

MODULE 3

INTERPRETING STRATEGIES FOR INDIVIDUALS WITH ATYPICAL LANGUAGE



Curriculum Guide for Facilitators and Mentors



Center for Atypical Language Interpreting
American Sign Language Program
Northeastern University, 400 ME
360 Huntington Ave
Boston, MA 02115

The Module 3 Curriculum Guide © 2022 was developed by the Center for Atypical Language Interpreting (CALI). Permission is granted to copy and disseminate this document for educational, non-commercial purposes, if CALI is credited as the source and referenced appropriately on any such copies. Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 License.

The contents of this guide were developed under grants H160D160002 and H160D160001 from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. (Authority: 20 U.S.C. 1221e-3 and 3474.)

TABLE OF CONTENTS

TABLE OF CONTENTS	2
ABOUT THE PROJECT	3
HOW TO USE THIS GUIDE	5
CEUs FOR SELF-DIRECTED ONLINE LEARNING MODULES	5
USING THIS GUIDE WITH A COMMUNITY OF PRACTICE.....	6
COMMUNITIES OF PRACTICE	9
PARTICIPATING IN A COMMUNITY OF PRACTICE	9
FORMING A COMMUNITY OF PRACTICE.....	10
MANAGING ACCOUNTABILITY WITHIN A COMMUNITY	13
MODULE 3 - INTERPRETING STRATEGIES FOR INDIVIDUALS WITH ATYPICAL LANGUAGE.....	16
OVERVIEW	16
LEARNING OUTCOMES.....	17
TERMINOLOGY	17
DISCUSSION QUESTIONS.....	20
SMALL GROUP ACTIVITIES	24
REFERENCES.....	30

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 quizzes and 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 3 is worth 1.2 CEUs in Professional Studies.

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

www.CALIOneLearning.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 3 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 3 can be increased by .5 CEUs. So, instead of Module 3 being worth 1.2 CEUs, a practitioner can earn a total of 1.7 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 enough 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/or 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 3 - INTERPRETING STRATEGIES FOR INDIVIDUALS WITH ATYPICAL LANGUAGE

OVERVIEW

In Module 3, participants begin to apply prior learning from Modules 1 and 2 toward practical application strategies for effectively interpreting with diverse atypical language users. With a key focus on the collaborative nature of the interpreting team, participants will apply strategies to evaluate the effectiveness of the team process, assess consumer language needs, evaluate whether effective communication has been established, and select tools to assist with effective communication within a variety of contexts. Finally, participants will be encouraged to apply critical thinking and creativity when problem-solving through challenges that may arise when striving to meet the needs of diverse individuals with atypical language.

LEARNING OUTCOMES

At the end of Module 3, you will achieve the following Learning Outcomes:

- Identify 2-3 effective pre-conferencing strategies that can be applied to situations involving individuals who exhibit atypical sign language.
- Identify 2-3 consumer communication assessment strategies that can be applied to situations involving users of atypical sign language.
- Participants will be able to define systems thinking and apply it to analyze decision-making surrounding the needs of deaf consumers who exhibit atypical language use.
- Identify 2-3 strategies for effective team interpreting when working with individuals who exhibit atypical language.
- Identify 2-3 strategies, inclusive of visual aids, that can be used when interpreting for persons who exhibit atypical language.

TERMINOLOGY

Certified Deaf Interpreter (CDI): A Deaf person who holds a valid Certified Deaf Interpreter (CDI) certificate from the National Registry of Interpreters for the Deaf, Inc. and who brings to challenging interpreting situations native ASL fluency, professional training as an interpreter, and a lifetime of personal experiences as a Deaf person.

Compassion Lens: Compassion is a feeling of empathy for another living being. This feeling can motivate us to act with empathy, understanding and respect towards others. Compassion for another starts with compassion toward oneself. Cultivating compassion requires us to keep our eyes and hearts open even though what we see and hear might be difficult and challenging. Gratitude, gentleness, humility, self-awareness, attentiveness, and listening foster the development of compassion. Interpreting through a lens of compassion means the interpreter: 1) embraces the individuals engaged in the interpreting event as unique

individuals deserving of respect, empathy and compassion; 2) strives to manifest a calm and grounded presence that reflects ethical and professional maturity; and, 3) demonstrates the ability to suspend judgment of themselves and others, appreciating that each of us makes choices based on the information and skills that we have at any given time. As a result, the interpreter is able to see the broader context in which the interpreting is taking place, act in a just and compassionate manner, and make decisions that support the linguistic rights and dignity of those who are involved in the interpreted event.

Competency:

1. Areas of personal capability that enable people to perform successfully in their jobs by completing tasks effectively. A competency can be knowledge, attitude, skill, value, or personal value. Competency can be acquired through talent, experience, or training.
2. Competency comprises the specification of knowledge and skill and the application of that knowledge and skill to the standard of performance required in employment.
<http://www.neiu.edu/~dbehrlic/hrd408/glossary.htm> (Witter-Merithew & Johnson 2005).

Deaf-Hearing Interpreter Team: The collaboration between two interpreters – one who is Deaf and one who is hearing – to create messages that are linguistically accessible to the parties involved in an interpreted event. The hearing client begins the conversation, speaks, and the hearing interpreter interprets what was said to the Deaf interpreter. The Deaf interpreter takes the message and reformulates it in a form that the deaf client can understand. When the deaf client responds to the hearing client, the deaf client communicates to the Deaf interpreter, who reformulates the message and signs it to the hearing interpreter, who speaks the message to the hearing client (Ressler, 1999).

Domains: The categories under which specific types of interpreting competence can be organized. Examples can include knowledge competencies, professional competences, language competencies, interpersonal competencies, among others. The category can be

broken into a variety of distinct competencies that are interrelated and in totality comprise a specific domain of knowledge, skills, or attributes.

Emergent Signers: Deaf and hard of hearing individuals who are in the process of learning American Sign Language (ASL) and who utilize interpreting services while acquiring proficiency in ASL (Smith and Dicus, 2017).

Integrated Model of Interpreting: The Integrated Model of Interpreting was inspired by the work of Danica Seleskovitch (1978) and adapted by Betty Colonomos (1992, 2013, 2015) for application to ASL-English interpreting. It is a process that focuses on what happens mentally during the interpreting process, regardless of language, people, or situation. It provides a graphic representation of the aspects of processing that interpreters must complete to create and generate message meaning from one language. The degree to which an interpreter can successfully complete each aspect, impacts the quality and equivalency of the interpretation. Because interpreters are unable to have direct access to the brain's operations, this model provides a way to discuss and infer what is going on so that interpreters can develop, modify, and/or validate the tools, strategies and decisions applied during the interpreting process.

Language Assessment: A structured process by which a qualified individual can assess the use of language by a deaf person for the purpose of determining the level of language competence evidenced and the appropriate linguistic strategies to use in communicating with or interpreting for the deaf person. Interpreters are encouraged to engage in some form of language assessment to determine how to use language that is appropriate to the consumer's needs during the interpreting process.

Linguistic Diversity: The range of diversity in sign production and language modes that deaf people use often resulting from language deprivation, disruptions in language modeling, or multiple disabilities that interfere with language processing. This diversity may demonstrate the use of rudimentary ASL vocabulary terms devoid of advanced grammatical features or standard syntax, often coupled with code switching between uncommon indigenous sign languages, obscure dialects, and individualized gestures. This irregular communication

presents a challenge for both interpreters and professionals working with deaf people can create significant issues for linguistic access (Miller & Vernon, 2002).

Pre-Conferencing: A conversation that occurs before the beginning of the interpreted event between the interpreter(s) and the deaf consumer(s), and possibly other parties that will be involved in the interpreting event, to talk about the goals of the interaction, to become familiar with one another, to consider linguistic and procedural needs and preferences, and to come to agreement about how the interpreted interaction will be approached and managed.

DISCUSSION QUESTIONS

- View the following short clips of deaf individuals with atypical language:

<https://vimeo.com/243756703/522e581ac8>

As you watch each deaf individual's language use, write down a few observations of the following:

- What significant patterns do you observe in each person's language use that might be perceived as atypical?
- Consider what challenges you may have interpreting for each of the deaf consumers in the video you just watched. Looking at the hospital as a system, what impact might this system have on the interpreting process for these consumers?
- Compassion and respect are critical components in our work. The following are two scenarios in which someone might find compassion and respect to be absent. Figuring out how to respond to these situations becomes a big part of the process. Form a small group with your peers and complete the following process, discussing your findings and the implications for your future work.
Choose ONE of the two scenarios, and then respond to the respective discussion questions in ASL. If time allows, complete the discussion around both scenarios.

- SCENARIO 1: You are working with a team at an inpatient mental health facility. The Deaf patient, diagnosed with schizophrenia, is in the process of having her medications cleared out of her system and restarted. This triggers active hallucinations and self-injurious behaviors in the patient. This patient also tends to act in a flirtatious manner. On this day, the patient sits next to your team, a male interpreter, and communicates with him in a seductive manner. Your team chats with her for a few minutes, playing along until she touches him on the leg. He then looks at her with disgust and tells her she is being inappropriate for touching him and talking to him in a seductive manner. She becomes confused and then gets up and starts banging her head against the wall, prompting staff to call a code.
 - What went wrong here?
 - What can or should you do about your team's behavior?
- SCENARIO 2: You are arriving for your shift at the hospital, getting ready to switch with the interpreter who has been there all day. While you are walking into the room, you observe the other interpreter speaking, but not signing, to the nurse in front of the Deaf patient. The Deaf patient is developmentally disabled, and nothing seems to upset him. He is waving at the interpreter to get his attention, and the interpreter continues to talk with the nurse, holding his finger up indicating "wait a minute."
 - What is happening here?
 - What possible options do you have to address this?
- What are three or four strategies interpreters can use when working with individuals who exhibit atypical language? In a small group discussion, explore the application of these strategies to your own experience as an interpreter.
 - Discuss the factors that influence your decision to use each of the strategies and assess their effectiveness.
- Time is a critical asset for interpreters when interpreting for individuals who exhibit atypical language. Often, achieving an accessible and accurate interpretation requires additional time for negotiation and construction. In a small group, discuss strategies

interpreters can use to manage time when working with consumers who approach time differently. For example, doctors may have limited amounts of time due to other appointments that have been scheduled. What strategies work most effectively and why? When a strategy for managing the need for more time does not work, why? What options exist if an interpreter is confronted with “pushback” from the hearing consumer related to the amount of time that is needed to achieve an accurate and effective interpretation?

- Deaf individuals who exhibit atypical language sometimes struggle with shifting their orientation to space to establish their own Point of View (POV) from the interpreter’s representation. In a small group, discuss strategies for establishing Point of View (POV) from the interpreter’s perspective and how to assist a Deaf individual who struggles with the shift. What strategies can the interpreter use? Discuss the application of these strategies to your own work as an interpreter. When have they been applied successfully? When have they not? What factors contributed to both the successful application and the less-than-successful application?
- In a small group, discuss the use of props and acting out events as part of interpreting for individuals who exhibit atypical language. Discuss the factors that influence when to use a prop and which specific prop would be used, as well as the factors that influence when to act out an event. Discuss the appropriate time to incorporate the preferences of the Deaf consumer as part of the decision-making process. Discuss interpreting experiences in which the use of props and/or acting out an event have been applied successfully. What factors were involved? Discuss interpreting experiences in which the use of props and/or acting out an event were attempted, but not effective. Discuss the perceptions of why not and what could have been done to make their use more successful.
- In a small group, discuss what factors might impact an interpreter’s decision to use narrative/third-person narrative interpretation versus first person. Discuss instances in which narrative interpretation has been applied successfully and explore the factors that contributed to the successful application. Also discuss instances in which it should have been used, but was not, and discuss the implications. How might interpreters

practice this strategy as part of their ongoing professional development? How might they manage or address the reactions of colleagues who are unfamiliar or inexperienced with narrative interpretation when it is applied?

- Discuss the role of compassion in the work of interpreters. How can interpreters demonstrate compassion in a way that is respectful and supports the dignity of the consumers who are involved? How might interpreters demonstrate greater compassion for one another? How would greater compassion improve the way in which interpreters perceive each other and how they approach their work? What can an individual do to become a more compassionate person?
- In a small group, discuss boundary markers in ASL. What boundary markers are used within ASL? How do boundary markers contribute to cohesion within an interpretation? How do boundary markers contribute to overall message coherence? How effectively do you incorporate boundary markers in ASL? What evidence do you have that supports your observations about your level of effectiveness in creating message boundaries and message cohesion in your ASL interpretations? What factors influence your decision about which boundary marker to use during an interpretation? What can interpreters do to improve their awareness of boundary markers in ASL and their application during interpretation? What resources exist to support skill development in this area?

SMALL GROUP ACTIVITIES

ACTIVITY #1: INFORMED CONSENT

When working with individuals who exhibit atypical language, there will be situations - such as those in which major decisions are being made - where comprehension on all sides is critical. Provided there is no legal guardian or power of attorney involved, such situations include giving informed consent to a surgical procedure while understanding potential risks of said procedure; creating an advance directive; making a major purchase involving one's own money, etc. The following videos incorporate informed consent.

While viewing the video, visualize yourself as the interpreter and visualize the interviewer as a non-signing hearing person seeking informed consent. After assessing the individual's communication needs and considering the given scenario, answer the three questions below.

Video 1: <https://vimeo.com/445319026/8705b7425c>

- Scenario: The consumer is being asked to sign an advance directive document (a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor).

Video 2: <https://vimeo.com/445319009/7e276bcc6f>

- Scenario: The consumer is being asked to consent to a surgical procedure requiring general anesthesia and an indication that she understands the risks of the procedure.

Video 3: <https://vimeo.com/445333456/0fed176783>

- Scenario: The consumer is being advised to purchase a new furnace for his apartment due to a defect on the existing one. His case manager needs an informed consent signed to release the funds.

Then, during small group discussion, answer the following questions:

1. After assessing the Deaf consumer's language needs in your video, what observations have you noted that exhibit atypical language, if any?
2. What strategies, if any, would you use to obtain informed consent from the Deaf consumer?
3. Do you believe the individual is capable of providing informed consent in the given scenario? Why or why not?

ACTIVITY #2: APPLICATION EXERCISE A

Initially, you will engage in a four-part application activity. Afterward, you will share your interpreting sample with a peer, discuss your observations about the work, and reflect on the effectiveness of your sample and what you would do differently. The peer will share their work as well and you will provide feedback to each other.

Part 1: Instructions

1. CHOOSE ONE of three personas listed below as the person for whom you will interpret in Step 2 of this exercise.
2. CHOOSE ONE survey question listed below to interpret for the persona you chose in Step 1.
3. CHOOSE ONE process question listed below to answer about your experience.

[Environment: Member-driven day rehabilitation program for people who are receiving outpatient mental health services. Most live in some sort of supported residence. There are currently 20 hearing/non-signing members and 3 Deaf members.]

Part 2: Choose One Persona

Persona "A"

- Native signer with atypical language. 60 years old. Has CP. This affects sign articulation/production in ways such as:

- Range of motion is tight and close to their body, use of 2 digits (index and thumb) on each hand, a permanent head tilt, and intermittent use of NMM
- Use of signing space is reduced to a tight circle around each hand. Movement across space is either referenced or assumed, based on the context.
- Lives in a group home for Deaf people. Currently, due to a staffing upset, there is only one Deaf staff member and two hearing staff members who know about 30 signs each. "A" has IED (Intermittent Explosive Disorder), often triggered by frustration in communication. They appear agitated at the start of the meeting.

Persona "B"

- Individual who uses atypical sign language. 53 years old. Deaf from birth but born with CRS (Congenital Rubella Syndrome) during the Rubella epidemic of 1964-1965. "B" is also cognitively challenged. This affects their signing fluency in ways such as:
 - Language use being concrete, functional signs of daily living (maybe 100 actual signs) mixed with some gestures and home signs. Abstract thoughts possible to understand if made relatable to their experience. Use of props, like role-playing or images found online, are often helpful. Socially deprived as well, "B" has difficulty tracking conversations and turn-taking, and they begin nodding or rocking when they get lost in a conversation.
- Lives with sister who uses the same functional signs of daily living as "B", who has a spattering of signs, gestures, and home signs. Because of a glitch in the system, "B" was not diagnosed as cognitively challenged until after the age of 21, and therefore is not eligible to access MR/DD services (thus the placement in a day rehabilitation program that serves people with mental illness).

Persona "C"

- Individual whose sign language did not become atypical until they experienced a psychotic break a few years ago. 25 years old. Schizophrenic. This affects their signing when:

- They are more symptomatic and respond more to internal stimuli, which looks like they are talking to themselves, a window, or a corner of the ceiling. When this happens, their responses run together with their internal responses, requiring some parsing out of which response is meant for the “questioner” and which is meant for the internal stimuli to which they are responding.
- Lives in a group home for Deaf people and has a signing staff, half Deaf and half hearing. Only one or two overnight staff members have minimal use of signs.

Part 3: Choose One Survey Question to Interpret

[Purpose: State required housing satisfaction survey]

Using a scale of 1 – 5, with 1 being VERY DISSATISFIED, 3 being SATISFIED, and 5 being VERY SATISFIED, please answer [one of] the following question[s]:

1. Do staff or caregivers give you enough information about your care and available services?
2. Do staff or caregivers know what you like and dislike?
3. Do staff or caregivers offer you privacy if requested?

Part 4: Choose One Process Question

1. What additional information would benefit your interpretation?
2. What information about the interpreting process would benefit the non-signing participant?
3. Is there another way to set up and use signing space for this question?

Discuss your work and process with a peer. Share feedback regarding one another’s work.

ACTIVITY #3: APPLICATION EXERCISE B

Watch the following sample of atypical language, then answer the questions. Discuss your answers and overall observations with a peer and provide each other with feedback. Discuss what you learned from this exercise about your process and how your findings will impact your work going forward.

Video: <https://vimeo.com/445319023/b73f727b95>

Third Person Narration

- Choose a snippet from the video.
 - Write down the beginning and end timecode of the snippet you chose.
 - In ASL, demonstrate how you would use third person narration for the snippet you chose. (Don't forget to mention the beginning and end timecode you are referencing.)
- Here are some possible questions to guide your answer:
 - Does the Deaf person's atypicality of language present a challenge to your interpreting work? Explain why or why not.
 - What information is unclear to you, the interpreter?

Mirroring

- Choose a snippet from the video.
 - Write down the beginning and end timecode of the snippet you chose.
 - In ASL, demonstrate how you would use a mirroring technique to mirror back the Deaf person's signing for:
 - Clarification: are you clarifying a sign or concept?
OR
 - Confirmation: are you confirming a sign or concept? (Don't forget to mention the beginning and end timecode you are referencing.)

Process Questions

- How can you test your result?
- What missing or additional information would benefit the interpreting process?

REFERENCES

- Bown, S. (2013). Autopoiesis: Scaffolding the Reflective Practitioner Toward Employability. *CIT International Journal of Interpreter Education*, 5(1). Retrieved from <https://www.cit-asl.org/new/autopoiesis-scaffolding-the-reflective-practitioner-toward-employability/>
- Curtis, J. (2017). Supervision in signed language interpreting: Benefits for the field and practitioners.
- Dean, R.K., & Pollard, R.Q., Jr. (2001). Application of Demand-Control Theory to Sign Language Interpreting: Implications for Stress and Interpreter Training, *The Journal of Deaf Studies and Deaf Education*, Volume 6, Issue 1, Pages 1–14, <https://doi.org/10.1093/deafed/6.1.1>
- Dean, R. K., & Pollard, R. Q., Jr. (2005). Consumers and Service Effectiveness in Interpreting Work: A Practice Profession Perspective. In M. Marschark, R. Peterson, & E. A. Winston (Eds.), *Sign language interpreting and interpreter education: Directions for research and practice* (pp. 259–282). Oxford University Press.
- Dean, R. K. & Pollard, R. Q (2011). Context-based ethical reasoning in interpreting: A demand control schema perspective. *Interpreter and Translator Trainer*, 5(1), 155-182.
- Dean, R. K., & Pollard, R. Q. (2018). Promoting the use of normative ethics in the practice profession of community interpreting. *Signed language interpreting in the 21st century: An overview of the profession*, 37-64.
- Dean, R. K., & Pollard Jr, R. Q. (2022). Improving interpreters' normative ethics discourse by imparting principled-reasoning through case analysis. *Interpreting and Society*, 27523810211068449.

- Hetherington, Ali (2012) "Supervision and the Interpreting Profession: Support and Accountability Through Reflective Practice," *International Journal of Interpreter Education*: Vol. 4: Iss. 1, Article 5.
- Sharratt, M. & Usoro, A. (2003). Understanding knowledge-sharing in online communities of practice. *Electronic Journal on Knowledge Management*.
- Strong, M., & Rudser, S.F. (1986). The Subjective Assessment of Sign Language Interpreters. *Sign Language Studies* 53, 299-314. [doi:10.1353/sls.1986.0018](https://doi.org/10.1353/sls.1986.0018).
- Wenger, E. (2000). Communities of Practice and Social Learning Systems. *Organization*, 7(2), 225–246. <https://doi.org/10.1177/135050840072002>
- Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Boston, MA: Harvard Business School Press.