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Deaf/non-deaf interpreter Teams: Canadian insights on the complexity of professional practice

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*Abstract*

*This chapter draws on data from open-ended interviews with 4 Canadian Deaf interpreters (DIs) and 4 Canadian non-deaf interpreters (nDIs) examining their experiences providing interpreting services for Deaf people across a range of community based settings. Four major themes emerged from the informants' interviews:*

- (i) The strategies required of DI/nDI teams when working with recent deaf immigrants are unique;*
- (ii) Describing DI work is often confusing to both Deaf and non-deaf consumers;*
- (iii) The types of communication strategies used in some settings may fall outside the perceptions of ethical tenets of interpreting;*
- (iv) The specialized work may be better served by referring to the DI's work as "language specialist" in some contexts.*

*These findings are contrasted with existing literature that frames interpreting in general and specifically with DI, raising questions about some of the current approaches used to educate DI and the dominant philosophical curriculum assumptions (Boudreault, 2005; Forestal, 2014). We ask if the current approaches to training DI is predominantly skewed to working with Deaf consumers who use American Sign Language (ASL). We consider how DI learn to work with consumers who are recent immigrants, who are not fluent in ASL, who may not possess another signed language, and who may never have had access to education in a formal sense.*

*The findings challenge the nomenclature that is used to describe the work in appointments where there are language and cultural complexities that are unique. These results are discussed in relation to norms and practices that are embedded in our field's current DI training. Finally, recommendations are offered for further advanced research and evolving professional practices within the field of Deaf interpreting.*

**Keywords:** DI; language specialist; team interpreting; interpreting strategies; consecutive interpreting; accreditation; training of DI; practice profession.



## Introduction

Canada has a long history of supporting immigrants establish their lives here. The Government welcomes this diversity and we see increased numbers of Deaf citizens relocating to large urban cities such as Vancouver, Toronto, Montreal, Winnipeg, Calgary, and Edmonton. While the number of Deaf immigrants is unknown, it is clear agencies that provide interpreting services are seeing an increase in the demand for practitioners who have linguistically and culturally appropriate skill sets to support deaf immigrants from countries as diverse as Iraq, Afghanistan, Cambodia, Lithuania, Poland, Colombia, Cameroon, Philippines and Ethiopia, to name but a few (personal communication, Cheryl Wilson, OIS, April 28, 2015). For many agencies, this has meant using Deaf interpreters (DI) who can work effectively with non-DI (nDI) to provide appropriate interpreting services (Personal communication, Bonnie Heath, ECCO, April 25, 2015).

Stone and Russell (2014) identify there are increased opportunities for DI to provide interpreting services in a range of settings, including medical, legal, and/or employment, as well as conference settings. Furthermore, Stone and Russell (2016) highlight that while the work of DI and their co-interpreters frequently occurs into the national signed languages of a country (for example, in Canada into either American Sign Language [ASL] or Langue des signes Québécoise [LSQ]), there are other occasions when DI are providing interpreting services into International Sign<sup>1</sup>.

While DI have been used for the past 30 years in Canada across a range of settings, the training path has remained varied and inconsistent (Boudreault, 2005; Forestal, 2005). In the earliest years of hiring DI, most were employed full time in other roles. The Deaf and interpreter communities identified bilingual individuals who could perform the language brokering needed and hence they were recruited to work with non-DI when required. It was not until the 1990s a Deaf Canadian enrolled in a full-time post-secondary interpreter education program. Since then time, only four DI have graduated from a post-secondary interpreter program. Most DIs in Canada meet the membership criteria of the Association of Visual Language Interpreters of Canada (AVLIC) by demonstrating work experience and a minimum number of hours of professional development (Personal communication, Nigel Howard, May 01, 2015; AVLIC Deaf Interpreting Position Paper, 2015).

To date, no studies have examined the views of Canadian DI/nDI teams about the nature of their work when working with recent immigrants and/or consumers who have complex linguistic and cultural profiles. This paper addresses this gap by using data from open-ended interviews with eight (8) interpreters to explore their experiences and insights based on community-based settings. Studies such as this have the potential to further our understanding of the complexity of the work for Deaf/nDI teams and to challenge current training models.

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<sup>1</sup> International Sign is viewed as a contact phenomenon and situational pidgin (Locker-McKee & Napier 2002). It is an extension of foreigner talk, i.e. it incorporates the same types of language modification native signers use to interact with non-native signers. For a thorough discussion of International Sign, please see Gass & Madden (1985), Johnson (2001) and Supalla & Webb (1995)

## Background

There are increased opportunities for DI to provide interpreting services in a range of settings, from one to one interactions in medical, legal and/or employment settings, to working with larger audiences in educational and conference settings. While frequently the work of DI occurs into the signed language of the country (for example, into British Sign Language [BSL] or LSQ), there are other occasions when DI are providing interpreting services into what is known as International Sign (Stone and Russell, 2014).

For readers unfamiliar with DI work, it should be noted that Deaf and nDI teams work in a variety of ways described in these scenarios. For example, the nDI hears the spoken English and then presents the interpretation in American Sign Language (ASL) and the DI takes the ASL and interprets it into another signed language, such as LSQ, or from ASL into International Sign. It can also be the case that the DI works from International Sign into ASL, and the nDI works from ASL into spoken English. Another scenario may see the DI working with a nDI who has less familiarity with ASL, who provides the source feed in his or her version of ASL and the DI produces a more complete, natural, and contextualized form of ASL. Finally, a DI may work alone without a nDI, working from a written language into a signed language. This could be performed by exchanging written notes between the non-deaf consumer, for example, a Doctor or Police Officer and the DI, or in the case of a conference, working from a captioned source on a teleprompter. These scenarios illustrate the ways in which the DI are working interlingually. One of the myths about DI is that they are simply relaying sign language or copying the source messages in a manner that would reflect intra-lingual communication, and hence are not really “interpreting”, however these examples highlight the many ways in which DI do “interpret” and are not working intralingually.

Boudreault (2005) offers a thorough overview of the history and roles Deaf bilinguals have played in the journey to professionalize DI work, and in doing so, stresses the need for a DI training curriculum that includes how to work with individuals with idiosyncratic language use or ‘home signs’. Deaf people may be semilingual in a written or signed language and still be very capable communicators. For example, in some countries during the 1950’s and 60’s, Deaf people were frequently wrongly institutionalized, where medical professionals assumed the person was cognitively impaired, without recognizing that the person was Deaf. While institutionalized, there was no communication that was accessible to the person – no staff that used signed language, the spoken communication was not heard by the Deaf person, and the Deaf person would likely have no access to acquiring formal education in these settings. Once these same Deaf persons were deinstitutionalized, and placed in environments where they could communicate with others familiar with visual languages and iconic gestures, they could express their thoughts and feelings effectively. Depending on the length of time they were institutionalized, these same Deaf persons were also able to acquire signed languages and/or written language competencies. Finally, it should be noted they were often very capable of reporting abuse that took place in their lives (Rodda and Groves, 1987).

Glickman (2010) explores culturally affirmative mental health programs, and reviews some of the best practices that have served deaf clients with unique clinical syndromes involving severe language deprivation and other psychosocial issues. One approach

identified has been to use a Deaf communication specialist as a member of the clinical team, in addition to interpreters and staff members who can sign. Glickman describes how common it is for new signers to grossly overestimate their own communication abilities and their ability to communicate with all deaf persons. The communication specialist also works with interpreters, as the majority of his patients are those with lifelong dysfluent [*sic*] language.

Boudreault (2005) challenges the workshop training model as insufficient compared to the skills required for the actual DI task. Since 2005 we have seen an increase in the research on Deaf interpreting, resulting in an understanding of Deaf people's contributions and practices as DI and translators (Forestal, 2005; Stone, 2009), to studies of the decisions of DI/nDI teams working at international conferences (Stone and Russell, 2014). And the University of Hamburg has established the world's first dedicated DI program at university level.

Similarly, the National Consortium of Interpreter Education Centers (NCIEC) has focused a portion of their federal research grant on a Deaf interpreting research track. The NCIEC defines DI as "... a specialist who provides interpreting, translation, and transliteration services in American Sign Language and other visual and tactual communication forms used by individuals who are Deaf, hard-of-hearing, and Deaf-Blind." They have recently released a new curriculum for training DI in the US, creating an eighteen-month part-time program of study based on the task analysis<sup>2</sup>.

While conducting a review of the literature for the current study, an apparent gap emerged, in that there were previous studies that included Canadian data to inform practices and approaches to the work. This study is a preliminary step in drawing upon the experiences of Canadian Deaf and non-DI.

## Methodology

This qualitative study was conducted by interviewing 8 interpreters, four DI and four nDI. The interpreters live in four urban cities in Canada. Seven interviews were conducted in ASL, and one interview in English. The data were gathered from January to May 2014. The average length of the interview was one hour and ten minutes. One follow-up interview with one Deaf/nDI team was also carried out. The interviews were conducted in person, or through Skype. The interviews were not video recorded and the interviewer took notes of each interview session.

The interviews were open-ended, and conversational in tone. Interviews began with each informant being invited to tell about his/her experiences working in a Deaf/nDI team. After establishing some of the baseline questions, they were asked to:

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<sup>2</sup> For a further explanation of this curriculum and process, see <http://www.diinstitute.org/learning-center/deaf-interpreter-curriculum/>

- describe their work strategies as a team and the ways in which they explain their work to both Deaf and non-deaf consumers for whom they will provide interpreting services
- provide insights on challenges facing them as professionals when working with recent immigrants
- make recommendations for improving training and practices that shape the work of Deaf/nDI teams

Upon completion of the interviews, notes were compiled and the interviews coded for the major themes per qualitative data analysis principles (Miles & Huberman, 1994). Throughout this chapter, direct quotes have been included from the data set. These quotes have been verified with informants to ensure accuracy, as there is no verbatim translation from American Sign Language to English.

## Informants

The informants for this study included 3 males and 5 females between the ages of 42 and 63. All the participants were Caucasian. The levels of formal education attained varied across the participants. All of the participants had graduated from high school, and 4 held a college diploma (two year program) and one possessed a four-year university degree and some additional graduate work. One of the DI had completed a three year Deaf Studies and Interpreter Education Program. Three of the Deaf participants and one of the nDI participants indicated ASL was their first language. Each described his or her interpreting work as both community based assignments (legal, medical, mental health, government and social services, etc.) and conference and educational work. Experience in the field ranged from a minimum of 6 years to a maximum of 34 years. For the purposes of this chapter, each informant is given a pseudonym.

## Findings

Four major themes were identified:

1. *different strategies* required of Deaf/non-deaf interpreting teams when working with recent immigrants and how those differ when working with Deaf consumers for whom American Sign Language is a first language
2. *describing the nature of the work as a DI* which is often a confusing term to both Deaf and non-deaf consumers
3. the type of communication strategies used and decisions made in some settings that may fall *outside the perceptions of ethical tenets of interpreting*
4. the specialized nature of the work described by informants may be better served by *referring to the DI's work as that of a "language specialist" in some contexts.*

Across the eight informants, there were points of disagreement, and those divergent views are included in the findings reported here. For example, one of the DI believes the only path to become a qualified DI is to complete a full time interpreter education

program, while others expressed a more flexible view, suggesting that a mixture of shorter-term training and experience is sufficient for professional practice.

### Theme One: Different strategies

All the informants identified that in their community-based work, particularly when in mental health assignments or when working with newcomers to Canada, the interpreting team is required to apply unique strategies to the interaction to realize communication goals. These “different strategies” are not used when working those who understand ASL fluently:

*When I work with a Deaf consumer who has just arrived from a Somali refugee camp, who has never had access to formal education and doesn't seem to have an intact first sign language, it is very challenging. It requires so much negotiation to make sure we understand each other – the hearing consumers are sometimes nervous about what we are doing as team of interpreters as this negotiation takes extra time...(PG, DI)*

*I recently took a DI workshop, and by the end of it, I felt like I must only do a, b, and c while interpreting. Every time I chose to do something outside of the box – to use language in very creative ways to realize the goals, to use props, to guide consumers, I was told I was “advocating” and doing too much for the Deaf person. I am not a conference interpreter using International Sign or ASL in those appointments. In the work I do I work with people who often have very limited, if any, experience with interpreters, let alone a DI. They usually have no formal language system, or else they are mentally ill and the language system the person uses isn't typical. I cannot do what the training is asking me to do – just put it out there and leave others to make their own decisions. I work with the most marginalized of the marginalized, people you never see in the Deaf community...(WW, DI)*

Informants were invited to articulate what *different strategies* might be used, revealing eight subthemes. The subthemes are:

1. Inter-team relationships: decisions about team composition and the signals used between the interpreters about what to do to help to achieve the communication and interaction goals of the assignment.

This subtheme is consistent with the findings of Stone and Russell (2013; 2014) that suggest DI should be in the position to select their co-interpreter to have the best possible interpreted outcomes. Here the DI demonstrates the autonomy to select the team interpreter that most suits the assignment requirements. The follow quotes are representative of the tenor of this subtheme:

*You must be able to dance with the hearing interpreter partner – if I am worried about whether they are judging me, or they don't feel comfortable to say to me – “that's not quite it”, “try this...” - then we cannot work together. Sometimes the agency assigns me a staff interpreter. She might be a fine staff interpreter, but we just don't gel as a team – it's awkward and it affects the interpreting, especially if all they can do is give me it in English – I need ASL before I can do anything with it. I want to choose my teammate – but most often the referral agency books the hearing interpreter first, then confirms me...it's so frustrating! (AT, DI)*

A nDI framed the working relationship and the inter-team relationship in this way:

*We have worked together now for over 30 assignments – we understand each other's processing time and style and have a few subtle signals between us that work for when we need something from each other, and when one of us thinks we need to do something differently. It is like nods, eye gaze, just a look, and other times it is an explicit request of each other in ASL...then we have to figure out how to make sure the non-deaf consumer knows what we are doing between us...(CD, nDI)*

The interpreter in this quote illustrates the nature of co-constructing the interpretation (Wilcox and Shaffer, 2005) and the types of communication required when working in a team (Russell, 2008).

2. The need for consistent teams to be sent to assignments: Throughout the interviews, the interpreters addressed the perspectives of working with recent immigrants who are relying on the interpreting in often very challenging legal and/or medical contexts. One example of a challenging setting is interpreting for a refugee hearing that leads to subsequent medical and psychological exams that will support or disclaim a landed immigrant application. In such settings, the Deaf consumer can become more familiar with the specific interpreting team, the purpose of interpreting, and with interpreting that is effective for him or her, only when the same interpreters are employed.

Consistency allows for the interpreting team to build context that develops over multiple appointments, all of which will inform a single refugee application. The shared knowledge of the interpreting team is built by attending multiple appointments which then allows them to link their interpretation to previously established ways of describing concepts (Janzen and Shaffer, 2008). Over time the interpreting team may be able to introduce lexicon that was not part of the Deaf persons' vocabulary prior to arriving in Canada, such as signs for lawyers, doctors, psychologists, etc. and link the signs to the roles that those professionals play in the assignment.

The consistent team also allows the interpreters to become familiar with signs or lexicon that the Deaf person may use based on knowledge of the national signed language they communicated in prior to coming to Canada (for example, Sudanese Sign Language) and to consistently bring those shared referents into the interpretation when appropriate to



facilitate shared meaning and understanding. Finally, interpreters who share the contextual knowledge and history of the appointments can then reference steps of an application process to events that occurred in earlier appointments. While these contextualization strategies and co-construction strategies (Janzen & Shaffer, 2008; Wilcox & Shaffer, 2005) may not be unique to Deaf/non-deaf teams, the following quotes were representative of the interpreter's concern about the need for consistent teams when dealing with marginalized persons:

*If the booking coordinator keeps the team consistent, that is the best. For example, when working with a refugee who has had to reveal her stories of abuse and horrific violence during the initial refugee application, it is potentially more harmful to the woman if she then must start all over with a new team for the next appointment. ... The Deaf woman may stop coming to appointments when faced with new teams who don't understand her, which usually means she will be kicked out of the country. The impact of having to tell the story repeatedly to new interpreters also has the potential to re-traumatize the Deaf person. (WW, DI)*

The 2015 NCIEC Deaf Interpreting Curriculum supports this subtheme. The curriculum includes a unit on Community and Cultural Identity, in which interpreters are encouraged to “analyze and identify educational, cognitive, physiological, sociolinguistic, and cultural factors influencing communication and interpretation strategies” (p. 73). The interpreters in this study are analyzing the factors that impact interpretation, in the same ways that are so well articulated by Ramsey & Pena (2010) who examined the complexity of interpreting for Deaf Mexicans living near the US border and the competencies required by interpreters working in this multilingual context, including the sociocultural skills. These informants are demonstrating heightened awareness of these sociocultural skills that contribute to creating effective interpretation, and rationale for keeping interpreters consistent throughout a series of appointments that are legally or systematically linked.

3. Brokering: adding in the cultural information that can help the Deaf consumer make sense of an interaction.

While Mindess (2013) and Angelelli (2004) have long argued for the application of a cultural context of interpreting, the interpreters in this study discussed this concept and applied it to their work with Deaf people who are newcomers to North America. With this sub-theme, two of the interpreters felt that cultural information is always part of interpretation and this is not unique to working between DI/nDI teams, however the remaining six informants felt this was beyond the scope of what they do in their other regular interpreting assignments. The next quote speaks to cross-cultural information being offered by the DI and the trust afforded to a DI based on the common experience of being Deaf:

*What I notice is that our team tries to check out the Deaf person's cultural knowledge and sometimes we take on the role of adding contextual information – like last week when the job counsellor was angry with the client for being late – in the Deaf person's home country, time means something very different, so they*

*couldn't understand the reaction. And they only trust that information coming from me as the Deaf Canadian in the room. For example, if they have had terrible experience with police in their country they are not going to trust the police officer explaining something...so I might add that the police officers in Canada are not going to do the things they experience in their home country. (PG, DI)*

An alternate view of how the cultural brokering should occur in an appointment is explored in the following quote from a hearing interpreter:

*I think the hearing client can explain things to the Deaf consumer, so I want to make sure they know, based on my interpretation, that the Deaf person doesn't see why the police need to know this information or doesn't get that you must cancel an appointment by giving 48 hours' notice. Then they can explain it, not us. I am uncomfortable when the DI adds that stuff...not our job. Or bring an advocate along who can do that...but that is rare, I know. (FH, hearing interpreter)*

Both quotes demonstrate the differences in perceptions among interpreters about the types of decisions that are appropriate for interpreters to make. Both approaches represent choices that are ethically defensible along a continuum that Dean and Pollard (2005) describe as decision latitude. The data also points to an opportunity for greater exploration of these divergent views within the wider community of interpreters, to build a more complete understanding of Deaf interpreting.

4. Prosody matching: slowing the work down, creating natural language phrasing strategies, using consecutive interpreting between the DI and the Deaf consumer, building in time for consumers to comprehend the interpreting

Six of the interpreters identified a strategy based on the need to be sensitive to the Deaf consumer and language processing issues. The common theme was that often the Deaf person struggles to comprehend if the prosody and syntactic complexity is as it is to those who understand and use ASL fluently. Interpreters need to use prosody effectively to create interpretations that are more readily processed by Deaf consumers (Winston & Monikowski, 2004). Nicodemus (2009) stresses that this is a key issue for interpreters, especially as many interpreters are not native users of ASL. In the same light, this is a crucial aspect when interpreting with Deaf consumers for whom ASL is not their native language, such as Deaf newcomers to Canada.

*When we are in the mental health appointments and are working with someone who is really thought-disordered or is having visual hallucinations, sometimes we "test" – like deliver the interpretation at the regular speed and see what response we get. But most of the time, we know that if we alter it a bit, and slow it down, use third-person sometimes for the doctor, and so on, that we get a calmer interaction that seems to go better for the doctor getting what he needs and the*

*Deaf person ultimately getting what they need from the appointment. But those are not things I learned in my ITP, but by watching this DI manage communication. (EE, nDI)*

Another interpreter stated this in the following way:

*What I have noticed is that when we slow things down to allow for comprehension – I speak another language but I am not fluent in it, so I recognize that I need more time to understand what someone is saying to me in French. I think the same thing happens for Deaf people just learning ASL, and especially if the person has come with no sign language, and/or no formal education, which is often the situation for us. The consecutive interpreting helps between the Deaf person and the DI. But I think adjusting the pace, chunking the information, and choosing sentence structures that are less complex are also things we can do to ensure a better experience for all parties. (PZ, nDI)*

This quote concurs with the findings of Russell (2002; 2005), i.e. the use of consecutive interpreting is more accurate than simultaneous, and the need to blend both forms of interpretation, based on the discourse demands of the setting. Russell (2002; 2005) found that the simultaneous interpretation exhibited less natural language prosody when working from English to ASL, and the target language interpretation was less understandable to Deaf consumers.

5. Calling for Time Outs: being able to identify when the team needs additional support, time, or when the interpreting isn't effective and/or successful.

Here informants emphasized the need for high level monitoring of each other's work during the interpreting assignment, for accuracy and effectiveness. The informants also stressed the need to identify of when the team needs to pause the parties to take more time with the interpretation. By adopting these strategies, it would appear the interpreters are demonstrating what Wadensjö (1998) refers to as "interpreting as text and interpreting as interaction". Viewing interpreting as an act that requires the interpreters to attend to the languages used, as well as what people are attempting to do in an interaction, may lead to different interpreter decisions. A nDI phrased it like this:

*I think honesty and accountability are the most important things. Sometimes, no matter what we do, we just cannot interpret for the consumer. It can be about our lack of skills and experience with that culture in general, or it can be centered in the Deaf person's experience, but you just know when it isn't working. So we have a choice – let the hearing doctor know that it isn't working and why that might be – or pretend we are interpreting. I worry about the training of DI's now – it seems to be that the message is – put a DI in and everything will work. Maybe it will work or maybe not. So you have to be really reflective and honest. (EE, nDI)*

The NCIEC published a Best Practice Standards for Legal Interpreting (2012), using evidence-based studies to frame the document. Both NCIEC and AVLIC's Position Paper on Interpreting in Legal Contexts stress the need for interpreters to take the time needed

to support effective interpreting. This demonstration of agency takes confidence on the part of the interpreters, to ask for “time-outs” and to be able to draw upon other resources and/or strategies needed to ensure the goals of the interpreting assignment can be met (Russell and Shaw, in press).

6. Bag of tricks: visual and/or physical aids, drawing materials, role-plays, and physical demonstration.

Boudreault (2005) describes the multiple strategies that DI will sometimes use to communicate effectively. For example, the DI may draw iconic images to represent concepts, or use small toys to demonstrate actions. All eight informants expressed comfort with using physical aids to support visual communication and saw the use of such resources as an appropriate linguistic and ethical choice available to them.

*I love it when the hearing client will let us do anything that is needed, whether that is asking for the model of the heart in the doctor’s office, or doing a role play in the law office, or using pen and paper to draw - all of those things are in our bag of tricks – but it requires that we are comfortable to say to them – can we use this? Can we try this? Even, can you draw it for us? Lots of hearing interpreters who are new to working with me will say they are uncomfortable with that – somehow it’s not in the code of ethics. I disagree! (CD, DI)*

7. Importance of Cross-cultural Respect: the need for the team to demonstrate cross-cultural respect that fosters trust.

When working as a Deaf-hearing team, there is a need for the nDI team member to respect the wisdom and knowledge that a DI brings to the interaction. Mindess and Holcomb (2009) highlight the cross-cultural skills and knowledge that nDI should acquire for successful practice, supporting the perceptions and experiences of these research participants. While previous quotes also contain references of the need for team cohesion, the following quote highlights the need for nDI to be flexible and demonstrate respect that encourages team building within the assignment. All four DI expressed this same sentiment:

*There are only two hearing interpreters I want to work with. Why? Because they know how to work with me, they are flexible, willing to adjust on the fly, and they always debrief with me. The others – no chemistry – we are plunked together, there is little conversation before, none after, other than “good job”, “wow, learned a lot from you”. I know we should expand our team, but really, I am tired of trying to work with new interpreters who are SO hearing – they don’t get Deaf culture and they don’t respect or value working with a DI. (CD, DI)*

This quote also demonstrates a cross-cultural understanding of what it means to live a Deaf life. The interpreter uses the phrase “so hearing” to describe nDI who do yet fully understand the history, values and experiences of the Deaf community. The “so hearing”

may also point to ethnocentric behaviour on the part of the nDI, who only sees the world through his or her own privilege as a person who hears and speaks.

The following quote underscores the nature of the cross-cultural knowledge required by the Deaf-hearing team, stressing the need to make decisions that reflect an appreciation for the concept of a “Deaf-heart” (Suggs, 2012). Once more the cultural competency is embedded in this quote, as an interpreter can only have a “Deaf-heart” when they are fully respect and appreciate the long history of oppression, discrimination, the frustrations that arise with access to interpreting services, the impact of unqualified and/or culturally insensitive interpreters, and so on.

*When hearing interpreters confine themselves to certain beliefs, we could be damaging the relationships between the Deaf-hearing team. You cannot change the Deaf heart. I am not saying we throw out ethics or best practices, but that we recognize that there is a dynamic going on and that we cannot be rigid in “getting the work done”. We need to and serve the needs of community – which are so diverse these days. The DI feels the gravity of the situation, like in a refugee hearing, and to deny that human and often complicated context – well, that is very odd to me. (PZ, nDI)*

The final subtheme addresses the need for Deaf-non0deaf teams and the nature of their work.

8. Education of consumers: Preparing the consumers for the idea that a team is required and what they will do.

When interpreters are required for a setting with parties who have never worked with an interpreter and/or an interpreter team, it can be confusing. Russell (2008) examined the conversations held between interpreters and lawyers prior to interpreting a trial. The lawyers reported feeling overwhelmed and confused by the descriptions used by the interpreters to describe his or her work in the courtroom. The interpreters in that study spent the preparation time with the lawyers focusing on what they as interpreters needed, for example, one speaker at a time, signals they would use to ask a lawyer to pause, attempting to explain their role, and describing the cognitive interpreting processes of working with two languages, and so on. The lawyers found the explanations to be technical and noted that the interpreters rarely asked the lawyers what they needed to know. While the Russell (2002) study did not involve the use of DI, it does point to the confusion that can be caused by interpreters when describing the need for teams. This can be further complicated when introducing the role of a DI.

Two large interpreter referral services based in Canada report that their interpreter managers are challenged to describe to clients booking interpreter services why there will be a DI present, especially if the past appointments have been attended only by one hearing interpreter (personal communication, Deanna Korent, May 26, 2015 and Bonnie Heath, May 26, 2015). The clients can often be resistant to the need for a team composed of a Deaf and nDI, overestimating the abilities of the nDI to communicate in previous appointments.

Interpreters realise their lack of effective ways to describe the DI's work, especially to a Deaf consumer.

*I think we need better ways to describe the DI to the Deaf person – especially if they have never worked with an interpreter, let alone a DI. They often are so lost in our descriptions that it just doesn't make sense per their life experience. (PZ, DI)*

Although the following quote demonstrates an education strategy that one DI-nDI team uses and raises a concern about others performing this task:

*When we have the luxury of time in advance, sometimes our team will decide that the hearing interpreter will call ahead and just do a 5 minute orientation to what the assignment will look like when working with a DI. It can save us a lot of explanations at the appointment with the Deaf client in front of us, wondering what the heck we are talking about. So when we get our schedules, if it is a new place we have never been before, we try to do that. Sometimes the interpreter coordinator does that, but I have no idea how they describe our work, other than likely as a “relay system that will work out fine”. (BA, nDI)*

The next section builds on this last subtheme, capturing the essence of what it means to interpret from the DI's perspective.

Theme Two: Describing the nature of the work as a DI: *what, how, why?*

The informants were asked to reflect on how they conceptualize the nature of DI work and articulate that for others, including consumers of interpreting services. What follows is some of the ways interpreters may struggle to describe the nature of the work they do.

*I think of interpreting as working between two languages, and yes, there can be a whole spectrum of language use, but never the less that is how I see interpreting. But how do I “interpret” for the Deaf person from the Congo who really has had a life resulting in NO language? Is that interpreting? So I don't always know WHAT to say... (WW, DI)*

*When the person, deaf or hearing, has never worked with a DI before it is sometimes a long conversation about “who is doing what to whom”, and trying to give people a sense of why the DI is there without making the Deaf client feel “less than capable”. I am also nervous about leaving the hearing person with an impression that the Deaf person is somehow “less than...competent”. The Deaf person might be brilliant at his job in the factory, with the hands on visual stuff, and also cannot read, write or use a standard form of sign language...but is still competent. (FH, nDI)*

There are also challenges for agencies and Deaf communities. In several Canadian communities, there is a critical shortage of signed language interpreters, with even more dire availability of qualified DI. In this light, some interpreter coordinators may not

choose to put the effort into locating a DI, even when requested. In other contexts, the booking coordinators and/or nDI have the mind-set a DI is not needed. This attitude privileges the skills of the nDI over the DI, and may express a long-standing belief that DI are not a necessary part of service provision.

*I have asked the service to give me a DI, and the coordinator asks why do I need one. If I can't get the referral service to understand why, how are we ever going to convince others to use the specialized services that a Deaf/non-deaf team can provide? They think because I am certified and experienced I can do anything. I simply cannot and I hate having to justify it – if I say I need one, trust me, I need one! (PZ, nDI)*

All three of these quotes are illustrative of the struggles that some Deaf and non-DI have in helping others to understand what they do, how they do it and why they are needed, which leads into the next theme, *interpreter as language specialist*.

### Theme Three: Outside the perceptions of ethical tenets of interpreting

During the past two decades, several authors including Cokely (2000), Janzen and Korpiniski (2005) and Dean and Pollard (2005; 2011) have drawn attention to some of the complexities of ethical decision-making and ways in which interpreters address ethical dilemmas that emerge in their work. Turner (2005), Janzen and Korpiniski (2005) and Dean and Pollard (2005; 2011) question some of the tenets of the numerous Codes of Ethics that have been designed to guide the profession of interpreting, when contrasted with the realities of interpreting. Dean and Pollard (2011) argue for a context-based approach to ethical reasoning, which they suggest is in sharp contrast to many of the approaches that frame the interpreter education and interpreter practice.

Among all the informants in this study, there were statements made that expressed worry about how his or her work might be perceived as outside what ethical interpreters do or say. The following quotes illuminate the tension described in the literature:

*There are times I know the Deaf child isn't getting it – and I will say to the hearing person – may I add examples? Then I choose the examples that fit the child's frame of reference. But when I do that sometimes I worry about will I be perceived as doing something that is outside of the code of ethics...especially by the hearing teamer working with me. (CD, DI)*

The next quote highlights an interpreter that is clearly applying context-based decision-making, or a “teleological ethical reasoning framework” described by Dean and Pollard (2011, p. 155), while working in a system with managers that operate from a rule-based, decontextualized view of interpreting. The quote also surfaces the uneasiness among interpreters taking DI training that emphasizes rule-based decision making, and the uncertainty of how that approach fits into the reality of the interpreter's daily decisions. In addition, the quote brings attention to the incongruence and resulting tension between the practitioners doing the work, and the agency managers making decisions that impact the work of interpreters.

*I just know that we have been criticized big time by our managers, who say we are not being ethical when we are doing things like cultural and linguistic expansions, or practically standing on our heads to make the situation work, and yet, that is what is required. The managers don't understand the language demands of the consumers – they just think about it as a transmission of information – nothing more, nothing less. But where is there a safe place to talk about this? The training for DI's hammers in Code of Ethics, but then there is reality. I don't think I am being unethical, but I worry about how I am seen by others who don't see the work in the same way. (AT, DI)*

Finally, we close this section with a quote that does raise the larger ethical issue of non-DI choosing not working with DI and the potential of a double standard of ethical vigilance, where DI are held, formally and informally, to a higher standard of professional practice, in ways that nDI are not.<sup>3</sup> DI can work in any number of situations and one of the important ways in which DI's work throughout North America is to offer support for novice interpreters who lack the linguistic and/or interpreting experience to produce effective work. DI's may interpret, or they may serve as monitors, watching the interpreter's work and adding clarification and/or acting as a co- interpreter at the times needed to ensure the interaction goes well.

*It feels ironic to me – that 95% of the time I am called into situations by the certified interpreters (who are the most experienced), and only 5% of the time by uncertified interpreters (who may be the least experienced). I worry about the work of uncertified and/or inexperienced hearing interpreters – especially when most of them are not very good interpreters and don't understand Deaf culture. So what are they doing? What about the ethics about accepting work they are not qualified for? So then the community gets an even less effective service. I feel like we have a culture of fear though – we cannot talk about Deaf interpreting in the ways we are right now in this interview (CD, DI)*

A salient point is the “culture of fear” that prevents open dialogue about these important issues that ultimately are about power between Deaf and non-DI. Russell and Shaw (accepted for publication) found similar views when they interviewed DI who work with legal discourse and in legal settings. In that study, DI cited many examples that point to non-DI misusing his or her power and acting as gatekeepers. As gatekeepers, the non-DI are either not working with DI at all, or are engaging in interactions with DI that exerts power over them, from holding preparation meetings without the DIs present, to not seeking clarification of a lawyer when the DI asks for it, to refusing to accept constructive and honest feedback about the interpreter's skills, knowledge and/or decisions.

#### Theme Four: Language Specialist

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<sup>3</sup> For a more extensive description of the Canadian evaluation system, see Russell and Malcolm (2009).



The final theme centres on reference to the DIs as “*language specialist*” in some contexts. This theme created the most animated conversations among the participants during the interviews. Here is a sample of the dialogue:

*Deaf interpreting? I think of it as a language specialist. I think we always have to be responsive to those we serve. If we aren't, then we get stuck in a paradigm that may be binding the DI from doing the work that would be useful to the clients. As a practice profession, like any complex discipline, there is a continuum of practice. We need to teach both hearing and DI to make decisions that work well in the present situation and that includes naming our work and being willing to look at our labels. (EE, nDI)*

Here the interpreter frames interpreting as a practice profession (Dean and Pollard, 2005) and recognizes decision-making latitude, by choosing decisions that reflect making an ethical choice within the context of the people involved in the interpreted interaction. The interpreter also demonstrates a commitment to reflective practice, by emphasizing the need to be willing to look at how we as a field perform the work. The following quote provides an example of a successful approach from an interpreting team.

*We call the hearing interpreters ASL-English interpreters. We call me a DI. It doesn't cut it. The hearing doctor doesn't understand. When we go in and say “this situation will require the services of a Deaf language specialist in tandem with an ASL-English interpreter” that seems to make sense to people. Doctors are used to “specialists” on teams. But I don't call myself that when I am doing conference or platform work that is ASL to formal ASL work – there we just go “we are the team assigned to the conference”. So there is a need for flexibility, but can we say that to the people who are training interpreters? When I have tried, I feel like they immediately defend the term “DI”. (CD, DI)*

Angelelli (2004) findings suggest that adopting an “interpreter as cultural broker” stance can be very useful in more accurately reflecting the kind of tasks being performed by medical interpreters. One DI has considered this construct and has rejected it, while searching for something that can describe his or her work more effectively.

*It is hard to come up with what a DI is...I don't like Language Broker – what does that mean? Same for cultural broker. But, DI isn't clear to consumers. I like the language specialist term because when I use it, then my status is almost...like elevated. Typically the hearing folks always defer to the hearing interpreter, but when I say I am the Language Specialist it's like there is a shift in how I am viewed and there is an unspoken permission to do what is needed which might mean monitoring the ASL-English interpreter and stepping in when I know the Deaf person doesn't get it, or it might mean I do the active work from ASL to whatever I am doing, but either way it seems like people relax and then say: that was amazing! (WW, DI)*

There are challenges with naming our work for the consumers using our services, this shifting ground is ripe for further conversation, among interpreters, and the professional associations that represent interpreters. For example, AVLIC has adopted the term of “DI” as has RID in the United States. Internationally, we note similar decisions made by the World Association of Sign Language Interpreters and efsli, the European body of sign language interpreters.

*It is almost like the shift we see in calling people DeafBlind interveners – I am seeing DeafBlind people say they reject that phrase, and prefer to describe their service providers as Interpreters who specialize in working with DeafBlind people. (BA, nDI)*

*While I can see the sensibility behind the term Deaf specialist or language specialist, I think from the Deaf community view it would be – oh, now I need a specialist, do I? What message does that send to hearing people who know nothing about Deaf people? Does it put us back in the societal view that Deaf people, those people over there, need special services...It also implies we DI in Canada have specialized training, and we don't. So I have real mixed feelings about it. (PG, DI)*

The informants have a variety of views. Problematically, AVLIC, RID and efsli, along with the World Association of Sign Language Interpreters (WASLI) have consistently advanced the argument for the training and certification of DI, and Deaf specialists has not been nomenclature that has surfaced in their documents and processes, to date.

The previous discussion has woven current literature into the findings of these interviews, showing cohesion between the experiences of the informants and the types of issues being raised in the literature shaping both spoken and signed language interpreters. The participants were invited to suggest recommendations to address the issues they raised in the interviews and those are discussed in the next section.

### Recommendations made by the Informants

The following participant recommendations most closely align with the major themes.

1. Training of DI: Examine the Deaf Interpreting curriculum (both in short-term workshops and interpreter education programs) for the assumptions and biases leading us to focus the training on working with consumers who are already fluent in ASL and/or conference like settings. This review should also explore whether the curriculum is reinforcing rule-based ethical decisions versus context-based decision-making.
2. Enhance interpreter education program curricula and short-term DI training to include community based interpreting with consumers with a different linguistic and cultural profile than those who are fluent in ASL.

3. Educate nDI about the value of working with DI and encourage greater collaboration and more frequent use of DI's across a range of settings.
4. Videotape the work of interpreter teams working with Deaf consumers who do not know a signed language and/or have additional linguistic and cultural challenges, to document the skills, strategies, and decisions made by experienced DI/nDI teams. Such a task analysis then can be used to further develop the training required by Deaf/non-deaf teams in Canada.
5. Build a solid DI training model (summer institute/blended format) specifically for Deaf people, recognizing there is no critical mass of Canadian Deaf participants available to take in a full time 2-4 year post-secondary program.
6. Engage interpreter associations, Deaf organizations, interpreters, Deaf and non-deaf and interpreter educators in thoughtful conversations about the naming protocol of "DI". This may lead to a shift to include other terms that more broadly reflect the large continuum of professional practice environments and what happens when working with diversity in our Deaf communities.
7. Engage interpreter professional organizations, Deaf organizations, interpreters, both Deaf and non-deaf, and interpreter educators in thoughtful conversations about the nature of ethical decision making within the continuum of a complex practice, in order to raise awareness and deepen a shared understanding of what is required in community based assignments.
8. Educate interpreter referral services about the nature of interpreting performed by Deaf/non-deaf interpreting teams, where such teams should be working and how to describe the work that will be provided by the team.

## Conclusions

What seems to be emerging is a growing tension between those providing the training for DI and those taking the training. One of the central issues is whether training includes working with Deaf consumers who have recently immigrated or Deaf consumers for whom there are complex language and culture, and/or medical issues. In Canada there are two distinct paths available to those who want to become a DI (i.e. short-term workshops or full interpreter programs) and this data set reveals there are differing views of where the training emphasis should be. Some of the informants perceive that current training focuses on working with Deaf people who are already fluent in ASL, with little or no attention on working with Deaf people who are not fluent in ASL.

Similarly, are we repeating the same mistake as we implement more short-term training for DI that has a singular focus and does not allow for sufficient time to understand interpreting processes, meaning-based interpreting, context-based ethical processes, discussions of power dynamics between Deaf and non-DI, and so on? Have interpreter education programs critically examined their curricula for any biases and/or practices that

privilege non-DI over DI work? What invisible curricula norms and practices are being passed along to both Deaf and non-DI via the training - norms embedded in paradigms that may not be serving the diverse community effectively? Are we giving more status to interpreting performed by DI in conference settings, at the expense of examining the complexity of services required for Deaf people who may be new Canadians, or have additional challenges. What tools and strategies are we teaching DI and non-DI to be able to respond to the unique environments in which they will be placed, in order to encourage meaning-based views of the interpreting work and a context-based approaches to ethical decision making? These questions warrant further study in the Canadian context, and potentially in other countries as Deaf interpreting takes on a more prevalent role in service provisions.

The discussion describing the work of DI recognized that interpreters work in a complex discipline requiring a continuum of professional practices. It is within this context seven of the eight interpreters suggested they would like to use “language specialist” to describe their work in some situations. This requires further in-depth study by exploring the use of this descriptor with consumers who are Deaf and non-deaf, among larger groups of interpreters, and other stakeholder groups. As we respond to the increasing diversity of new Canadians, is this term a better “fit”? Or does the term place our field at risk of returning to models of practice where the interpreters are taking more and more liberty with their role, and ending up as the “benevolent helpers” of consumers in any given interaction? These are challenging conversations that face our profession at this moment, and yet to pretend the issues are not there is to adopt a rigid stance that may not serve communities well.

Based on some of the emerging themes here, our field and those who manage interpreter referral services would benefit from much greater analysis of the ethical and professional tenets that guide us and DI/nDI teams, and the ways in which we are applying those context-based reasoning to those tenets to ourselves, and our judgments of other interpreters’ work.

Finally, a limitation of this study is that it involves a small pool of informants, however this study has provided insight into the views and experiences of Canadian Deaf and non-deaf interpreting teams. The views expressed here may not be representative of Deaf/non-deaf teams working in other countries, where the profession is at a different stage of training and employment practices. The findings may serve as a springboard for a series of actions that can be taken in our field to further explore these complex issues.

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