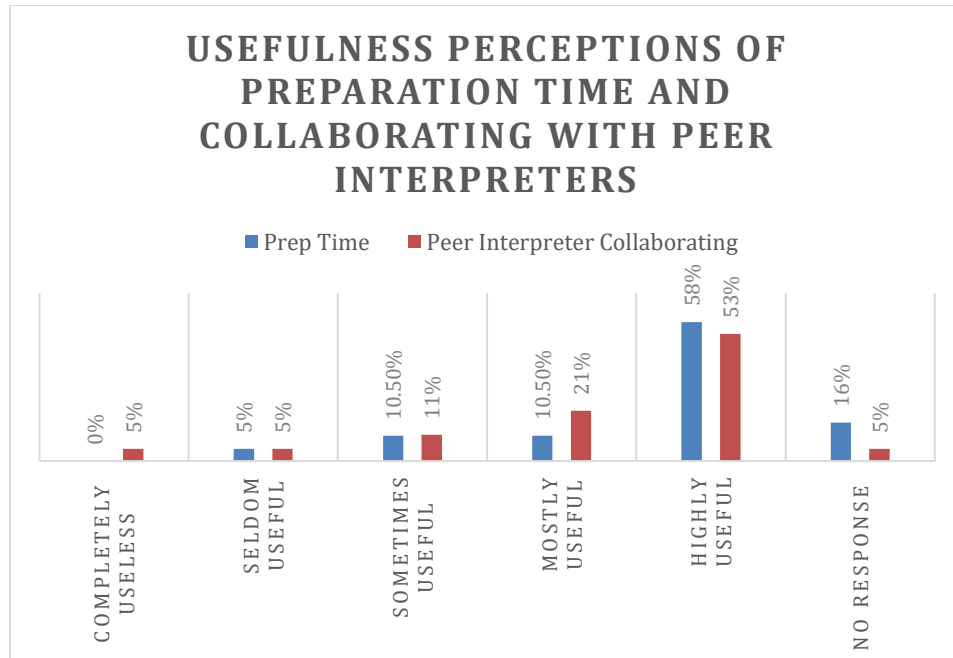


Figure 27. Comparison of Usefulness Perceptions of Preparation Time and Collaborating with Peer Interpreters

The researcher recognized a correlation between the data of ASL/English interpreters' perception of how useful a peer interpreter is perceived and the perceived usefulness of collaboration with peer interpreters.

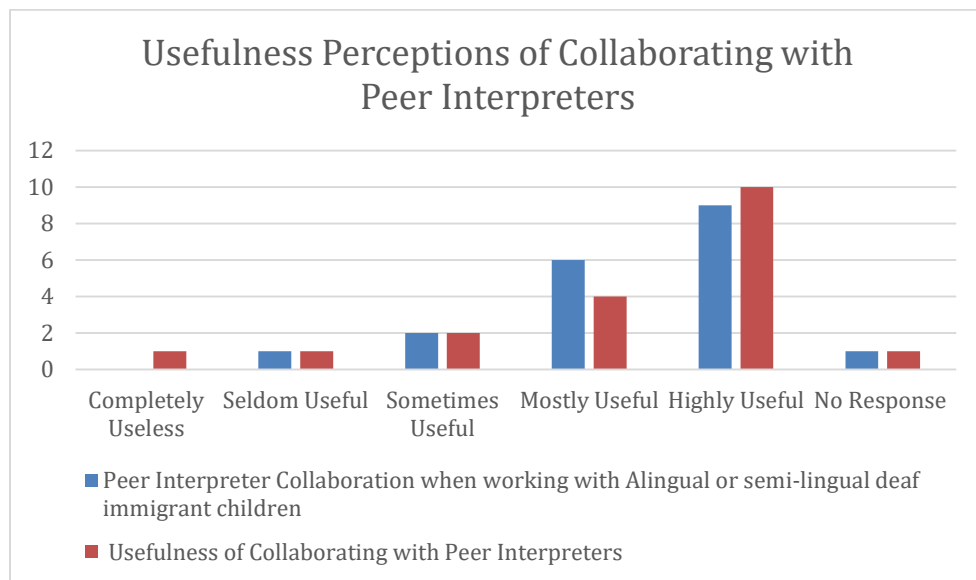


Figure 28. Comparison of Usefulness Perceptions on Collaborating with Peer Interpreters

Incidental Findings

During analysis of the open text responses references to potential themes of burnout, transference and self-evaluation became evident. Though of these findings are outside the scope of this study, they have significance to the field and will be included in the Discussion section.

Discussion of the Findings

As previously stated, the overall goal of this research was to extend the current studies on alingual or semi-lingual immigrants to include the experiences of ASL/English interpreters who work with them. To that end, the survey's overarching focus was on three major questions: How does working with alingual deaf immigrant children affect the work practices of ASL/English interpreters? How does the documentation status of alingual deaf immigrant children affect the work practices of ASL/English interpreters? In what ways do collaborative practices with other interpreters or peer professionals impact the work practices of ASL/English interpreters working with alingual deaf immigrant children? Through the analysis of the data some interesting themes were discovered.

The data from both qualitative and quantitative sections indicate that the practices of ASL/English interpreters are affected when working with alingual deaf immigrant children, but the documentation status of the child would unlikely directly affect the interpreter's work practices. ASL/English interpreters may not have prior knowledge of an alingual or semi-lingual deaf child before arriving to an interpreting assignment. When arriving to the assignment, preparation time was unlikely to be given to the interpreters in this study, though it was perceived to be very useful when working with the alingual deaf

immigrant child. Interpreters also indicated that preparation time was used to create or find resources, namely pictures and images. Despite the use of pictures and other methods, communication was perceived as only sometimes effective. Effective communication was overwhelmingly considered “mutual understanding” by interpreters.

Certified Deaf Interpreters (CDI) were interestingly indicated fourth on the methods of effective communication list (see Figure 29). A CDI’s specialized training offers insight when a child has been deprived of language or has a foreign signed language (Mathers & Witter-Merithew, 2008). Given how much insight our CDI peers bring to the interpreting dynamic to quickly resolve communication breakdowns, the ranking of fourth was surprising. This may be for several reasons: CDI availability in rural areas, hearing interpreter awareness of local CDIs, lack of advocacy for a CDI, funding, and/or phrasing of the question. In difficult situations, ASL/English interpreters seem to rely on peer professional collaboration and a professional demeanor as their best ally in advocating for themselves and for their client’s linguistic needs. In this study, ASL/English interpreters regard collaborations with peer interpreters and other professionals as highly useful regardless of whether or not they are working with an ailing or semi-lingual immigrant deaf child. That said, a majority of responding interpreters said they always collaborate with peer interpreters while working with ailing or semi-lingual immigrant deaf children. At the same time, however, earlier in the survey almost the same exact percentage indicated they had no prior knowledge of the ailing immigrant deaf child before arriving at the assignment (Figure 6). Furthermore the “interpreting team” was tied for fifth on the rankings of effective methods of

communication (see Figure 29), indicating other methods of communication were considered effective earlier in the survey.

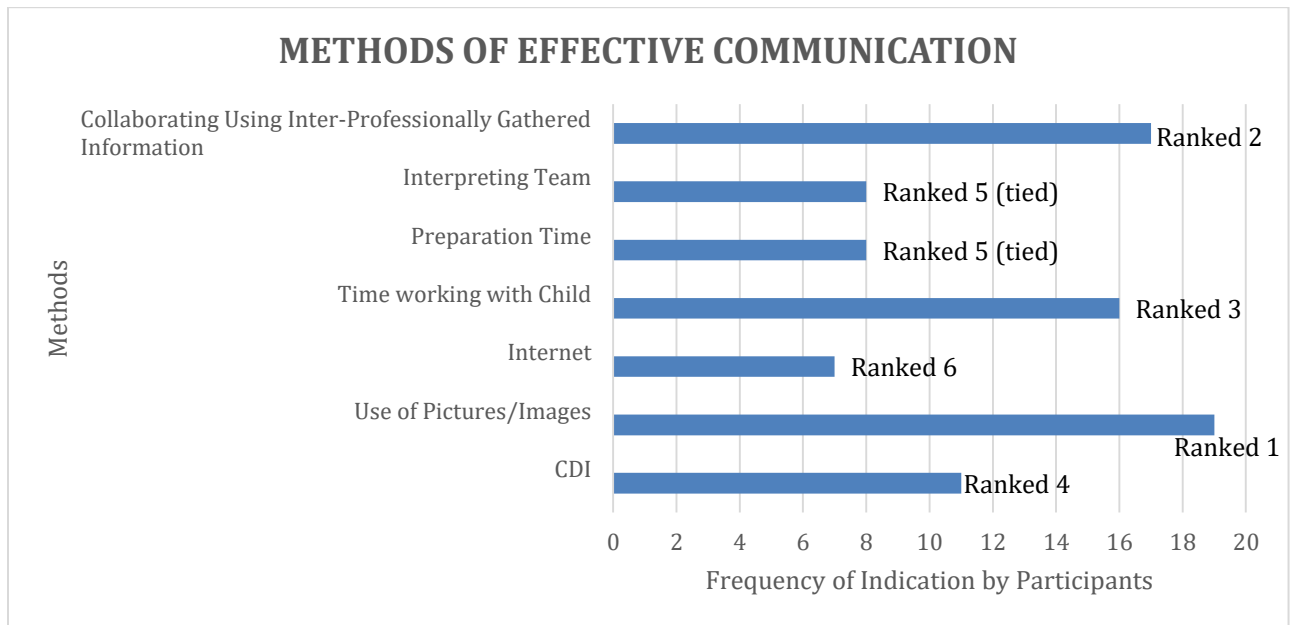


Figure 29. Ranking of Methods of Effective Communication

Interpreters appear to have strong preferences of peer professional collaboration within fully integrated systems. This may be attributed to the information sharing within those systems, familiarity of routine, and organization goals. Interestingly, ASL/English interpreters in this study felt that collaborating with peer professionals and maintaining confidentiality while working with alingual or semi-lingual immigrant deaf children was limited to a need to know basis (see Figure 21), despite previously indicating that information sharing (as indicated on Table 2) was paramount. Perhaps this seeming contradiction could be a result of the location where the assignment occurred.

ASL/English interpreters seem to perceive confidentiality and collaboration with peer *interpreters* while working with alingual or semi-lingual immigrant deaf children as a shared responsibility (see Figure 22). It is unclear if the respondents were indicating their

working interpreting team or interpreters they knew to be independently working with the alingual or semi-lingual immigrant deaf child. ASL/English interpreters later indicated they perceived teachers the highest among professionals to create successful collaborations. Teachers may be the highest ranked due to many of the same factors listed in Level Five on Table 2, (i.e., shared location, amalgamation of services, information sharing, etc.). The practices of ASL/English interpreters are affected when working with alingual deaf immigrant children by the situational dependence interpreters use with decision making.

Though the documentation status does not directly affect the work practices of interpreters, the research shows signs that there may be fringe effects. Children of documented or undocumented status were considered sometimes equally protected from exploitation. ASL/English interpreters are unaware of written policies that protect themselves if they should feel that an alingual or semi-lingual immigrant deaf child was in an endangered or exploited situation. Further there were comments indicating that the needs of the child may not always be met due to documentation status. One respondent pointed out that discrimination would continue unchecked and necessities such as glasses would remain unrequested due to parents wanting or remain unnoticed. It is highly unlikely that this is the only account of how decisions affecting an undocumented alingual or semi-lingual immigrant deaf child in turn affected their ASL/English interpreter.

Instances such as this draw attention to indications of burnout. Incidental information that was outside of the scope of the research question provided information that indicate ASL/English interpreters working with alingual or semi-lingual deaf

immigrant children experience burnout, transference, and may begin to self-evaluate their work. The researcher believes that the survey provided indications in the open-ended responses that implicate a need for further investigation. There are inferences of burnout and self-evaluation through terms such as:

- “no one understands”
- “it is not easy”
- “Very frustrating and no body wins.”
- Someone suggested professional labeling or “quit” multiple times
- Someone expressed frustration about their supervisor having “no clue” about signed language systems.
- “It is almost impossible. Being bullied and thrown under the bus.”
- “People don’t listen.”
- “backlash from colleagues”
- “I feel like I have never had a voice...”
- “Most doctors I’ve worked with make it my problem.”

With these occurrences and the challenges of working with unrecognized foreign signed languages, one may begin to wonder about the burnout rate among interpreters of alingual or semi-lingual deaf immigrant populations. These interpreters are dealing with a multiplicity of paralinguistic, intrapersonal and interpersonal issues. These comments could indicate burnout (see Humphrey, 2015 for further discussion on Emotional Exhaustion, Burnout, and Job Satisfaction). Further, these comments seem to align with earlier research that the competencies needed to work with these children is typically beyond the scope of ASL/English interpreters and would require further specialization

and collaboration with CDI peers (Mathers & Witter-Merithew, 2008, Witter-Merithew, 2010).

The responses related to the rights of the interpreters were rife with indications that implicate a further need for investigation of into burnout in conjunction with workspace rights. Some comments indicated:

- “We have the right to be human and to be able to speak up when we physically have needs. We have the right to work in a way that doesn’t leave us at risk for litigation.”
- “Right to speak up when one is not a good fit, right to advocate for a CDI, right to give back the job”
- “To be respected and be allowed to do their work. Not to mock their work or bully the interpreter.”
- “...belligerent acts”
- “To be allowed to perform their job duties and follow best practices and the code of professional conduct without backlash from colleagues”

The burnout implication may be conjecture and a limitation of the online survey. Perhaps further investigation or clarity is needed into the rights of interpreters within the workspace. These findings suggest that ASL/English interpreters may experience burnout, transference, or even begin to self-evaluate as their work with the child continues.

As the researcher assessed the data, correlations emerged. The relationship between the data supports the perception that when ASL/English interpreters use their preparation time and are well prepared (Figure 8) they perceive inter-professional

collaboration (Figure 12) as more useful (Figure 25). Similarly, a relationship between the data supports that when ASL/English interpreters perceive that they are well prepared (Figure 8) they perceive a higher level of collaboration (as ranked on Table 4), with other professionals as best when working with alingual or semi-lingual deaf immigrant children (Figure 26). There is a relationship between the data that shows a correlation between ASL/English interpreters' perception of how useful it is to be well prepared for an interpreting assignment (Figure 8) and perceptions of the usefulness of collaborations with peer interpreters (Figure 27).

The data also support that when ASL/English interpreters collaborate they perceive that they are seen as useful to their peers when working with alingual or semi-lingual deaf immigrant children (Figure 28). These findings may be due to the mutual understanding that additional preparation time is required when working with alingual or semi-lingual deaf immigrant children. These findings align not only with the AACAP (2010) Integrative model of case coordination, but also with Okwaro and Geissler (2015) that states time is a factor in building trust between peers. Collaboration between peer interpreters and building of trust may require additional research, though cursory findings suggest that peer collaboration enhances quality of perceived situational management between peers.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

“We see things not as they are but as we are-
that is, we see the world not as it is,
but as molded by the individual peculiarities of our minds.”

G. T. W. Patrick (1890)

Interpreters are challenged when providing interpreting services to alingual deaf immigrant children. This may be the first study to investigate the work practices of ASL/English interpreters who work with alingual immigrant deaf children. Related studies do not include ASL/English, or trilingual, interpreters and their practices with this population. The goal of this research was to extend the current studies on alingual or semi-lingual deaf immigrants to include the experiences of their ASL/English interpreters, given that it would be illustrative to understand both the practices of the ASL/English interpreters' work and inter-professional collaboration. Through further research in understanding these practices and the needs of the alingual and semi-lingual deaf immigrant children, a framework for ASL/English interpreter best practice methods may begin to develop.

The data supports the correlation of ASL/English interpreters' perceptions that when they use their preparation time they perceive that they are more useful during inter-professional collaboration. The data further supports correlations of ASL/English interpreters' perception that it is useful to be well prepared for an interpreting assignment and the perceptions of the usefulness of collaborations with peer interpreters. Pollard et al. (2014) notes that it is time consuming, yet necessary, to build cross system relationships with competency. Over time trust can build with clients as well as with

coworkers. Self-perceptions of usefulness during inter-professional collaborations may be attributed to the time spent together gaining mutual trust and understanding.

Similarly, a relationship between the data indicated when ASL/English interpreters perceive that they are well prepared, they perceive a higher level of collaboration (as ranked on Table 4), with other professionals as best when working with alingual or semi-lingual deaf immigrant children. Table 4 *ASL/English Interpreter Collaboration with Other Professionals (Level)* was mirrored after Doherty, McDaniel, & Baird's (1996) *Five Levels of Collaboration Between Primary Care and Behavioral Health*. AACAP (2010) acknowledges that "co-management and case coordination" as well as chart sharing and co-location enhance quality of situational management (AACAP, 2010, p. 6). The ASL/English interpreters in this study seem to share the same opinion.

The data also support that when ASL/English interpreters collaborate they perceive that they are seen as useful to their peers when working with alingual or semi-lingual deaf immigrant children. Pollard et al (2014) expands on collaboration with peers suggesting that collaborating allows the clinicians to feel comfortable with the ASL/English interpreter's performance. Witter-Merithew (2010) and Dean (n.d.) both agree that interpreters need skills in collaboration with peers.

Recommendations for the Field

We trust that to "do no harm" (RID, 2005, p.1) is ethical according to the NAD-RID's Code of Professional Conduct. When an alingual child is faced with violation of inalienable rights or exploitation—and is thus unable to express their injustices—I propose following the recommendations under "Function of the Guiding Principles" (p.

1). The Application of the Guiding Principles includes the “‘reasonable interpreter’ standard” as “fair-minded” (p. 1). I propose ASL/English interpreters not only follow those recommendations, but do so while simultaneously considering professional development in the areas of ethics and how it applies to the work of ASL/English interpreters on a personal level. Advocacy inaction can perpetuate linguistic deficiencies, thus hindering psychophysical integrity and, in essence, harm the child’s psycho-social health and possibly the ability to become independent as an adult. Linguistic collaboration when working with MLC children increases “psychophysical integrity,” and in turn affords opportunities for independence in adulthood (Humphries et al., 2014, e32; Trovato, 2012, p. 413). Advocating should be situationally dependent and coexist with a deep examination of all parties the ASL/English interpreter is working with and for. The researcher recommends continual study in the area of ethics.

Results support that though preparation time is useful to ASL/English interpreters (Figure 8), prior awareness of alingual deaf children before assignments remains low (Figure 6). Analysis of these results represents a need for pre-assignment notification of client linguistic needs. Additional data shows the usefulness of collaboration and preparation time. These results offer an opportunity to investigate standard pre-assignment screening or questionnaires by both ASL/English interpreters and agencies.

Interpreter collaboration was described by 47% of participants as “Interpreter(s)/service providers share location site and amalgamate all services. Service to consumer is streamlined. Team meets routinely and has a deep understanding and appreciation for all involved professionals organizational cultures. Power and decision making is held in the appropriate areas that match the professional strengths and

responsibilities match those roles.” This holds hope that in the future ASL/English interpreters will be more open to collaborating with peer professionals as the benefits are seen. Training with, or observing, peer professionals in collaboration practices could benefit interpreters in facilitating positive inter-relationships. Additionally the interpreting field could find benefit in the comprehension of how other organizations maintain confidentiality while exchanging information.

Whereas the documentation status of a child would not change ASL/English interpreter work practices, clarifying the interpreters’ rights within the workspace may aid in resolving challenges as they are encountered. A recommendation for the field is future research on the rights of interpreter within the workspace, as a peer professional. An investigation into ASL/English interpreter rights may help ASL/English interpreters overcome the challenges of providing effective communication through interpreting services. Further, investigation into the rights of the interpreter may aid ASL/English interpreters in overcoming barriers to advocate for the child.

Recommendations for the Practice of Interpreters

As strife in the world continues, migration continues and foreign refugees will become immigrants. Those immigrating may include deaf children with varying degrees of language education. Access to signed languages may have been limited for those children in their home countries. Policy changes in government, open borders, and migration trends all suggest that interpreters have the potential to work with these children in the future. ASL/English interpreters will not be shielded from these diverse populations. Interpreters working directly with these children and other professionals therefore can benefit from situational awareness, as well as skills in collaboration

(Witter-Merithew, 2010). Additional benefits could be derived from third language acquisition by interpreters. Becoming culturally and internationally aware and developing ASL/English interpreter education programs that include training on the various needs of immigrating deaf individuals may positively impact the practice of working ASL/English interpreters.

Further, over time in our political climate, ASL/English interpreter encounters with alingual immigrant deaf children may increase. A body of work representing ASL/English interpreters of this client demographic may be cathartic or provide an emotional release, even a feeling of validation, for some. The curative effects may require additional study and implementation. The validation of shared experiences through the acknowledgment of others may have the biggest impact on emotional exhaustion and burnout, all of which relate to job satisfaction (see Humphrey, 2015). The research supports a need for further research into burnout while working with this population.

Interpreted messages are co-constructed by the interpreter through context and intent, using paralinguistic interactions with the deaf participant and speaker. Initial interpreting services are affected by “non-standard signs and gestur[al]” communication methods (Witter-Merithew, 2010, p.4). Having a shared context yields a better interpretation. Interpreting for MLC deaf individuals necessitates using their preferred communication mode that matches their individual frame of reference. MLC and alingual individuals require a share communication mode with the interpreter before language can be exchanged between clients. Simply providing a hearing ASL/English interpreting service for those not proficient in a language does not equate to equal access to

communication. Collaboration with peer interpreters and professionals is needed (Best Practices Manual, 1999; Mathers & Witter-Merithew, 2008).

Recommendations for Further Research

Data also showed that eight out of 20 responses indicated that documented and undocumented alingual immigrant deaf children were “sometimes” protected equally from exploitation and five respondents reported they were not. It would be a sad circumstance if a deaf communicatively handicapped child were to be exploited or not as equally protected as their fluent peers. The data supports a need for further research into policy awareness among interpreters.

Additional Considerations

The survey drew from a small interpreter population; interpreters and peer professionals should be cautious how to apply the findings (Papic et al., 2012). The response rate for the survey was minimal, thus, “the results should be used to highlight...issues in the field rather than provide conclusions” (p. 208). The survey sought to answer the research questions: How does working with alingual deaf immigrant children affect the work practices of ASL/English interpreters? How does the documentation status of alingual deaf immigrant children affect the work practices of ASL/English interpreters? In what ways do collaborative practices with other interpreters or peer professionals impact the work practices of ASL/English interpreters working with alingual deaf immigrant children? The survey respondents seemed to consider their experiences as a whole, instead of always citing individual experiences.

Another limitation of the survey was the framing of some specific questions. One particular data set may have been affected by the wording of its question. Though the

question asked for “what methods you feel helped establish effective communication” it is not the researcher’s intention to imply that a Certified Deaf Interpreter (CDI) is separate from an interpreting team. This researcher firmly notes the undesirable wording and the vast contributions of peer Deaf Interpreters to an interpreting team; hence the designation was first on the list of a non-alphabetized collection. The data here may be further skewed due to the selections available not including the Hearing Interpreter designation, and thus respondents may have selected multiple options in order to fulfil their intentions. Additionally, the qualitative framing of the question “how do interpreters’ rights change if the child is undocumented?” produced a majority quantitative responses.

To conclude, the aim of this research was to extend the current studies on alingual or semi-lingual deaf immigrants to include the experiences of their ASL/English interpreters, the researcher believes that additional work representing ASL/English interpreters with this client demographic is needed. The United States faces a possibility that by 2065 an estimated 88% of the population will be immigrants (Pew Research Center, 2015). During this increase in immigrant population interpreters need preparation and a framework of best practice methods needs to begin to develop.

APPENDIX A: CONSENT FORM

Dear Colleague,

I am a master's degree student at Western Oregon University in the College of Education under the supervision of Professor Vicki Darden. I am conducting a research study seeking to understand interpreter practices while working with alingual and/or semi-lingual deaf immigrant children. I am inviting your participation, which will involve taking an online survey that can be accessed directly through this link: <http://goo.gl/forms/tS7bP2gS2T> Participation in the survey will serve as your consent. The survey will take approximately 15 minutes.

Your participation in this study is voluntary. There is no penalty if you choose not to participate or to withdraw from the study at any time. If you choose to withdraw from the study, data will not be used. You must be 18 or older to participate in this study.

The data collected from the surveys can be used to review the practices of interpreters who work with deaf immigrant children who are alingual or semi-lingual. The survey will not gather personal identifiable information. The participants can exit the survey if they feel the need to do so at any time. There are no physical risks.

Though there are no direct benefits, this study serves as a starting point to develop an effective collaboration between interpreters and professional peers, and can aid in the linguistic development of the alingual or semi-lingual immigrant deaf child. The anonymous results of this study will be used in my master's thesis, and may be used in reports, presentations, or publications.

If you have any questions concerning the research study, please contact

Roselia M. Fichera-Lening via email at: rficheralening14@wou.edu or my graduate advisor Vicki Darden at dardenv@wou.edu.

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Institutional Review Board at (503) 838-9200 or irb@wou.edu.

Thank you,

Roselia M. Fichera-Lening
Master's student, College of Education
Western Oregon University

**APPENDIX B: INTERPRETING FOR THE ALINGUAL
AND SEMI-LINGUAL IMMIGRANT *deaf* CHILD - SURVEY**

1. How many years have you been interpreting?
 - Less than 5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - over 21 years

2. Please indicate your RID Region. (<http://www.rid.org/membership/rid-regions-map/>)
 1.
 - Region 1
 - Region 2
 - Region 3
 - Region 4
 - Region 5

3. What certifications do you currently hold?
 - NIC
 - ED:K-12
 - CDI
 - SC:L
 - CLIP-R
 - CI
 - CT
 - SCS
 - MCSC
 - SC:PA
 - Other

4. In your interpreting experience how many alingual deaf children have you encountered while interpreting? (The definition of alingual/alingualism is established as “a state in which a person lacks a full, fluent command of any language.”)
 - 0
 - 1-5
 - 5+

5. In your interpreting experience how many semi-lingual deaf children have you encountered while interpreting?
 - 0
 - 1-5

- 5+
6. Please indicate the setting(s) where you have worked with the alingual or semi-lingual deaf child.
 - K-12
 - Post-Secondary
 - Medical
 - Community Interpreting
 - Other:
 7. Were you made aware of the alingual or semi-lingual deaf child before arriving for the interpreting job?
 - Yes
 - No
 - Sometimes
 8. If you answered yes to the previous question, what is the average preparation time you are given to become acquainted with the client's linguistic abilities and needs?
 9. How often are you given preparation time to become acquainted with the linguistic needs of the alingual or semi-lingual child before beginning the assignment?

1	2	3	4	5
Never			Always	
 10. How useful is/was preparation time when working with alingual or semi-lingual immigrant deaf children?

1	2	3	4	5
completely useless			very useful	
 11. What kind of preparation do you do?
 12. Please indicate the effectiveness of your communications with the child.

1	2	3	4	5
not effective			very effective	
 13. Please define your idea of effective communication.
 14. Please define your idea of language.
 15. Please indicate what methods you feel helped establish effective communication with the alingual or semi-lingual deaf immigrant child.
 - Certified Deaf Interpreter (CDI)
 - Use of pictures/images
 - Internet

- Time working with child
- Prep time
- Interpreting team
- Collaborating using inter-professionally gathered information
- Other:

16. How useful is inter-professional collaboration when working with alingual or semi-lingual deaf immigrant children?

	1	2	3	4	5
completely					very
useless					useful

17. When working with alingual or semi-lingual deaf immigrant children please indicate how often you have collaborated with peer interpreters.

	1	2	3	4	5
Never					Always

18. How useful is peer interpreter collaboration working with alingual or semi-lingual deaf immigrant children?

	1	2	3	4	5
completely					very
useless					useful

19. When working with alingual or semi-lingual deaf immigrant children please indicate how often you have collaborated with other professionals?

	1	2	3	4	5
Never					Always

20. What roles and responsibilities did the other professionals have?

21. In your opinion, what best describes interpreter collaboration between other professionals?

- Interpreter(s)/service providers work at different locations, do not amalgamate services, and have limited association
- Interpreter(s)/service providers still work at different locations, do not amalgamate services, and have limited dialogue. Service providers see Interpreter as resources, but do not share power or responsibilities, and don't understand the other's professional culture.
- Interpreter(s)/service providers share location site and do not amalgamate services. Frequent communication is increased, individuals see themselves part of a larger system, valuing the roles of others. However, all parties still don't understand the cultural role of the other professional.
- Interpreter(s)/service providers share location site and amalgamate some services. Communication is continual and all parties are consulted with full understanding.
- Interpreter(s)/service providers share location site and amalgamate all services. Service to consumer is streamlined. Team meets routinely and have a deep understanding and appreciation for all involved professionals organizational

cultures. Power and decision making is held in the appropriate areas that match the professional strengths and responsibilities match those roles.

22. When unable to collaborate with other professionals, please explain how you advocate for the linguistic needs of the alingual or semi-lingual immigrant deaf child.

23. In your opinion, inter-professional collaboration is:

1	2	3	4	5
completely				very
useless				useful

24. In your opinion, collaborating with peer interpreters is:

1	2	3	4	5
completely				very
useless				useful

25. What are your thoughts on an interpreter's ability to maintain confidentiality when collaborating with other professionals while working with alingual or semi-lingual deaf immigrant children?

26. What are your thoughts on an interpreter's ability to maintain confidentiality while collaborating with peer interpreters when working with alingual or semi-lingual deaf immigrant children?

27. With what types of professionals (e.g., doctor, therapist, or teachers) have you experienced successful interpreter collaboration?

28. What do you feel allowed the collaboration with that other professional successful?

29. In your experience as an interpreter, are documented and undocumented alingual or semi-lingual immigrant deaf children protected equally from exploitation? (For the purpose of this survey exploit/exploitation will be defined as “the action, fact or act of benefiting from another in order to make use of a situation, take advantage for oneself, or treat unfairly, in order to benefit, profit or make gains for oneself off another’s resources or work.”)

- Yes
- No
- Sometimes

30. Please indicate any policies that have emerged as a result of interactions between interpreters and undocumented alingual or semi-lingual immigrant deaf children?

31. What written policies are available to protect interpreters if an interpreter should feel that an alingual or semi-lingual immigrant deaf child is endangered or exploited?

32. Please explain how you advocate for your own needs as an interpreter, when you feel that they do not have a "voice" while working with alingual or semi-lingual immigrant deaf children.
33. Please explain how you advocate for your own rights as an interpreter, when your rights are violated/not seen as a professional?
34. In your opinion, what are the rights of the interpreter?
35. In your opinion, are the rights of the interpreter of alingual or semi-lingual immigrant deaf children different?
36. In your opinion, how do interpreter's rights change if the child is undocumented?

Appendix C: Registry of Interpreters for the Deaf (RID) Regions list

Region I	Region II
Connecticut	Alabama
Maine	Florida
Massachusetts	Georgia
New Hampshire	Maryland
New York	Mississippi
New Jersey	North Carolina
Pennsylvania	Puerto Rico
Rhode Island	South Carolina
Vermont	Tennessee
	Virginia
	Washington DC
Region III	Region IV
Illinois	Arkansas
Indiana	Colorado
Kentucky	Iowa
Michigan	Kansas
Minnesota	Louisiana
Ohio	Missouri
Wisconsin	Montana
	Nebraska
	New Mexico
	North Dakota
	Oklahoma
	South Dakota
	Texas
	Wyoming
Region V	
Alaska	Utah
Arizona	Washington
California	
Hawaii	
Idaho	
Nevada	
Oregon	

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