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Working With American Sign Language (ASL) Interpreters

Vanessa Murphy, Au.D., CCC-A

Vanessa Murphy, AuD, CCC-A

Vanessa is an audiologist at RIT/NTID, where she has worked full time for two years providing audiology services in spoken English and American Sign Language (ASL). Vanessa's unique background includes an ASL interpreting degree obtained from Columbus State Community College in 2017 and experience as a professional interpreter for 5 years. Her personal expertise has given her the tools to provide an inside perspective from both points of view: the interpreter and the audiologist. Her goal is to provide culturally competent accessible care to the deaf, Deaf, Hard of Hearing community that thrives in Rochester and to share tools with other healthcare providers to do the same in their communities.

Disclosure

- **Presenter Disclosure**: Financial: Vanessa Murphy is an employee of RIT/NTID. Non-financial: Vanessa Murphy is a member of the Registry of Interpreters for the Deaf (RID) and has no other relevant non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure**: This course is presented in partnership with the Rochester Institute of Technology/National Institute of the Deaf.

Limitations/Risks

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to:

- Define American Sign Language and the Americans with Disabilities Act of 1990.
- Identify at least 2 resources for booking an ASL interpreter.
- Describe 5 appointment considerations for working with an ASL interpreter.

Background

Columbus State Community College:

AA in science, AA in ASL interpreting

The Ohio State University:

BA in Speech and Hearing Sciences

Northeast Ohio Au.D. Consortium:

Doctor of Audiology

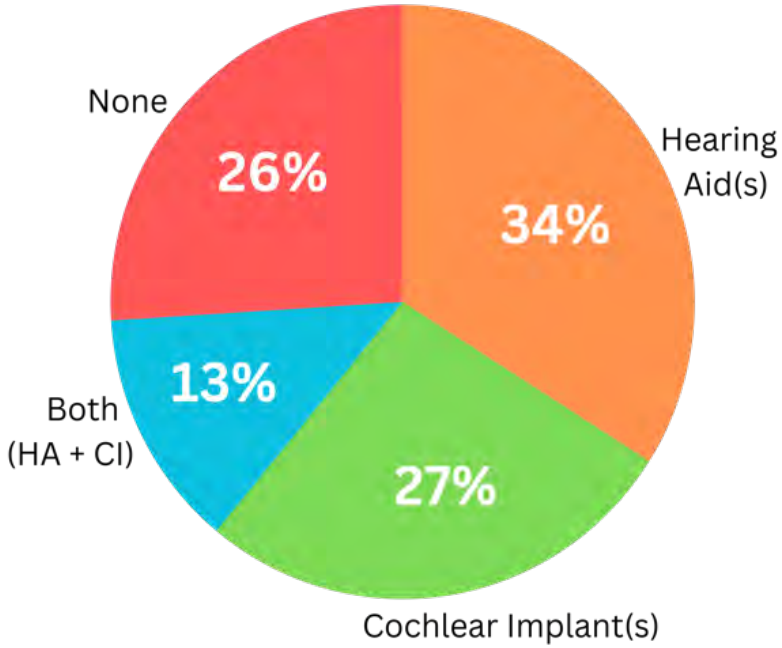
About NTID

The **National Technical Institute for the Deaf (NTID)** is one of the nine colleges of the **Rochester Institute of Technology (RIT)** in Rochester, New York.

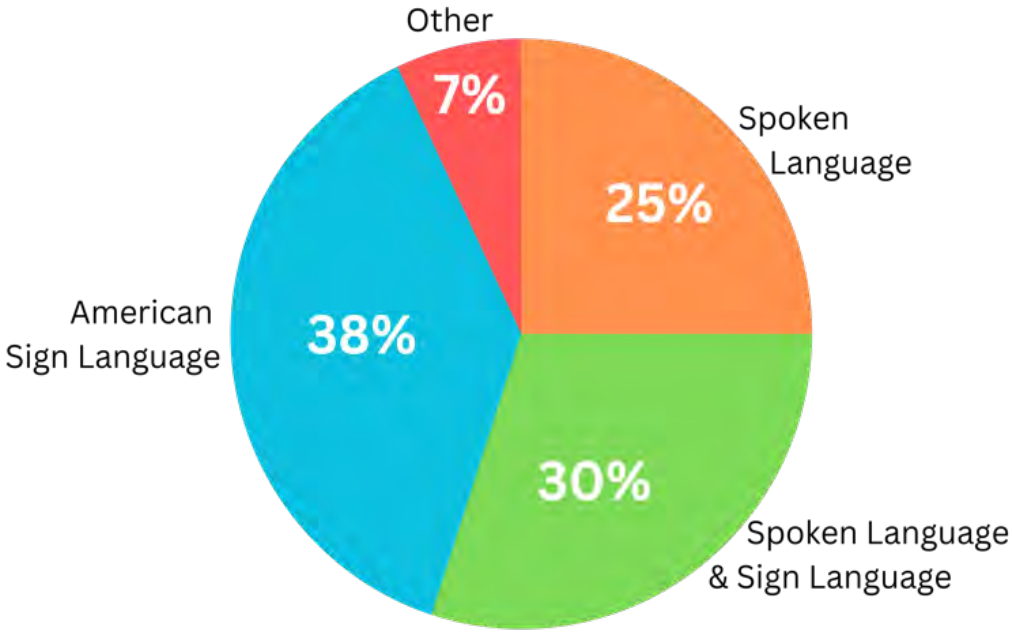
NTID was established by U.S. Congress in 1965 to provide higher education opportunities for deaf and hard-of-hearing students.

About NTID Students

Listening Technology Use



Communication Modes



About NTID Au.D.s & SLPs

- ASHA-certified Audiologists and Speech Language Pathologists at NTID provide on-campus audiological and speech-language services to members of the RIT and NTID Community. Our primary mission to serve and support the diverse communication needs and communication skill development for our deaf and hard of hearing college students.
- Our Au.D.s and SLPs are fluent in American Sign Language and prioritize matching each student and client's language and communication modalities.
- https://www.rit.edu/ntid/css/

Our Services

- **Audiology Center**
  - Hearing tests
  - Consultations
  - FM/Roger loans
  - Speechreading and/or listening training
  - Cochlear implant mapping
  - Hearing aid and cochlear implant adjustments, troubleshooting, repairs, and upgrades
- **Speech & Language Center**
  - Speech intelligibility
  - Grammar and technical/professional vocabulary and practice
  - Communication strategies for work-related interactions/job interviews
  - Presentation skill development and practice
  - Use of mobile applications as communication tools

American Sign Language (ASL)

Definition: ASL is a visual-gestural language created by Deaf people and is used by Americans and some Canadians.[1]

1. Baker-Shenk, C., Cokely, D. (1991). *American Sign Language.* Gallaudet University Press.


Is ASL universal?

Nope!

Who Uses Sign Language?

- **Population:**
  - 2.8% of the adult population in the US in 2014[1]
    - 6.716 million adults total[1]
    - Prevalence of signing highest within deaf population
      - 1 million deaf and hard of hearing adults use sign language
- Research on this is limited[1,2]

1. Mitchell, R.E., & Young, T.A. (2022, August). *How many people use sign language? A national health survey-based estimate* (Working Paper No. DRC2202.2). Washington, DC: Gallaudet University
2. Walter, G, & Dirmyer, R. (2012, September) *Number of Persons who are Deaf or Hard of Hearing.* National Technical Institute for the Deaf/Rochester Institute of Technology

Rochester, New York

- Largest deaf and hard of hearing population per capita in the US among adults aged 18-64[1]
  - U.S. Census Bureau surveys (2008-2010)
- Number of deaf and hard of hearing individuals attending postsecondary education is close to double the national average (61.4%)[1]

1. Walter, G, & Dirmyer, R. (2012, September) *Number of Persons who are Deaf or Hard of Hearing.* National Technical Institute for the Deaf/Rochester Institute of Technology

Hearing Terminology & Identities

“Identity process is a life long journey and **varies client to client**. Some identify [as] big "D" deaf and use ASL and maybe talk as well. Some folks who self identify as hard-of-hearing may have 120 dB loss and can't clearly speak but will identify [as] hard-of-hearing.”

"You have some with mild hearing loss that fit [the] auditory definition of hard-of-hearing but would prefer Deaf. **Deaf Identity is tied to so many variables including a sense of belonging and should be treated delicately**."

Terminology

- **deaf and hard of hearing:** represents collective group with wide range of hearing levels and cultural identities[3]
  - Will abbreviate as **D/HH** for this presentation
- **Deaf (uppercase "D"):** culturally Deaf, people whose primary language is sign language and who are involved in the Deaf community[1]
- **deaf (lowercase "d"):** the physiological condition of not hearing regardless of identity[1]

1. Holcomb, T. K. (2013). *Introduction to American Deaf Culture*. Oxford University Press.
2. National Association of the Deaf. (2025). *Community and Culture- Frequently Asked Questions*. https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/
3. American Speech-Language-Hearing Association. (n.d.). *Hearing-related topics: Terminology guidance*. American Speech-Language-Hearing Association. https://www.asha.org/practice-portal/hearing-related-topics-terminology-guidance/?srsltid=AfmBOopfSi81XLMvot4DltZMd5uyxdcDz5foh65BYiNF5hn17LbNTxWj

Terminology

- **hard of hearing:** people who may have a less severe degree of hearing loss (residual hearing), may prefer spoken language. May sign. [1]
- **late-deafened:** deaf later in life[2]
- **hearing:** a person who prefers spoken language to communicate regardless of hearing level, but is likely physiologically hearing as well.

1. Holcomb, T. K. (2013). *Introduction to American Deaf Culture*. Oxford University Press.
2. National Association of the Deaf. (2025). *Community and Culture- Frequently Asked Questions.* https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/

Terminology

Medical terminology

- **hearing loss:** some degree of hearing loss regardless of identity. Physiological condition.

Avoid

- **hearing-impaired:** term rejected by World Federation of the Deaf and the International Federation of Hard of Hearing People[1]

1. Holcomb, T. K. (2013). *Introduction to American Deaf Culture*. Oxford University Press.

Don’t Assume

Identity

Communication method

Use of interpreter

ASL Interpreters

Who is responsible for booking the interpreter?

The clinic/provider.

ADA Law

The Americans with Disabilities Act (ADA) of 1990 is a civil rights law that requires **title II entities** and **title III entities** provide **effective communication** to those with **communication disabilities.** [1]

ADA applies to the patient as well as their parent, spouse, or companion. [2]

1. U.S. Department of Justice Civil Rights Division. (2020, February 28). *ADA Requirements: Effective Communication.* Ada.Gov. https://www.ada.gov/resources/effective-communication/#effective-communication-provisions
2. U.S. Department of Justice Civil Rights Division. (2020, February 28). *ADA Requirements: Effective Communication.* Ada.Gov. https://www.ada.gov/resources/effective-communication/

ADA Law

- **Title II entities:** state and local governments and all activities they provide whether they receive federal funding (section 504 of the Rehabilitation Act of 1973) or not[1]
- **Title III entities:** businesses, non profit organizations, and commercial facilities that serve the public[2]
  - Find all 12 categories here

1. U.S. Department of Justice Civil Rights Division. (2020, February 28). *ADA Requirements: Effective Communication.* Ada.Gov. https://www.ada.gov/resources/effective-communication/#effective-communication-provisions
2. U.S. Department of Justice Civil Rights Division. (2020, February 28). *Businesses That Are Open to the Public.* Ada.Gov. https://www.ada.gov/topics/title-iii/

ADA Law

- **Effective communication**: "Communicate with people with disabilities as effectively as you communicate with others." [1]
  - Entities must provide auxiliary aids and services[1]

1. U.S. Department of Justice Civil Rights Division. (2020, February 28). *ADA Requirements: Effective Communication.* Ada.Gov. https://www.ada.gov/resources/effective-communication/

What does it mean?

- "Generally, a sign language interpreter is required when a customer's primary method of communication is sign language and the information is so complex or lengthy that sign language is required to communicate effectively." [1]
- Exceptions: unless it results in an "undue burden" then a different mode of effective communication must be provided[2]

1. Ada.gov. (n.d.). *Communicating With Customers Who Have Disabilities*. Lesson 2, page 4. https://archive.ada.gov/reachingout/lesson24.htm
2. U.S. Department of Justice Civil Rights Division. (2012, March 8). *Americans with Disabilities Act Title III Regulations.* Ada.Gov. https://www.ada.gov/law-and-regs/regulations/title-iii-regulations/

Communication Aids and Services

- ASL interpreters[1]
  - Extended/complicated appointments may require two interpreters
    - Team of two ASL interpreters
    - Team of one ASL interpreter and a Certified Deaf Interpreter (CDI)
- Tactile ASL interpreters for DeafBlind individuals
- Video remote interpreting[1]

1. U.S. Department of Justice Civil Rights Division. *Communicating Effectively with People with Disabilities.* Ada.Gov. https://www.ada.gov/topics/effective-communication/

Communication Aids and Services

- Notetakers[1]
- Captioning[1]
  - Captionist, live transcribe apps
- Printed materials[1]
- Writing back and forth
  - Paper, notes app
  - Blank word document
- Other[1]

1. U.S. Department of Justice Civil Rights Division. *Communicating Effectively with People with Disabilities.* Ada.Gov. https://www.ada.gov/topics/effective-communication/

Video Remote Interpreting (VRI)

- To facilitate communication for people in the same room
  - Service ($) through a computer i.e. using a laptop or i-pad to connect with an interpreter remotely in real time[1]
- VRI should be used when a qualified in person interpreter is not available[1]

1. U.S. Department of Justice Civil Rights Division. (2020, February 28). ADA Requirements: Effective communication. Ada.Gov. https://www.ada.gov/resources/effective-communication/

Video Remote Interpreting (VRI)

Image generated by ChatGPT using the prompt “Create a realistic photo of a sign language interpreter on a tablet screen, with a patient watching the tablet screen in an audiologist's office. Include the audiologist in the room as a third person.” by CatGPT, 11 April version, Open AI, 2025, https://chat.openai.com/

Video Relay Service (VRS)

- To facilitate communication **for people in separate locations. Not appropriate for people in the same room i.e. audiology appointments**
  - Free service for deaf and hard of hearing people who use interpreters[1]
- Uses videophone, smart phone, or computer with video
- Regulated by the Federal Communications Commission[1]

1. U.S. Department of Justice Civil Rights Division. (2020, February 28). ADA Requirements: Effective communication. Ada.Gov. https://www.ada.gov/resources/effective-communication/

Video Relay Service (VRS)

Interpreter Role

"**I am my own person**, the interpreter is just translating and they do not have the health issue I am here for"

"the role interpreters play in our lives are just as critical as the instruments used to help us hear more"

Interpreter Role

- Not a volunteer
- Not responsible for the D/HH person
- They ARE responsible for facilitating communication
- Interpreters are covered under HIPAA[1]
- Interpreter will enter the room with the provider, wait in the hallway when interpreting is not occurring

1. U.S. Department of Health and Human Services. (2013, July 26). *May a health care provider share a patient's health information with an interpreter to communicate with the patient or with the patient's family, friends, or others involved in the patient's care of payment for care?*. Office for Civil Rights. https://www.hhs.gov/hipaa/for-professionals/faq/536/may-a-health-care-provider-share-information-with-an-interpreter/index.html

"[The schedulers should] tell the provider there will be one so they aren't shocked and know that **the interpreter is a professional and not some family friend**"

Companion Interpreter?

- Covered entities are solely responsible for providing an interpreter. They cannot require the patient to bring someone to interpret for them.
- Exceptions:
  - 1. An **emergency**
  - 2. If requested specifically **by the patient**, the adult individual interpreting agrees, and if appropriate.
    - Not appropriate if companion has personal stake in outcome
    - Not appropriate if companion cannot provide effective communication

U.S. Department of Justice Civil Rights Division. (2020, February 28). ADA Requirements: Effective communication. Ada.Gov. https://www.ada.gov/resources/effective-communication/

How to Book an Interpreter

How to Book an Interpreter

- Use the Registry of Interpreters for the Deaf search tool to find individual freelance interpreters
  - Registry of Interpreters for the Deaf (RID) is the certifying body for ASL interpreting professionals and all interpreting members adhere to the code of professional conduct
- Check your state's deaf and hard of hearing services commission
  - Utilize the National Association of State Agencies of the Deaf and Hard of Hearing website

How to Book an Interpreter

- Check your place of work for a disability services office or department of access services
- Ask the D/HH patient for a preferred interpreter/agency
  - Include question on intake form

Interpreter Use is Variable

"[…] there is no one way to be "deaf" and **each person will use interpreters differently. Some may speak for themselves and do so clearly but would like [the] interpreter in the room.** […] Other cases, having an ASL interpreter does not automatically mean that communication is effective and understood."

"some clients will prefer to speak, while others may sign and have the interpreter voice for them, some do a mix of both"

Appointment Considerations

How to Address the Patient

"Speak normally. Look at me, not the interpreter."

Example 1.

"Can you tell him that my name is Dr. Vanessa Murphy, and I'll be his audiologist today?"

VS

Example 2.

“Hi, my name is Dr. Vanessa Murphy, and I’ll be your audiologist. Nice to meet you.”

How to Address the Patient

- Talk directly to your patient, not the interpreter
  - i.e. NOT “tell him/her/them”
  - Make eye contact with your patient while speaking
- Limit provider-interpreter conversations
  - This is the D/HH person’s appointment!
  - As an interpreter, it can be difficult to manage extra conversation
  - Exception: the interpreter may introduce themselves at the beginning of the appointment

Consider Visual Field

"I'd suggest that it might be helpful to **check in at the very beginning to make sure the positioning of the interpreter and the visibility in the room are okay**. Sometimes I ask for blinds to be closed or for the interpreter to stand between two different nurses or little adjustments like that."

Visual Field

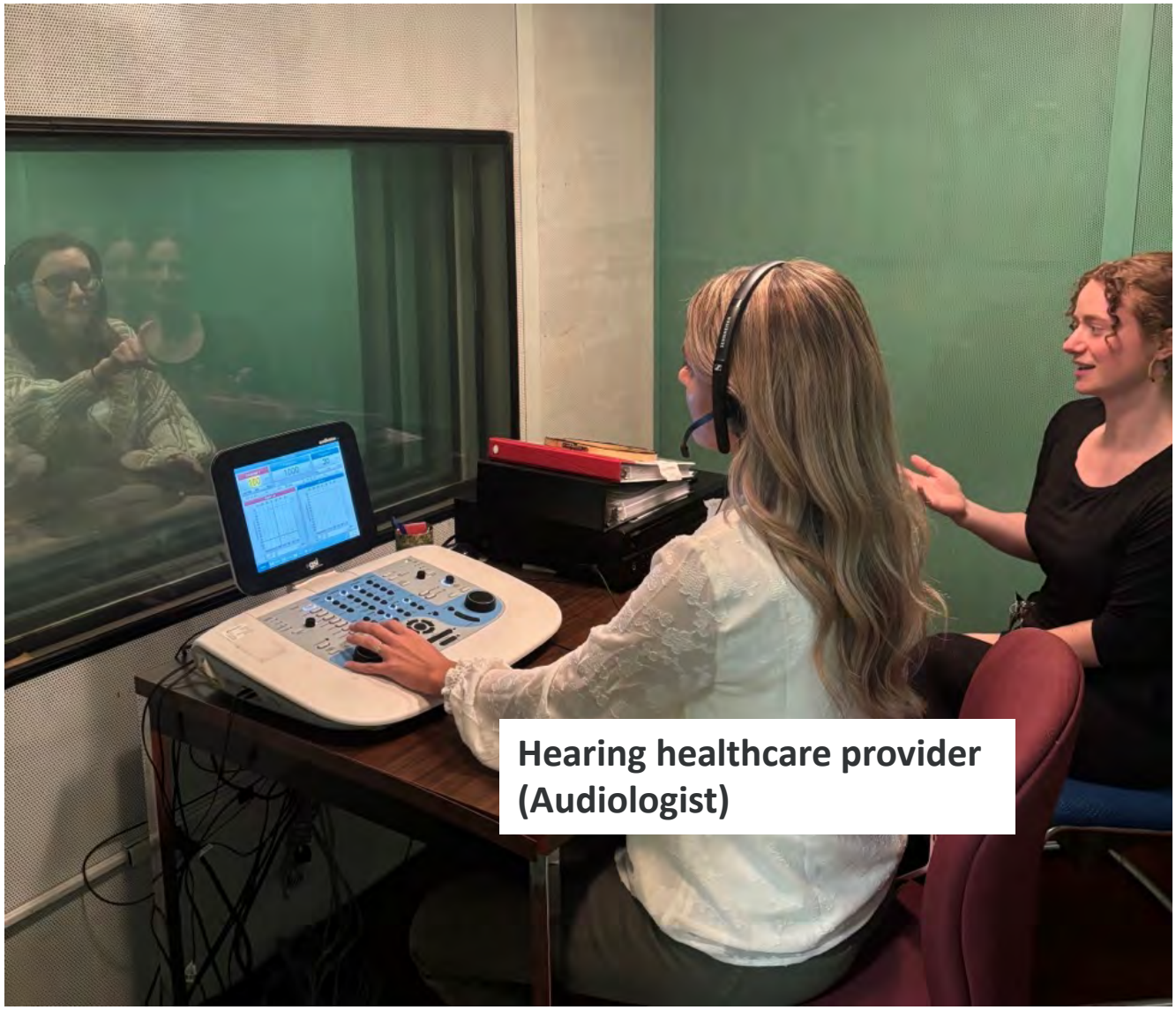
- If using a remote interpreter (VRI), ensure the tablet is set up in a visible area
- If using an in person interpreter, the interpreter will typically move around you. The interpreter and the deaf person will typically negotiate the best place for the interpreter to stand/sit in the room
- Lighting/blinds

Interpreter Location

- Where will the interpreter typically be in the room?
  - Interpreter next to provider, deaf or hard of hearing person across from them. “Triangle” shape.
    - D/HH and interpreter need to be able to see each other
    - Interpreter and hearing healthcare provider need to be able to hear each other


Hearing healthcare provider
deaf or hard of hearing patient
ASL interpreter

deaf or hard of hearing patient



ASL interpreter

How to Improve Access for Your Clinic

Do's

- Train office staff with support from local interpreting agency
- Online Appointment booking
- Add intake form
- Provide interpreter with prep materials when possible

Do's

- Intake Form
  - Do you require an ASL interpreter?
  - Interpreter gender preference?
    - i.e. sensitive appointments
  - If yes, do you have a recommended agency?
  - If we are unable to get an in-person interpreter, is Video Remote Interpreting (VRI) okay or would you prefer to reschedule?

Do's

- Explain what you're doing FIRST, ask if there are any questions, then complete the test
- Ensure that if you're talking, the D/HH person can see the interpreter
- Use visuals to explain results or support concepts
- Practice one speaker at a time

"I loved how one clinic works. [They identified me as a deaf person and asked if I needed an interpreter, then they] **set it up for every appointment. We don't have to remind them**."

Don’ts

- If you need to move around the room, do this normally- i.e. walking in front of the interpreter briefly is okay. But don’t block the interpreter
- Don’t push down the D/HH or the interpreter’s hands (preventing signing)
- Don’t say “don’t interpret this”
  - Be respectful of not talking about your patient in front of them

"I would have liked to see audiologist have a bit more sensitivity and knowledge on how to work with an interpreter. **Audiologist was working with a student who was shadowing her and told the interpreter NOT to interpret their conversation they were having in front of me."**

Time Considerations

- You may need more time allotted for these appointments
- Signing vs speaking speed
  - "…wait for the interpreter to finish interpreting for me to form a response"
  - "Keep in mind that the interpreter will always be about 3 to 8 seconds behind the presenter and allow time for the Deaf person to respond"

Time Considerations

- The interpreter may occasionally ask for clarification if it is needed for their interpretation
  - "Allow Processing Time – Pause when needed to let interpretation flow smoothly."
  - "ASL and English are distinct languages and interpretation sometimes requires extra clarification, especially when it comes to anything medical. **Ensure the patient has opportunities to clarify, ask questions, fully process, etc."**

Keep in mind- the interpreter is for both parties, not just the deaf or hard of hearing patient but the hearing healthcare provider too.

“Both parties will benefit from having clear and effective communication.”

Thank You!

Survey: Please provide feedback

A secondary mission of RIT/NTID is preparing professionals to work with the deaf/hard of hearing population. Your completion of this 5-question survey will help us monitor our impact and bring you the content you want and need!

Course Title: Working with ASL Interpreters

Survey Link:
https://rit.az1.qualtrics.com/jfe/form/SV_3jSsLz8ViyPZDsq

Congratulations!

- You've completed the course and can move on to the exam!
- From your account:
  - Go to pending Courses
  - Choose take exam