Working with ASL Interpreters, in partnership with RIT/National Technical Institute for the Deaf

Presenter: Vanessa Murphy, AuD, CCC-A

Hello everyone and welcome back to the classroom. We're so delighted to have you with us today. I continue. We have a wonderful presenter with us, Dr. Vanessa Murphy.

This course is in partnership with the Rochester Institute of Technology, the College of National Technical Institute for the Deaf. Today, Dr. Murphy will be presenting for us working with American Sign Language interpreters. If you learn like, if you'd like to learn more about Dr. Murphy and her background, Please read her bio on the course registration page.

But at this time, I'll hand the mic over to you, Dr. Murphy. All right. Hello, everyone. Thank you for that wonderful introduction.

So, as previously stated, I will be presenting this course today on working with American Sign Language interpreters, also abbreviated as ASL. And I will continue to abbreviate it that way throughout the presentation.

These are my disclosures. I am an audiologist at RIT/NTID for my financial disclosure. Non-financial disclosure, I work for, or not work for, but I am a member of the Registry of Interpreters for the Deaf. And I am not currently a working interpreter, but I am listed on their page.

These are the limitations and risks for today's course.

And these are the learning outcomes for today. So I'd like you to be able to define ASL and the ADA or the Americans with Disabilities Act of 1990. I'd like you to be able to identify at least two resources for how to book an American Sign Language interpreter and to be able to describe at least five appointment considerations for for when you have a deaf and hard of hearing individual in your office and an interpreter as well and what you do when they're there for the appointment.

A little bit about my background, most notably is I have part of my undergraduate career is a degree in American Sign Language interpreting. I worked as a professional interpreter for five years after graduating with my interpreting degree. and then all throughout undergrad and also throughout part of graduate school, I worked as a professional interpreter. I obtained my bachelor's from the Ohio State University and then I went on to get my doctorate degree from the Northeast Ohio AUD Consortium, also known as NOACC.

To give you some insight on what our student population looks like here at NTID, NTID is part of one of the nine colleges at RIT in Rochester, New York, and we are established by Congress in 1965. Our main goal is to provide higher education opportunities for this population, which is for deaf and hard of hearing students. so that is our main purpose.

A little bit about the NTID students. The main purpose of this slide is to demonstrate that there is a wide use of both assistive technology and also communication modes. So you might have a student who wears one hearing aid, we might have a student who wears two, we might have someone who wears one cochlear implant and a hearing aid on the other side, or we might have a student who doesn't use any technology, which is their choice. There is also a variety, just like with technology use, there's a variety in communication modes. So you can see based off these pie charts, you know, some students use spoken language only, some use American Sign Language only, some use a combination of the two, and there there is an other communication mode on there as well.

So don't assume just because you've met one deaf or hard of hearing individual that you've met them all. It is really important to keep in mind that there is a wide variety of the way that students will use both their technology and communication. And to give a little bit more context, Based on enrollment, there are 930 deaf and hard of hearing students, which is where this data is coming from.

Some information about us here at NTID. We have a fully functioning audiology center and speech and language center. We have five speech and language pathologists and seven audiologists, and we are very proud to say that we all provide services in both spoken English and American Sign Language or either or it really depends on the communication needs of that student and we're willing and able and happy to provide communication to match students needs. Our centers are also on campus as well, so students have access to these free services on campus.

I will do everyone a favor by not reading this slide. We are a full service clinic here on campus and we are very excited to be partnering with ContinueEd today. There are also brochures available as handouts for this course so you can learn more about us.

All right, let's jump into it. So what is American Sign Language? American Sign Language is a visual language created by Deaf people and it's used by some Americans and also some Canadians as well.

I'll let you think about the question on this slide for a moment. Is ASL universal?

It is not. So each sign language has its own set of grammatical rules and vocabulary. and different regions within each country have their own sign language dialects, just as with spoken languages. Just as there is not one spoken language for the whole world, there is not one sign language for the whole world.

So who uses sign language? About 2.8% of the adult population, according to US Census Bureau surveys from 2014. This is from a secondary analysis, and actually, excuse me, it's from the National Health Surveys from 2010 to 2018. They found that 6.7 million adults in the US are using sign language. Of course, the prevalence is highest within the deaf and hard of hearing population.

There is some limits on this research. I think it's important to note that it wasn't until 2008 that the Census Bureau added questions to separate vision versus hearing difficulties. So there is still a greater need to do more research on this population and even on, you know, who's using sign language and with the relatively recent separation of those questions on the Census Bureau.

So in Rochester, New York, we do have a large population of deaf and hard of hearing. And we also have a very large population of deaf and hard of hearing individuals who are attending college. And according to this research, it is close to double the national average. And NTID, which is the National Technical Institute for the Deaf, is very, very proud of that.

Okay, let's talk about hearing terminology and identities. I want to note that I was lucky to be able to complete some informal interviews with several deaf and hard of hearing individuals who have used audiology services, who have existed in the world, and therefore experienced appointments with interpreters. And so I was able to get firsthand perspective from these individuals about, you know, the top three most important considerations that they would like healthcare professionals to know, how we can better work with interpreters, some of their overall experiences. So you'll see quotes throughout this presentation that are direct quotes from Deaf and Hard of Hearing Patients and Clients.

I'll let you read this.

Okay, so this quote is a response to a question that I asked, which was what are the top three most important things hearing providers should know when working with an interpreter? So you notice that this individual mentions how the identity process varies client to client. Some folks might identify as capital D deaf and might use sign language, and they might also talk as well, whereas others might identify as hard of hearing but might have a more audiological severe hearing loss and might not be able to speak as clearly but will still hold that hard of hearing identity and will define that different terminology as well.

Just important to note that Deaf identity is tied to many variables and should be treated delicately as pulled from this direct quote as well. This is also in response to a question I asked from an informal interview. What are the top three most important things hearing providers should know when working with an interpreter?

Okay, so let's talk about the hearing identities. and terminology. I'll be using Deaf and Hard of Hearing throughout this PowerPoint, abbreviated as D/HH for the presentation. Deaf and Hard of Hearing attempts to represent the wide spectrum of different hearing levels and cultural identities. Then you'll notice that there is two of the same words on this slide.

slide. And the only difference is that Deaf is capitalized in one and it is not in the other. So uppercase D, Deaf, represents individuals who are culturally Deaf. They are part of the ASL community. Their primary language is American Sign Language or sign language.

And again, they're very involved in the Deaf community.

Then there's lowercase d-d, which typically refers to the physiological condition of not hearing, regardless of how that person identifies.

Part of hearing is those who may have some functional benefit from hearing aids. They may prefer spoken language, they may also sign. I'll skip over late deafened. I think that one's pretty self-explanatory. And then I have hearing on here as well as an identity.

I also identify as a hearing person. Now, this is a term used more often in deaf and hard of hearing spaces to refer to the hearing majority. Typically these folks like myself prefer spoken language and are typically physiologically hearing as well. But just if you notice that I might say a hearing person, that is

the way to refer to the hearing majority.

Okay, so some terminology to avoid or just be mindful of as healthcare professionals, nationals, it is our responsibility to stay updated with the most appropriate terminology as well as the way that, you know, the groups that we're providing services to prefer to be referred as.

So obviously there's some medical terminology that it's impossible to separate. We do need to be able to have a way to diagnose so audiologists, we use hearing loss and different ranges and severities of hearing loss to identify that as a diagnosis. This is apart from identity and as a physiological condition, again, something that we use on audiology assessments. Something to note, a term to avoid is hearing impaired. This term has been officially rejected by the World Federation of the Deaf and the International Federation of Hard of Hearing People.

So again, it is our responsibility as healthcare providers to keep in mind the terms that are most appropriate. And there is really helpful guidance from ASHA, And that's also going to be listed as a resource from this PowerPoint too that has some terminology guidance, which again is very helpful.

All right.

So important not to assume a deaf and hard of hearing individual's identity, their communication method, or the way that they'll use an interpreter.

Okay, so who is responsible for booking the interpreter? I'll let you think about this for a moment.

It's you. It's the clinic or provider.

I'm not going to, I'm going to do you a favor and also not read this slide to you. You can trust me, it's in the Americans with Disabilities Act of 1990. We are required to provide effective communication for those with communication disabilities. The ADA does also apply not only to the patient, but also their parent, spouse, or companion. So if you have a deaf client or a deaf patient who comes in, and they have a spouse who is hearing, or even if you have a hearing patient whose spouse is deaf, that would also be a situation where the ADA does still apply and effective communication must be provided by law under the ADA.

Some more information about the ADA law. Again, I'll do everybody a favor by not reading this out loud. If you'd like to review this later, you're more than welcome to. There is also going to be a really helpful resource too. That is guidance from the National Association of the Deaf as a handout, and it gives some more information on specific requirements of the ADA.

all that good stuff there too.

So what is effective communication? Effective communication means that you are able to communicate with your deaf and hard of hearing client and patient as effectively as you would communicate with a hearing patient. So we are required to provide those communication aids and services.

So what does this mean? Well, generally, an interpreter is required to be provided when it's that deaf and hard of hearing individual's primary mode of communication or when it's a long appointment or a particularly complicated appointment. Just to give an example, let's say you have a deaf or hard of hearing person who goes to the grocery store. they're going to have a 15 minute interaction with the grocery store clerk. A effective mode of communication in that situation could be, you know, typing on your phone in the notes app and saying, you know, do you want plastic bags or paper bags?

So that is a situation where you can use a different mode of communication, whereas in an appointment, if you have somebody who, you know, is getting their hearing tested, really any, any service that can be provided as an, as an appointment would require an interpreter due to the length and the complexity and to be able to communicate with that individual equally as effectively as you would anybody else. There are some exceptions to this. And again, I would recommend looking at handout that I have as attached to this course. Even in those exceptions, however, effective communication must still be provided.

So what are auxiliary aids and services or communication aids and services? Some examples, most notably and included in the title of today's course, is American Sign Language interpreters, Something to not be surprised by, it's possible that there may be a need for more than one interpreter. So you might see two interpreters showing up. There could also be one American Sign Language interpreter and then a certified deaf interpreter for specific cases. So for example, A certified Deaf interpreter is a Deaf individual whose native language is American Sign Language, and that Deaf individual is working in a team with a hearing sign language interpreter.

So there's that team of two. The hearing ASL interpreter is taking what they hear and translating that into sign. And the deaf interpreter is watching what the hearing interpreter is signing and they are changing it to be more very clear American Sign Language. Something that I didn't mention at the beginning of this presentation related to ASL that I'll mention now is that ASL actually was created by someone named Laurent Clerc and also Thomas Gallaudet, or at least he had a big role to play, I shouldn't say necessarily created by. But Laurent Clerc was a French Deaf individual.

So American Sign Language word order is actually pretty close to the word order of French. So American Sign Language does not go word for word with English. It is a separate, unique, and distinct language. And so having a native Deaf interpreter, especially for, you know, very complicated

situations, can definitely be useful. It could also be useful in a situation where you have someone who has been deprived of language.

As we know, most deaf and hard of hearing individuals are born to hearing parents. So if they either don't have access via assistive technology and additionally didn't have access to a visual language, then that individual has been deprived of language. and it could be very helpful in that scenario to have a CDI or certified deaf interpreter to foster communication with that individual. So you would see a team of two. I've got on a tangent, but the main point is just be aware that there are scenarios when two interpreters may show up and it may be necessary.

There's also tactile ASL interpreters for those who are deaf and blind. So you'll see interpreting happening through the hands. There's a video remote interpreting, which I'll define in a later slide.

There's also several different written forms of communication as well, including note takers, captioning, written materials, writing back and forth, and other resources as well. So I think something that is important too, I have also used some of these communication aids and services. I'm thinking in particular of an example where I was in an appointment with someone who at NTID who did not use sign language and I was troubleshooting with their hearing aids, with their power hearing aids. So obviously sign language for this person who does not use it is not going to be an effective mode of communication. So another tool in our toolbox is Live Transcribe Apps.

That's certainly something that I could have done in that situation. What I ended up doing, which was effective, is I opened up a blank Word document on my computer and I was typing back and forth with this individual and that was an effective mode of communication. So just remember to use your resources. I think that doing some of these things can feel awkward at first as, you know, having the perspective as an audiologist and also having previous experience working as a professional interpreter. You know, starting to use these tools again can feel weird at first, but it's in the best interest

of our clients and patients to provide that effective communication and to be willing to learn how to use these.

So what is VRI? Video Remote Interpreting. Video Remote Interpreting is an example of a communication aid to facilitate communication for folks who are in the same room. So this is a fee-based service where the interpreter will remote in and you'll have the deaf and hard of hearing individual and also the audiologist or the speech language pathologist in the same room. And we'll show a picture of this on the next slide.

VRI should be used only when a qualified in-person interpreter is not available. So the ideal situation is having an in-person interpreter, but VRI could be another method of providing effective communication.

Okay, so what does that look like? You can see the interpreter is on the tablet screen. The audiologist is sitting behind the tablet, and the deaf and hard of hearing patient is across from them. So it's really important that the tablet is set up in a visible area. It's on the table so the deaf person can use their hands to sign back and forth with the interpreter.

And the deaf person can see both the hearing healthcare provider, the audiologist, and they can also see the interpreter.

Okay, so this is not included on the communication aids and services list, but I do think it's still important to know what this is used for. Video relay service or VRS is for people in separate locations. It is not appropriate for appointments. the reason I included it here is because it's very likely that deaf and hard of hearing individual will be using this service to contact clinics. So if you ever accept a phone call and it says, hi, this is being interpreted by interpreter number, your caller is saying that is not a spam call.

You are responsible for answering this phone call just like you would anything else. It is a Deaf or hard of hearing person who uses sign language trying to communicate with you. So what happens? This is a free service provided for Deaf and hard of hearing folks. And they have a video phone in front of them.

they get connected with a sign language interpreter who then calls the other line, which is going to be a hearing person on the other end. So calls the audiology clinic. Let me show you what that looks like.

So here you see the video phone and the interpreter is interpreting that conversation. The interpreter has Well, let me back up. So the deaf person contacts the VRS interpreter. The VRS interpreter then calls the hearing person's number, and the VRS interpreter is interpreting between the two. So the deaf and hard of hearing individual can see the interpreter via the video phone, and the interpreter is wearing a headset, and so they can hear the hearing person on the other end, and the person on the other end can also hear the interpreter.

Next we're going to talk about the interpreter role.

I'm going to let you read some quotes and then we'll talk about them. These again are direct quotes from deaf and hard of hearing individuals. who were kind enough to respond to me when I asked them questions about how hearing health care providers can improve their experience at appointments.

Okay.

So I had asked what are the top three most important things hearing providers should know when working with an interpreter.

Interpreters are not volunteers. They are not responsible for the deaf or hard of hearing person. Interpreters are covered under HIPAA and they are responsible for ensuring that effective

communication is occurring.

Something to keep in mind with interpreters, again they are professionals, they adhere to a code of conduct with their responsibility being facilitating communication. It is typical for the interpreter to enter the room with the provider and to wait in the hallway when interpreting is not occurring. If there is not a reason for communication to be occurring. So for example, the deaf or hard of hearing person is in that waiting room, the provider is not there yet. It's very likely the interpreter will be in the hallway to maintain those those professional boundaries.

There's, you know, there's some flexibility with that, but that's typically the case. There was a scenario when I was working as a professional interpreter where I was waiting in the hallway and the doctor actually came through and sent me back out to the main waiting room because there were concerns about me overhearing conversations in the hallway through other patient rooms. But it is important to note that interpreters are covered under HIPAA. So an interpreter waiting in the hallway, potentially seeing, you know, you know, sensitive information, we do have coverage under HIPAA. So.

this is another quote in response to a question I had asked, which are what are the top three most important things hearing providers should know when working with an interpreter?

Again, interpreters are professionals. They're not a family friend of the deaf persons.

and that leads us right into companion interpreters. Is this appropriate? So if you have a deaf or hard of hearing patient who comes to the front counter and they have a friend with them, is it appropriate to ask the friend to interpret for the patient? The answer is no. You cannot require your patient to bring someone to interpret for them.

There are two exceptions to this rule. The first one is in an emergency. If there is a qualified interpreter that is not available and it involves an imminent threat to the safety or welfare of an individual or the public, so, for example, a, you have a car accident with a deaf person and their spouse or their child, and emergency Personnel have arrived and there's no interpreter there yet. In that case, you can have a companion interpreter before, you know, before a professional interpreter has then, you know, gets there. The second exception would be if it's specifically requested, if the adult interpreting individual agrees, and if it's appropriate.

So there are no cases in which having a minor interpret for the adult would be appropriate, except for if you have that car accident situation. in, in the event of an emergency.

So it's not appropriate if the companion has a personal stake in the outcome and also not appropriate if they cannot provide effective communication. So if you think about a scenario in which you have a couple who goes to the doctor and they are there to find out if the, so it's a husband and a wife, they're there to find out if the husband has been diagnosed with cancer.

If you put yourself in the wife's shoes, would you want to interpret a diagnosis for your significant other about whether or not they have cancer?

Probably not. I know I wouldn't. that wife has a, obviously a personal stake in the outcome of that appointment and she should be able to exist in that appointment as herself.

All right, so we've talked about the requirement by law to provide effective communication and to provide interpreters. So now what do you do? How do you book an interpreter?

There are many different resources on how to do this. You can use the registry of interpreters for the deaf search tool to find individual interpreters.

I mentioned this before, but again, RID interpreters do adhere to the code of professional conduct. RID is the certifying body for ASL interpreters.

You can also check your state's Deaf and Hard of Hearing Services Commission. There is a really wonderful website which is on the National Association of State Agencies of the Deaf and Hard of Hearing website. I would absolutely recommend checking that website out. There's some great resources listed there too.

You can also check with your place of work to see if there is already an established interpreter requesting process.

You may also check in with the Deaf or Hard of Hearing patient, see if there's a preferred interpreter or preferred agency, and you can do this by including a question on an intake form. We'll talk a little bit more about that as well. Okay, so just really want to drive this point home that interpreter use is variable. As this quote says, there's no one way to be Deaf. Each person may use interpreters differently.

Some may speak for themselves and do so clearly. but would like to have the interpreter in the room.

Some clients may prefer to, and this is the same point again, may prefer to speak while others may sign and have the interpreter voice for them. Some may do a mix of both. These quotes were in response to me asking, what do you wish hearing healthcare providers knew?

So, you know, keep in mind that you could have an interpreter in the appointment who is only signing for the deaf person while the deaf person speaks for themselves. Or you could have, you could also have an interpreter who is voicing for the deaf person. So the deaf person signing, the interpreter is

saying, translating what they're saying. There's, there's a variety of communication methods and, and use. of interpreters.

Okay, so this is why you're here. How do you talk to your deaf and hard of hearing patients? You have a deaf and hard of hearing patient in the waiting room. You've never worked with an interpreter before and there's an interpreter there too. What do you do?

We're going to talk about how to address the patient.

Also, we'll talk about who you look at when there's an interpreter in the room.

I asked, what are some do's of working with interpreters?

Okay, so let's go into a scenario. The first example, and I'm going to ask you to pick between example one and example two, which one you think is the correct way to, you know, go retrieve your patient from the waiting room, and it's one of the first things that you say. Example one.

You go get the, you walk out into the waiting room and there's the deaf and hard of hearing patient and the interpreter. You go up to the interpreter and you say, can you tell him that my name is Dr. Vanessa Murphy and I'll be his audiologist today? That's example one.

Or example two, you walk up to the deaf person, you say, hi, my name is Dr. Vanessa Murphy and I'll be your audiologist. Nice to meet you.

I'm going to give you a second to think about which might be the appropriate example.

Okay, and I'm going to tell you it's example two is the correct answer. So notice that I'm talking directly to the patient, not the interpreter. I'm not saying tell him, tell her, tell them. I'm making eye contact with the patient while speaking, not the interpreter. And we'll talk a little bit more about those.

So we've reviewed this first part already. Talk directly to the patient, again, not the interpreter.

Another important consideration is to limit provider to interpreter conversations. So this includes not asking the interpreter questions about the Deaf or hard of hearing individual or making comments about them to the interpreter. That can be quite inappropriate and hard to manage as an interpreter. Another thing to consider as well is that as an interpreter it can be difficult to manage the extra conversation.

So again, this is the deaf person's appointment. The interpreter is there to interpret, and the interpreter is not there as an extra party who's part of the appointment. They're there to make sure communication is happening. One exception is that the interpreter may, if they have time, they may introduce themselves at the beginning of the appointment, you know, what I would typically do when I was interpreting is I would say, hi, my name is Vanessa. I'm the American Sign Language interpreter for so-and-so.

And then I would go sit down in the waiting room until we were called up.

Another appointment consideration is to consider the visual field. American Sign Language is a visual language. which we talked about in the beginning. So it's very important that sight lines are open between the interpreter and the deaf person. And it's also important that the lighting in the room is appropriate.

I'll share a quote with you related to something you can do for that.

I asked, what do you wish hearing providers knew about deaf people and appointments with an interpreter present?

so something that you can do is check in. So you've got the patient from the waiting room. You bring them back and you're sitting down. You're getting ready to get started. I'd recommend checking in at the very beginning.

Check to make sure that the positioning of the Interpreter and the visibility in the room is okay. As this quote states, it might be necessary to close the blinds or for the interpreter to move around the room so that way visibility is a little bit better.

If you're using a video remote interpreter, ensure that the tablet is set up in a visible area. So again, it's necessary for the deaf person and the interpreter to be able to see each other. and the interpreter will be able to hear the provider. If you're using an in-person interpreter, the interpreter and the deaf person will typically figure out the best place for the interpreter to stand in the room. And again, I mentioned considering the lighting and the blinds if those things need to be adjusted.

Visual field for a visual language. Where will the interpreter typically be in the room? I picture a triangle shape where the interpreter typically sits next to the provider, and then the Deaf or hard of hearing person is the point on that triangle. This allows for the Deaf or hard of hearing patient to be able to see both the hearing healthcare provider and the ASL interpreter.

Here's an example of an audiology appointment, and you can see it's a cochlear implant programming appointment.

You have the hearing healthcare provider, and then right next to the healthcare provider is the ASL interpreter, and the deaf patient is across from them. So you can see this triangle shape. Again, the

deaf or hard of hearing patient needs to be able to see the interpreter and also the hearing healthcare provider.

I took this picture of myself, by the way, very proud of how this turned out.

And here's an example of the setup during a hearing test. so you can see that the Interpreter and the deaf or hard of hearing patient can see each other, and then the Interpreter and the audiologist can hear each other. So if I was interpreting an audiological assessment, this is where I would sit with the knowledge that I have experience in both of these fields, obviously, as an audiologist and an Interpreter. If you have an interpreter who's never interpreted a hearing test before, it's very possible that they'll need some time to navigate this. Or you can even print out this picture and show it to them as a recommendation for where they can be, and then they can negotiate whether or not that is the best choice for their particular appointment or situation.

Once again, I'm very proud of this picture.

Okay, so we've talked a lot about, you know, we've talked about the ADA law, the fact that it's required to provide an interpreter, we've talked about some appointment considerations. What can you actually do? These are, we'll go over some ways to improve access to your clinic.

Some do's: connect with local interpreting agencies, set up online appointment booking. The reason for this is that there are many clinics that require a phone call to set up appointments. And as you can imagine, that is a barrier for a deaf or hard of hearing individual.

If you require phone calls to set up appointments, then that means that rather than being able to directly set up the appointment themselves, they now have to use VRS to go through an interpreter. So it's still possible, but it's not as accessible. Add an intake form. We'll go over details with that. And also provide

the interpreter with prep materials when possible.

For example, you know, what kind of appointment is it? Is it a hearing aid consultation? Is it a hearing test? Those kinds of things can be helpful for the interpreter to prepare just as, you know, audiologists would want to prepare for their appointments or as speech language pathologists would want to prepare for their appointments by knowing what kind of appointment it is ahead of time.

Questions that you can include on an intake form, would be, do you require an ASL interpreter?

Is there an interpreter gender preference? Now this is less likely for audiology appointments, but as you can imagine, if you know somebody, a female, deaf and hard of hearing patient is making an appointment for the OB, They might not want a male interpreter, understandably. That's a sensitive appointment and they might prefer a female interpreter. Now, if you're unable to get a female interpreter or you're unable to get an in-person interpreter, including another question on the intake form, you know, is it okay if we go ahead with a male interpreter? Is it okay if we go ahead with video remote interpreting since we are unable to accommodate another request or would you prefer to cancel and reschedule?

You can also include that question of if yes, do you have a recommended interpreter or interpreting agency?

Okay, so we talked a little bit about before the appointment with doing that intake form, Some other dos for when you're in the appointment is to again make sure that you're considering the visual field. So for example, if you have an eye doctor's appointment where you're going to be shining lights in that person's eyes, it's important to explain what you're doing first, ask if there are any questions, and then complete the test because you know that while you are shining that light in the deaf person's eyes, they're not going to have access to their language because it is a visual language. So ensure that if

you're talking, that person can see the interpreter, use visuals to support results or concepts, and practice one speaker at a time. that's more relevant for meetings and such, where you might have multiple talkers overlapping and you have one interpreter with one set of hands and many people talking over each other. That can be very difficult to manage for the interpreters.

This direct quote was in response to me asking how can providers make the interpreting request process easier.

In this case, one clinic set it up for every appointment, and the deaf and hard of hearing individual did not need to remind them every time, which made things more accessible for its individual, and obviously they appreciated it and remembered it.

Some don'ts of working with American Sign Language interpreters. If you do need to move around the room, that is A-OK. You don't need to crawl on the floor to avoid blocking the interpreter. That would be much weirder than just walking in front normally for a brief moment. That is OK.

But don't stand in front of the interpreter. Another thing is that the Deaf or hard of hearing person's hands, again, is their language. so be mindful of not pushing down the deaf individual's hands. So an example of this that I experienced when I was a working interpreter was an eye doctor's appointment. And the deaf person was attempting to sign.

something. And I was there as the interpreter. And the eye doctor, I think, misunderstood that the deaf person was trying to communicate something and actually pushed down that patient's hands. And I want you all to know that that would be the equivalent of putting your hand over somebody's mouth and preventing them from communicating. so just be, be mindful of those things.

That is a, a not, not to do. Do not do that. Another thing is it's disrespectful to talk about your patient in front of them.

So avoid saying, do not interpret this. Just as you wouldn't talk about your hearing patient in front of them and you would need to leave the room. This same rule applies for deaf and hard of hearing patients.

If you need to talk about them, you need to exit the room.

So this was a direct quote made in a general discussion when talking about the interpreting process.

And this person says, I would have liked to see the audiologist have a bit more sensitivity and knowledge on how to work with an interpreter. this was working with a student who was shadowing her and told the interpreter not to interpret the conversation they were having in front of me. So you can imagine being as a hearing person, if you could imagine, you know, going into your appointment and you have the doctor and maybe a resident and they whisper about you in front of them. so you can't hear them, but you know that they're talking about you.

That would not be a good scenario. So it's just something to keep in mind. It's not something that if you haven't worked with an interpreter before, you might not think about these things. But do not say don't interpret this. So now you know.

It's also important to be mindful of time for these appointments. There is a difference between signing and speaking speed. So there may be some pauses between the time that you say something and the time that it's interpreted. So especially if you're asking a specific question, you may need to let there be some moments of silence before what you've said gets interpreted and the deaf person is able to respond. This is perfectly normal.

and you can see I pulled some direct quotes here as well from deaf and hard of hearing individuals.

It's also important to keep in mind that there are some times when the interpreter might find it necessary to clarify. So again, if you have an interpreter who has not been in an audiology appointment before and you say you have severe or profound sensorineural hearing loss, the interpreter might say, can you spell sensory neural hearing loss or can you explain what sensory neural hearing loss means? And that is for their interpretation.

And again, as I mentioned, the interpreter might occasionally ask for clarification. You can see some other direct quotes that I pulled from those informal interviews. For bullet point one, for that first quote, allow processing time, I asked, what are some dues of working with interpreters? And for the second quote, I asked, what are the top three most important things hearing healthcare providers should know when working with an interpreter?

So I know as hearing folks and also from my own perspective that having these pauses or these moments of break in the conversation can, you know, feel awkward, but I think embrace those pauses, make sure that there's time for the patient to clarify and ask questions.

something to keep in mind too is that the interpreter is for both parties. Communication requires two people at least and the interpreter is there as much for the deaf person as they are for the hearing healthcare provider. So you know that that hearing healthcare provider, audiologists, speech language pathologists, et cetera, is using the interpreter to communicate with the deaf person as well, just as much as vice versa. So it's not the deaf person's interpreter. The interpreter is there for both parties.

And as we know, a hearing and health outcomes are best when they are understood and both parties will benefit from having clear and effective communication. So my last point here is that I do have a how

to work with ASL interpreters guide. I would really recommend using this handout, printing it out. I know myself when I take courses like this, I'm not going to remember everything that happens in the presentation and I don't fault you for that. So I would recommend printing out that handout.

You can review it before your appointment. And then again, there's that National Association of the Deaf handout as well that's as a resource. And I'm happy to connect with folks if they have questions. And this has been quite wonderful. So.

Thank you. I think humility and willingness to learn will go a long way. So even if, you know, using an interpreter feels uncomfortable at first, be willing to ask questions, don't assume things, and that will really allow for more success in these kinds of appointments.