

MODULE 1

ATYPICAL LANGUAGE: CONTRIBUTING FACTORS AND IMPLICATIONS



Curriculum Guide for Facilitators and Mentors



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ABOUT THE PROJECT

Northeastern University's American Sign Language Program was awarded two U.S. Department of Education Rehabilitation Services Administration grants to establish and later expand the **Center for Atypical Language Interpreting (CALI)**. The project addresses the growing demand for interpreters with specialized skills to serve Deaf and DeafBlind persons with atypical language. You can learn more about the project by visiting the website: <https://cssh.northeastern.edu/cali/>

The first five-year cycle officially launched on January 3, 2017. One of the initial endeavors was to record samples of atypical ASL. A language analysis team analyzed the samples and created a matrix of indicants and descriptors of atypical language. Building on this foundation and other effective practices research, a program of study was created and offered, including online learning modules, face-to-face instruction, practical experience placements, as well as supervised induction, communities of practice, and webinars.

The four modules developed for online delivery as part of a facilitated program of study were adapted and later updated for self-directed online learning. The public versions of the modules allow individual interpreters to engage in self-directed continuing education around the topics addressed in the four modules. Although this approach does not provide the more comprehensive approach used in CALI's Program of Study, it does allow practitioners to gain a solid foundation in the factors and considerations for working with Deaf and DeafBlind individuals who exhibit atypical language.

The four online learning modules are as follows:

- **Module 1** - Atypical Language: Contributing Factors and Implications
- **Module 2** - Working with Individuals Exhibiting Atypical Language: Unpacking our Bias, Understanding our Privilege
- **Module 3** - Interpreting Strategies for Individuals with Atypical Language

- **Module 4** - Decision Points: Working with Diverse Consumers Exhibiting Atypical Language

Learning activities within each module include viewing filmed presentations in ASL by Deaf, Deaf-parented, and hearing content experts, reading research and relevant publications addressing some aspect of the subject matter, viewing other related media, and engaging in self-reflection about how the information applies to an individual's own practice.

Successful completion of the self-directed online learning modules involves completing the learning activities and self-reflection and taking a post-test for each module. A minimum score of 80% on the post-test is required for earning Continuing Education Units (CEUs) through the Registry of Interpreters for the Deaf, Inc. (RID). Participation in Module 1 is worth 1.0 CEU in Professional Studies.

Access to the self-directed online learning modules is available at the following link:

www.CALIOOnlineLearning.org

What the self-directed online learning process does not provide is the opportunity for the participant to engage in facilitated discussion and reflection on the learning with a facilitator and a small group of peers. For that reason, this Curriculum Guide has been developed to support mentors and facilitators in providing the opportunity to include facilitated discussion and reflection as part of the learning process, and, by doing so, increase the depth of learning that occurs while creating more opportunities for application of the learning. As well, these additional activities make the participants in the learning community eligible for an additional .5 CEUs for each module.

HOW TO USE THIS GUIDE

The purpose of this Curriculum Guide is to provide mentors and facilitators with tools and strategies for creating learning communities that will gain knowledge and skills related to working with diverse Deaf and DeafBlind individuals who exhibit atypical language. By establishing and guiding such learning communities, the resources associated with CALI are made accessible to individuals who are not enrolled in the Program of Study being administered by CALI at Northeastern University. This will contribute to expanding the pool of practitioners who are better qualified to work with individuals within the Deaf and DeafBlind populations who use atypical language.

CEUS FOR SELF-DIRECTED ONLINE LEARNING MODULES

This Curriculum Guide is a supplement to the Module 1 Syllabus. By using the discussion questions and small group activities provided in this Guide to facilitate a Community of Practice (CoP), the number of total CEUs available for Module 1 can be increased by .5 CEUs. So, instead of Module 1 being worth 1.0 CEU, a practitioner can earn a total of 1.5 CEUs for this module.

CEUs available for Self-Directed Online Learning Modules:

Module	RID CEUs available through successful completion with CALI as CEU Sponsor	RID CEUs available through independent study and participation in a CoP
Module 1 - Atypical Language: Contributing Factors and Implications	1.0 CEU	1.5 CEUs

Module 2 - Working with Individuals Exhibiting Atypical Language: Unpacking our Bias, Understanding our Privilege	1.0 CEU	1.5 CEUs
Module 3 - Interpreting Strategies for Individuals with Atypical Language	1.2 CEUs	1.7 CEUs
Module 4 - Decision Points: Working with Diverse Consumers Exhibiting Atypical Language	1.0 CEU	1.5 CEUs

If you plan to go through the module on your own, CALI will be your CEU Sponsor. You will need to complete all sections of the module and earn a score of 80% or higher on the post-test. Further instructions will be provided in the module.

If you are planning to form a Community of Practice in order to earn additional CEUs for independent work within the self-directed online modules, search for a CMP Approved Sponsor on the RID website: <https://myaccount.rid.org/Public/Search/Sponsor.aspx>. Be sure to select “Yes” in the “Independent Study” dropdown menu, as not all sponsors can approve independent studies. With guidance from a CMP Approved Sponsor and this Curriculum Guide, you can design an independent study activity.

USING THIS GUIDE WITH A COMMUNITY OF PRACTICE

This Curriculum Guide begins with an introduction to communities of practice. The remainder of this guide focuses on information and resources that will support you as a facilitator of the self-directed online modules. In this document, you will find the following:

- An introduction to this module
- The learning outcomes of this module
- A list of the terminology associated with this module

- A set of discussion questions associated with this module
- A set of small group activities associated with this module

The first three bullets are designed to help you, as the facilitator of the Community of Practice, to have access to the essential information from this module for reference purposes. The information will help focus your attention on the information participants might encounter on the post-test. By familiarizing yourself with this information and key content, you can help support the participants by reviewing and emphasizing this information during discussions and reflections, as appropriate.

Of particular value during your facilitation are the fourth and fifth bullets – the set of discussion questions and small group activities for this module. These are the materials you will draw from to engage the participants of the Community of Practice in the collaborated activities they need to complete to earn the extra CEUs associated with the module. At least five hours of contact time is required. You can engage participants in these five hours through a combination of activities and discussions.

You are not limited to the questions or activities that are listed in this section – feel free to generate your own. The only requirement is that your questions or activities align with the module objectives. Furthermore, you are not required to complete all the content that is included in this Curriculum Guide – the interest of the participants in the Community of Practice and a sufficient amount of content to meet the five-contact-hour requirement should serve as your guide.

There are two types of Discussion Questions included: those that are content-based and those that are reflective in nature. The content-based questions allow Community of Practice participants to examine the subject matter associated with this module to solidify their understanding. The reflective questions allow students to consider the implications of the subject matter for their own practice as interpreters.

The Small Group Activities provide opportunities for the participants of the Community of Practice to apply the learning from the modules to build their skills and improve their ethical

decision-making. Most involve a combination of individual work that is then reviewed and discussed with peers.

COMMUNITIES OF PRACTICE

Communities of practice are a growing trend in the fields of interpreting and interpreter education, often as part of in-service and professional development training.

A community of practice is a group of people who share a common set of situations, problems, or perspectives, and who work together to increase their collective skills and knowledge (Wenger, McDermott & Snyder, 2002). In a community of practice, members share norms and values, carry out critical reflection, share a common way of communicating ideas, and engage in dialogue with each other at a professional level, which generates an environment characterized by high levels of trust, shared behavioral norms, and mutual respect and reciprocity (Sharratt & Usoro, 2003).

PARTICIPATING IN A COMMUNITY OF PRACTICE

Participation in a community of practice can provide a variety of benefits to members, including the following:

ENHANCES DECISION-MAKING AND IMPROVES DISCRETION

The process of critical reflection with other colleagues is an extremely valuable benefit of participation. Critical reflection is reviewing and analyzing decision-making as it occurred during interpreting events. Critical reflection with colleagues deepens a practitioner's discretion – the range of decision latitude that can be applied by an interpreter within the boundaries of an ethical framework.

FOSTERS A HABIT OF REFLECTIVE PRACTICE

One of the most significant benefits of communities of practice is the opportunity to engage in reflection upon decision-making and practice. Bown (2013) argues that reflection is one of the essential skills required for effective practice of sign language interpreting.

“Reflection allows for thinking time to understand decisions in practice (Thompson & Thompson, 2008) and by the key activity of monitoring one’s own learning (Hamilton & Druva, 2010; Thorpe, 2000), helps to establish ‘the accountability of professional practice’ (Fook, 1999, p. 207).”

PROVIDES SUPERVISION

A community of practice provides a form of supervision for interpreters. Unlike other practice professions (Dean & Pollard, 2005), interpreters often work without the benefit of access to supervision (Curtis, 2017; Fritsch-Rudser, 1986; Dean & Pollard, 2001, 2005, 2011, 2018, 2022; Heatherington, 2011, 2012). This results in default autonomy, where a practitioner has no support system to rely on when counsel and feedback is needed. The use of the term supervision, in this context, refers to guidance and direction that comes as a result of the wisdom and counsel of competent colleagues. It fosters accountability.

CREATES COLLECTIVE KNOWLEDGE AND RESOURCES

Wenger (2000) identifies three things that bind such a community together: their understanding of what their community is about and a process for holding each other accountable to this sense of joint enterprise; mutual engagement; and shared resources – language, routines, sensibilities, artifacts, tools, stories, styles, etc. (p. 230). He asserts that all three are interdependent and must be present for a community of practice to be effective.

FORMING A COMMUNITY OF PRACTICE

Follow these recommended steps to form an effective community of practice.

IDENTIFY A MODERATOR

A moderator is key to the success of any learning community of practice. That is where you – as a mentor or facilitator – play a critical role. You will be the one to get things organized,

recruit participants, guide discussions, keep the group on task, and serve as a liaison between the group and the CMP Approved Sponsor for the purpose of processing RID CEUs. These tasks can also be shared by working as a team and co-facilitating based on your strengths and areas of interest. And, of course, you too can earn CEUs in the process.

ESTABLISH CLEAR GOALS

Have a clear intention or purpose in mind. Determine the goals and objectives that the community of practice hopes to achieve. In terms of the self-directed online learning modules, the purpose is to deepen understanding of the content through group discussion, reflection and application. And, as a result, increase the number of interpreters who are better prepared to work with Deaf and DeafBlind individuals who exhibit atypical language – all while earning CEUs together.

ADDRESS INFRASTRUCTURE AND LOGISTICS

Every community of practice must have a clear infrastructure in place. Will the group meet in person? Or will the group engage around some type of networked discussion board, like a Facebook Group? Create a plan that identifies the strategy by which the group will meet and connect, as well as how and when they will communicate. This provides participants with clear expectations.

Even if a community of practice chooses to meet face to face, consider the benefit of using another form of networked communication between meetings. Facebook, Twitter, email lists, and online forums can serve as invaluable communication tools. Through sharing ideas and working together, the community of practice can come up with innovative ways to connect, which can be used to encourage one another, ask questions, and share resources.

For a community of practice dedicated to completing the self-directed modules through group discussion, reflection, and application of content, it is imperative that the community schedule allows for successful completion of all CEU requirements. And, if the modules will be

completed in sequence, one after the other, determine if there will be a break in between completion of one and the start of another. Avoid long breaks to prevent lost momentum.

RECRUIT PARTICIPANTS

Circulate calls for participants through local RID chapters or with entities that employ large numbers of interpreters, such as VRS companies, post-secondary institutions, or interpreter referral agencies. Certified interpreters are always looking for new and interesting opportunities to earn CEUs, and novice interpreters are always looking for ways to learn more about interpreting topics and how to network with other interpreters.

Ideally, groups would be kept to five to seven individuals. This is a good number for creating thought-provoking and dynamic discussion. This size also allows for more connection and interaction between the members and for delving into topics sufficiently so that everyone has an opportunity to participate. It will also be easier to track and monitor the progress of a smaller group of individuals, and to provide the support and encouragement needed to meet the completion of work within a four- or six-week period. Doing this with a large group of participants would be more difficult to manage and would require more time from the mentor/facilitator.

FIND A CEU SPONSOR

If you are planning to form a Community of Practice in order to earn additional CEUs for independent work within the self-directed online modules, search for a CMP Approved Sponsor on the RID website: <https://myaccount.rid.org/Public/Search/Sponsor.aspx>. Be sure to select “Yes” in the “Independent Study” dropdown menu, as not all sponsors can approve independent studies. With guidance from a CMP Approved Sponsor and this Curriculum Guide, you can design an independent study activity.

FACILITATE EFFECTIVELY

As a mentor or facilitator, it is your job to start and end on time, keep participants motivated through feedback, encouragement, and support, answer questions, and keep the learning process on track so everyone can be successful in their completion of the activity. Some tips:

- Monitor group interactions for civility and respect. Model your expectations for participants as the community engages.
- Encourage diverse perspectives. Each person brings unique experiences, and the population of Deaf people is very diverse. Each person's experience is valuable!
- Answer questions promptly so participants are not delayed in moving forward.
- Track progress. Consider creating a checklist of tasks and due dates. If you develop tools you find useful, be sure to share them with the CALI team so that other mentors/facilitators can benefit from your creativity!
- Promote critical thinking. This process is not about finding the ONE right answer; instead, it is about building discretion – the ability to identify a range of acceptable actions/decisions and to assess the implications of each for consumers and interpreting practice – within practitioners.

MANAGING ACCOUNTABILITY WITHIN A COMMUNITY

Accountability refers to each participant taking personal responsibility for their own engagement and participation in a community of practice. If a community is gathered for the purpose of discussion and reflection, then each participant must engage in that process to be accountable. Simply observing while others take risks and engage is not active learning, which is the cornerstone of a community of practice. Irregular or lacking participation can foster apathy and discouragement. The following are some suggestions for strengthening accountability within a community of practice, with the goal of promoting personal responsibility, engagement, and collaboration.

SET CLEAR EXPECTATIONS

Set expectations in advance and have each participant confirm agreement. Rather than create a specific contract for everyone to sign, allow each participant to create their own and share it with the other participants. At minimum, each must contain all that is required for successful completion of the module(s) for earning CEUS. As the mentor/facilitator you can offer ideas for what participants can include in their agreements, such as time commitment, honoring of deadlines, communicating with respect and civility, taking risks, and participating, etc. It may be useful to include in the contract or statement how the individual prefers to be reminded if they are not honoring what they have committed to do. You and the participants should also feel free to ask each other to consider additional expectations that will improve the overall learning experience for the group, such as coming to meetings prepared, being attentive when others are commenting, etc. The key is that each individual ultimately decides what they agree to commit (beyond the base expectations).

ESTABLISH CONSEQUENCES

In advance, establish and communicate straightforward consequences for lacking participation and have each participant acknowledge them. Determine, as a group, the consequences for not honoring agreements. Is there a point at which a noncompliant individual is no longer a part of the community? Should this happen, how will it impact their earning of CEUs? This should be explicitly stated to avoid misunderstandings.

ESTABLISH GROUP NORMS AND VALUES

Group norms, or the ways in which the group agrees to function together, are important to effective collaboration. Sample group norms include:

- starting and ending on time,
- communicating with respect and civility,
- treating each other with respect and dignity,

- being transparent – no hidden agendas,
- being genuine with each other regarding feelings, ideas, and challenges, and
- trusting one another.

Beginning each meeting with a review and reminder of the group norms helps participants to remain focused on the group agreements. Checking in at the beginning of each meeting to see how everyone feels about whether the norms remain effective and are being honored is also useful. It allows for resolution to any issues before the learning activities begin.

CELEBRATE INDIVIDUAL AND GROUP SUCCESS

As individuals and the group meet timelines, participate in difficult discussions, take risks, and actively participate in the learning process, make it a practice to celebrate by recognizing and valuing such contributions and achievements. Letting participants know that their efforts are an important contribution to the effectiveness of the group and that they are appreciated is a great way to honor one another. This practice also sets a positive tone for all interactions within the community of practice.

MODULE 1 - ATYPICAL LANGUAGE: CONTRIBUTING FACTORS AND IMPLICATIONS

OVERVIEW

This module introduces the characteristics of that portion of the Deaf community who demonstrate atypical language use – a population that requires interpreting expertise and competence beyond generalist competence. It is the assumption of the program designers and administrators that individuals who participate in this module are experienced, working interpreters who possess generalist interpreting competence as evidenced by credentials inclusive of formal education and professional validation of interpreting competence. It is also the assumption that individuals participating in this module have a sufficient range of interpreting experience to appreciate the variations in language use that exist within the Deaf population, and the range of factors impacting the variations in language use.

LEARNING OUTCOMES

At the end of Module 1, you will achieve the following Learning Outcomes:

- Participants will be able to provide a clear and concise explanation of the impact that language deprivation has on a Deaf child's education, socialization, and understanding of the world.
- Participants will be able to identify at least three medical/neurological and one social cause of dysfluency or atypical language in Deaf people.
- Participants will be able to identify at least two examples of specific language patterns common in Deaf people who exhibit language dysfluency due to language deprivation, and at least two examples of patterns common in Deaf people with medical/neurological causes of language dysfluency.
- Participants will be able to discuss at least 5 observations about the use of language by deaf consumers who exhibit atypical language use.

TERMINOLOGY

Assessment: The valuation, evaluation, judgment, rating, estimation, appraisal, analysis or opinion regarding the nature, quality, or ability of someone or something. Effective assessment involves the application of established criteria to make the evaluation or judgment. This may involve the use of some type of assessment instrument – such as an observation checklist, interview format and process, written test, etc.).

Assessment (Rating) Scale: A scale is a method that requires the rater to assign a value, sometimes numeric, to the rated person or object, as a measure of some ratable attribute. All ratings can be classified as numerical, graphic or descriptive in nature.

Atypical Language: Language use that does not conform to the recognized norms of a language community due to deviations in form, content, or function of the language.

Form of Language: Refers to the shape and structure of language. It can also mean the organization, placement, and relationship between parts of a language. As such, language form refers to the so-called surface features of language and how these are arranged. This includes the morphological, phonological, and grammatical structures of the language.

Content of Language: Refers to how a language creates meaning; language semantics focuses on the meaning of words, phrases, sentences, or a text. Each language has unique ways of creating meaning and there are not one-to-one equivalents between languages. What something means in one language will typically be expressed differently in another language to achieve semantic equivalence.

Function of Language: Refers to the purpose for which language is being expressed/uttered – why someone signs/says something. Language is used to convey a variety of formal and informal functions – to compare or contrast, to persuade, to entertain, to inform, to inquire, to respond, to warn or caution, etc.

In some instances, a consumer's language use may be viewed as atypical to an individual interpreter due to the interpreter's limited exposure to diverse members of the deaf population. In such instances, the interpreter needs training and experience to work with a broader and diverse community of language users.

Audism: Audism is a term used to describe a negative attitude toward deaf or hard of hearing people. It is typically thought of as a form of discrimination, prejudice, or a general lack of willingness to accommodate those who cannot hear. Dr. Tom Humphries in his 1977 doctoral dissertation coined this term and defined it as "the notion that one is superior based on their ability to hear or to behave in a manner of one who hears".

Dysfluent Language: Impairment to the smooth and articulate production of language [pathological perspective].

Educational Policy: Principles and government policies in the educational sphere as well as the collection of laws and rules that govern the operation of education systems. Educational policy includes past or up to date statements or series of statements which explain, recommend, or exclude a course of action or actions to be taken to run the system of education. These statements are usually written, but they could be oral. Educational policy has significant implication for the education of deaf children – it impacts elements such as language use in the classroom, what is set as priority for what is taught, and the focus of learning for deaf children. Many elements of educating deaf children are the subject of debate among professionals engaged in the field of education, the parents of deaf children, and members of the Deaf Community.

Language Assessment: A formal measurement of a person's language proficiency conducted by a qualified individual (such as a linguist or trained rater or diagnostician). It measures a person's language proficiency in a range of contexts. The findings from a language assessment can be used to guide decision-making about language planning, services needed, level of understanding, etc. A language assessment can cover one or more of the following four key skills: reading, writing, speaking/signing, and receptive skills. See the following link

for examples of language assessment tools available in the field of sign language.) <http://www.signlang-assessment.info/tests-of-l1-development.html>.

Language Deprivation: In deaf and hard of hearing children, occurs when a child does not receive consistent and natural language exposure during their critical period. That critical period is typically from birth to age 3 or 4. Learning a first language fluently becomes increasingly difficult and less likely from the age of 5 to puberty. Language development can be severely delayed due to the lack of stimulation and socialization.

Linguisticism: Belief that one language is superior to others which leads to the treatment of some languages as inferior, primarily by majority, mono-language users—as has long been the case with perceptions of spoken English versus American Sign Language.

Types of Assessment Processes:

Formal—comprehensive with standardized tools and processes, administered by qualified professionals. Multiple measurements, multiple interactions, and multiple hours of data collection.

Structured—prepared, structured approach, objective criteria, narrow but specific focus, often interview approach, typically a single interaction of 1-3 hours for data collection.

Semi-structured/Informal—conversational approach, inquiry format w/ flexible application, planned questions adapted to context and consumer, narrow focus, single interaction of 1 hour or less.

DISCUSSION QUESTIONS

- Have you observed any of the following forms of dysfluent language in Deaf people you have interpreted for? Provide at least one example.
 - Absence or limited ability to incorporate clear time references.
 - Absent or limited referencing of the subject(s) – who is doing what to whom – or topic of a conversation.
 - Absent or limited spatial grammatical features of ASL.
 - Absent or limited non-manual, grammatical markers.
 - Absence or limited ability to provide organized sentences and broader narrative structure (tell a story with a clear beginning, middle, and end).
 - Absence or limited ability to establish subject, verb, and object relationships.
 - Increased repetition of signs that are outside of typical ASL linguistic features, such a reduplication of signs and phrases for linguistic purposes (i.e. repetition for emphasis).
 - Pattern of communication using isolated signs or short sign phrases.
 - Others?
- In what ways do U.S. education laws contribute to language deprivation and to the increase in Deaf children and adults with atypical language?
- In what ways does the preparation of interpreters and the degree of competence possessed by program graduates contribute to language deprivation of Deaf children and adults? What are the implications of this for the Deaf community at large and for the practice of interpreting?
- What is the most important issue in educating Deaf children and why? How does the literature you reviewed for this module support your response?
- What is meant by the “critical period of language learning” and how does that meaning unfold for a Deaf child?
- Discuss the meaning of Fund of Information (FOI) and its impact on Deaf children and adults, particularly those with language deprivation. How do interpreters manage the

gaps in the FOI when interpreting for Deaf individuals? What are the ethical considerations an interpreter must manage when addressing gaps in the FOI of Deaf consumers for whom they are working?

- Reflect on your work as an interpreter. Select an assignment where you recall your skills were not the best match for the Deaf consumer. What were the circumstances surrounding the event? What happened that lead you to the realization you were not a good match? What did you do in response to that realization? What were the consequences you encountered either during or afterwards? If you could redo that assignment, what would you do differently and why?
- Reflecting on Module 1, what was the most impactful part of the learning for you and why? How does what you learned in the module reinforce what you already knew or confirmed some of your actual experiences? What from the module was new learning for you? How will your learning from Module 1 impact your work henceforth? Provide specific examples of what you will do differently because of the learning and who you will rely on to support you in the integration of the learning into your work.

SMALL GROUP ACTIVITIES

ACTIVITY #1: HOW WOULD YOU DESCRIBE "ATYPICAL LANGUAGE"?

In teams of two, alternate practicing how to describe atypical language to the following individuals. Use the appropriate language when doing so – for example, if you are explaining to a Deaf person, use ASL.

- Hearing psychiatrist
- Hearing first grade teacher
- Deaf ASL-user with a PhD
- Hearing parent of a Deaf child who exhibits atypical language
- Language-deprived Deaf adult who exhibits atypical language

Then, give feedback to each other and redo the explanations, incorporating the feedback that was provided. Shift the order of the individuals until you have each provided an explanation to all five individuals.

ACTIVITY #2: ISOLATING SPECIFIC BEHAVIORS AND DISCUSSING FINDINGS

View short clips of Deaf individuals with atypical language using the following link:
<https://vimeo.com/771633968/552cbfca92> (19:03 min)

As you view each Deaf individual, write down a few observations of the following:

- What significant patterns do you observe in each person's atypical language use? Be sure to relate what you observe to what you have learned thus far in Module 1.
- Consider what challenges you may have interpreting for each Deaf consumer in the video and what impact the various hospital systems may have on the interpreting process for these consumers.

After jotting down a few notes, share your observations with one or two peers and discuss your similarities and differences in terms of findings. Also discuss the implications of the findings for your work as an interpreter.

ACTIVITY #3: SHARING OBSERVATIONS WITNESSING AUDISM

Synthesize what you have learned by sharing what you have observed as an interpreter to date in witnessing audism and linguicism. Provide an example of each by sharing your experiences without specific confidential details. Imagine this same type of situation occurred with a deaf individual who is language deprived. How will those instances of oppression be mitigated by you as an interpreter?

ACTIVITY #4: ATYPICAL LANGUAGE AND IMPLICATIONS FOR INTERPRETING

Have you observed any of the following forms of atypical language when interpreting? Provide at least one example and describe the interpreting approach you used. Based on what you have learned in this module, what would you do differently?

- Absence or limited ability to incorporate clear time references.
- Absent or limited referencing of the subject(s) - who is doing what to whom - or topic of a conversation.
- Absent or limited spatial grammatical features of ASL.
- Absent or limited non-manual, grammatical markers.
- Absence or limited ability to provide organized sentences and broader narrative structure (tell a story with a clear beginning, middle, and end).
- Absence or limited ability to establish subject, verb, and object relationships.
- Increased repetition of signs that are outside of typical ASL linguistic features, such a reduplication of signs and phrases for linguistic purposes (i.e. repetition for emphasis).
- Pattern of communication using isolated signs or short sign phrases.
- Others?

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