Research Presentation Transcript

Image description (ID): Official St. Catherine University PowerPoint Slide in purple and white. Text reads "Interpreting with DeafBlind People in Michigan. Mitch Holaly. Master of Arts in Interpreting Studies and Communication Equity Candidate".

ID: White male in 30's with black hair styled to one side, wearing a solid black polo shirt appears in front of a light grey background. Begins signing in American Sign Language.

Transcript (Mitch signing ASL): Hello, I am Mitch Holaly. I have worked as an interpreter for the past ten years in Flint, Michigan. My research is entitled, "Interpreting with DeafBlind People in Michigan"

ID: Screen becomes split between a video of Mitch signing on the left and various PowerPoint slides appear on the right side. The first slide reads "Introduction" and displays a vertical bar graph entitled "Qualified Michigan Interpreters". One bar indicates the total number of interpreters at 683 and the second bar shows the number of DeafBlind endorsed interpreters at 109.

Transcript (Mitch signing ASL): The impetuous of my research began with a simple question. In Michigan, specific legislation and accompanying rules define the requirements to be considered a qualified interpreter. In total, there are approximately 683 individuals who meet this definition (LARA, 2020). However, simply being qualified does not permit an interpreter to interpreter in all settings. Additional rules dictate setting specific requirements. For example, of the 683 qualified interpreters in Michigan, only a smaller subset of 109 interpreters maintain an additional endorsement that permits them to interpret with DeafBlind individuals (LARA, 2020).

ID: New PowerPoint slide appears still entitled "Introduction". It displays a section of the Michigan Administrative Code (2014). The text reads: R 393.5028 Special endorsements; deafblind; medical and mental health; legal. Rule 28. (1) Beginning 2 years following the effective date of these rules, an endorsement shall be required to interpret for a proceeding in any of the following environments; (a) Deafblind. (b) Medical or mental health. (c) Legal. (2) A qualified interpreter seeking deafblind endorsement at any level shall complete not less than .8 CEUs per 4-year cycle in the subject area of deafblindness, deaf persons with low vision, and interpreting as it relates to the needs of this population for endorsement involving a deafblind or deaf low-vison persons.

Transcript (Mitch signing ASL): The Michigan Deaf Persons' Interpreter Act and its administrative rules stipulate criteria interpreters must satisfy. One such requirement deals with endorsements of three specialty areas; legal, medical/mental health, and working with DeafBlind people (Mich. Comp. Laws, 1983, Mich. Admin. Code, 2014). Applicable to this research, the DeafBlind endorsement requires that over a 4-year cycle, interpreters submit proof of at least eight clock hours of training tailored to working with DeafBlind people (Mich. Admin. Code, 2014).

ID: New PowerPoint slide appears entitled "Literature Review". The first bullet reads "DeafBlind communities" with three sub-topics: language and communication, stigma, and organizations. The second bullet reads, "Interpreting with DeafBlind people" and has the sub-topics: interpreter education and supply and demand of interpreters.

Transcript (Mitch signing ASL): The research process began with a review of literature in two main areas, DeafBlind communities and the field of interpreting related to working with DeafBlind people. It is commonplace for people to refer to "Deaf, DeafBlind and Hard of Hearing people" as a large collective. Yet upon examination, one comes to understand that each one of these identities encompasses unique experiences as well as diverse sub-sets of communities. This means that interpreters don't work with all individuals that may identify as DeafBlind, but rather work with select DeafBlind communities historically tied together by a common language (Edwards, 2014, Wright, 2017). In Michigan, that language is American Sign Language in its various expressive and receptive forms or in recent years, the use of protactile language (Edwards, 2014, granda & Nuccio, 2018). Another link among comminutes is the various modes of communication leveraged, one example being haptic. Some academic literature explores the origin of the so-called DeafBlind community. This includes work regarding the idea that some individuals who were raised in environments that fostered a culturally Deaf identity, but later experience vision loss, deal with navigating a new identity (Edwards, 2014, Wright, 2017). This includes a hesitance to disclose vision loss to Deaf peers and attempt to "pass" as sighted (Wright, 2017). One DeafBlind individual explained the pressure to pass because others "don't want to take the perceived effort to communicate with [us]" (Wright, 2017, p.447). Interpreters often stigmatize DeafBlind individuals with remarks like "I don't do DeafBlind interpreting" or "I don't like all that touching". Some have theorized that this stigmatization of DeafBlind people, in its various forms, has brought DeafBlind people together in order to develop supportive communities of their own. While the term "audism" has been used to describe the oppression of Deaf individuals, the type of oppression perpetrated upon DeafBlind people is qualitatively different. Some have suggested using the hybrid term "vidaudism" to incorporate oppression based both on hearing and sight (Shariff, 2014). Another term, "distantism", refers to the privileging of distant senses (Clark, 2017). For example, whether communicating in spoken English or American Sign Language, interlocutors interact with physical space between one another and effectively prohibit an individual using tactile language from accessing their conversation. Yet another example of distinct DeafBlind communities is the fact that DeafBlind people form their own organizations, businesses and agencies.

Next, I examined how the field of interpreting has historically viewed working with DeafBlind individuals. Most of the literature points to a model of interpreters first gaining fluency in ASL-English interpreting and then learning modifications to that practice in order to accommodate DeafBlind consumers (Frankel, 2002; Jacobs, 2005; Petronio, 2010; Raanes & Berge, 2016). This approach is often referred to as the "specialization" of DeafBlind interpreting (Walker & Shaw, 2011). In 2001, the National Interpreter Education Project published "The National Curriculum for Training Interpreters Working with People Who Are Deaf-Blind" (Myers). The 369-page

curriculum included many modules and strongly encouraged the inclusion of DeafBlind people in the education of interpreters. In both 2008 and 2016, the curriculum was updated (Hecker-Cain, Morrow & Frantz, 2008; Hecker-Cain, 2016). Currently the federally funded DeafBlind Interpreting National Training and Resource Center (DBI) has the stated mission to "…increase[e] the range and number of culturally-competent and qualified interpreters and mentors" working with DeafBlind individuals (DBI, 2019). Lastly, literature regarding the supply and demand of interpreters was reviewed. In 2006, the Michigan government conducted a survey and study that used several data sources to extrapolate the supply and demand of interpreters (Public Policy Associates, Inc). A tabulated "consensus projection" estimated that the total Deaf, DeafBlind and Hard of Hearing population would be 45,859 in the year 2020 (p. 20). To satisfy the service needs of this population, it was projected that 1,200 interpreters would be needed. It is important to remember, that the current supply of interpreters in Michigan is roughly 683 (LARA, 2020). The Michigan government conducted a targeted census in 2019 to attempt to identify the number of Deaf, DeafBlind and Hard of Hearing persons living within the state (MDCR, 2019). This calculated the combined population of Deaf and DeafBlind residents to be 56,018, of which an estimated 10,000 identify as deafblind. It is unlikely that all of the roughly 10,000 deafblind residents work with interpreters and data was unavailable to calculate if the supply of interpreters is adequate relative to the geographic location in which deafblind residents live.

ID: New PowerPoint slide appears entitled "Methodology". The first of two main bullet points reads "Action Research" with sub-points "electronic survey" and "ethnographic interviews". The second main bullet reads "Researcher's Positionality". In the right half of the slide is a picture of a recruitment flyer used in the study. Two brown outlines of hands shaped like the upper and lower peninsulas of Michigan are placed on top of a green illustration of the state of Michigan. The state is on top of a tan and blue background representing coastal beaches and water. Along the bottom of the flyer (left to right): purple and white rose window logo of St. Catherine University. Mitch Holaly, mlholaly942@stkate.edu. Artwork by Amy Docter, adbluelover.7@gmail.com.Text reads: Qualified Michigan Interpreters…are you willing to complete a 10-minute survey to help a graduate student and colleague? Click the link below to find out more. Survey link: http://stkate.az1.qualtrics.com/jfe/form/SV_1HYM8duZubUlDrT

Transcript (Mitch signing ASL): The methodology employed in my study is "Action Research" (Stringer, 2014). Unlike observational studies that place researchers as experts, Action Research is participatory and centers the experiences of those involved. The researcher acts as a facilitator, recording data and then presenting it to those impacted for further feedback and their ideas for action steps moving forward. Action research is a localized form of systematic inquiry and is the reason that only interpreters in Michigan were involved in my survey. This allows for setting specific factors, such as Michigan regulations, to be effectively identified. However, the most important component of action research is the inclusion of the people most impacted by the research; in this case, DeafBlind Michiganders (Stringer, 2017). After data collection, the information is shared with DeafBlind communities for feedback and for input on future work. My study utilized two forms of data collection; an electronic survey of qualified Michigan interpreters and one-on-one ethnographic interviews. Interviews were individually

conducted with four participants from three separate stakeholder groups; DeafBlind endorsed interpreters, non-endorsed interpreters, and DeafBlind people who work with interpreters. Data from the survey results was used during the interviews to elicit participant input.

It is important to take note of the researcher's privilege and positionality in conducting this study (Harris, Holmes & Mertens, 2009; Kusters, De Meulder & O'Brien, 2017). I identify as a white cisgender male who is hearing, sighted, able-bodied/non-disabled. I am American born with my first language being English. At the age of eighteen I began learning American Sign Language and recently began to learn protractile language. These identities privilege me in spaces I most frequently encounter. Additionally, as an interpreter, I am privileged to earn a comfortable income using languages developed and maintained by Deaf and DeafBlind communities. Because of this work within the Deaf, DeafBlind and interpreting communities of Michigan, the researcher is likely privileged for greater access to potential research participants and to elicit authentic responses based on established relationships (Stringer, 2014).

ID: New PowerPoint slide appears entitled "Key Findings: Touch as a barrier". Figure 4.10. Bar graph titled: Q15: Factors that impact my decision to not currently work with DeafBlind consumers include: (select all that apply) Non-endorsed interpreters (n=81). Measured in percentage of respondents. No/insufficient training: 65%. Requires an endorsement: 51%. Little opportunity/few DeafBlind consumers in my area: 32%. Physical demands: 30%. My skills are in other areas: 30%. No need in my current employment: 22%. Not interested/Tried before, didn't like: 14%. Uncomfortable with tactile communication: 12%. Feel intimidated: 12%. No financial incentive: 10%. Scheduling conflicts/no time: 9%. Other: 6%.

Transcript (Mitch signing ASL): After collecting and reviewing survey and interview data several key findings were identified. First, during interviews the overwhelming majority of participants, interpreters and DeafBlind, reported that they believed an aversion to touch is a major barrier to interpreters working with DeafBlind people. Interestingly, survey data from non-endorsed interpreters who do not work with DeafBlind people indicated that only 12% of respondents considered touch as a factor to not engage in work with DeafBlind people. Among this subset of interpreters, all respondents indicated at least two other factors that impacted their decision not to interpret with DeafBlind people. The apparent conflict between survey data and interview data around the impact of touch positions it as a topic rich for additional inquiry.

ID: New PowerPoint slide appears entitled "Key Findings: Lack of training". Figure 4.10. Bar graph titled: Q15: Factors that impact my decision to not currently work with DeafBlind consumers include: (select all that apply) Non-endorsed interpreters (n=81). Measured in percentage of respondents. No/insufficient training: 65%. Requires an endorsement: 51%. Little opportunity/few DeafBlind consumers in my area: 32%. Physical demands: 30%. My skills are in other areas: 30%. No need in my current employment: 22%. Not interested/Tried before, didn't like: 14%. Uncomfortable with tactile communication: 12%. Feel intimidated: 12%. No financial incentive: 10%. Scheduling conflicts/no time: 9%. Other: 6%.

Transcript (Mitch signing ASL): The next finding relates to a topic that was most frequently referred to, training. Sixty-five percent of non-endorsed interpreters cited the lack of available training or that the available training was too elementary. Specifically, interpreters wanted more robust and context specific trainings for working with DeafBlind people in areas such as VRS, medical, and educational settings. Additionally, a desire for training regarding protactile (PT) and haptic were also frequently cited. While some interpreters could articulate the differences between PT and haptic, the majority could not or had never heard of one or both.

ID: New PowerPoint slide appears entitled "Key Findings: Low impact of ITP". Bar graph representing the exposure to DeafBlind interpreting during an interpreter training program. First column shows 91% of non-endorsed respondents had exposure during their ITP. Second column shows 71% of endorsed respondents had exposure during their ITP.

Transcript (Mitch signing ASL): Of respondents who attended an ITP, more non-endorsed interpreters reported having had exposure to DeafBlind interpreting during their training program than those respondents who are currently endorsed. This necessitates further inquiry, such as "What was the extent of exposure?", "Was a dedicated published curriculum utilized?", and "How can a program's structure foster students to engage in DeafBlind interpreting?"

ID: New PowerPoint slide appears entitled "Key Findings: Importance of relationships". Slide reads "'…they sort of become part of the community, and part of the family. Because that really is what it is; the DeafBlind community is a big family.'"

Transcript (Mitch signing ASL): Fourthly, interpreters who work with DeafBlind people repeatedly stressed the importance of having a relationship with a DeafBlind community or DeafBlind individuals. Interpreters used words such as "love", "cherish", and "adore" to describe their relationships with DeafBlind people. DeafBlind participants also mentioned the importance of relationships with interpreters, with one person describing DeafBlind people and the interpreters who work with them as a "big family". This means that if the interpreting field is interested in increasing the number of interpreters who work with DeafBlind people, opportunities for building a relationship with DeafBlind people must be fostered.

ID: New PowerPoint slide appears entitled "Key Findings: Increased physical and cognitive demands". Bar graph with two columns showing the percentage of respondents who believe some forms of DeafBlind interpreting are more physically demanding. Non-endorsed: 83%, Endorsed: 90%.

Transcript (Mitch signing ASL): Almost all interpreters and DeafBlind participants perceive interpreting with DeafBlind people as "harder". Most participants pointed to physical strain during traditional tactile interpreting, specifically in the shoulders. Increased cognitive demand on interpreters was mentioned when considering the addition of compensatory approaches such as conveying non-manual ASL features tactilely or relaying environmental information. Some interpreters baulked at framing the work as "harder" and preferred describing it as "different" or "complex". One DeafBlind individual described the work as "more involved". This

is important because if interpreters perceive interpreting with DeafBlind people as "harder", it may act as a disincentive to engage in this type of work. Additional research should be conducted to analyze the demands of interpreting with DeafBlind people and if there are proven mitigation strategies to reduce physical stress, especially during traditional tactile interpreting.

ID: New PowerPoint slide appears entitled "Key Findings: Supply & Demand". Line graph showing the reported average number of times endorsed interpreters work with DeafBlind people per month. Zero assignments per month: 27%, one assignment: 36%, two assignments: 6%, three assignments: 13%, four assignments: 4%.

Transcript (Mitch signing ASL): As previously discussed, it is hard to determine issues of supply and demand related to DeafBlind interpreting because we do not have precise data regarding the number of DeafBlind Michiganders. Both interpreters and DeafBlind participants overwhelmingly expressed a perception of an insignificant supply of interpreters. However, 82% of all endorsed interpreters indicated only working with DeafBlind people between zero and three times per month. This is an interesting contradiction between a perceived low supply but also a low demand. The researcher proposes using alternative approaches to further identity the demand of interpreters who work with DeafBlind people. Specifically, one could use data from interpreter referral agencies regarding the number of assignments with DeafBlind consumers are filled verses how frequently these types of assignments are requested.

ID: New PowerPoint slide appears entitled "Key Findings: Fulfilling a 'need'". Slide displays a quotation reading "' I didn't need to do DeafBlind interpreting…to fill my schedule, pay my bills and run my business in a way that works for me…but I think it's important to the Deaf community for me to have that endorsement as availability to the community.'"

Transcript (Mitch signing ASL): Some interpreter participants responded that at least part of the reason why they work with DeafBlind people is because it satisfied a "need". Individuals' framework of what that "need" meant differed. Some indicated that successfully fulfilling the need of communication facilitation between two parties made them feel purposeful in their work. Others cited the historic oppression of DeafBlind people from multiple perspectives and therefore felt it constituted a unique need for interpreters to deliberately work with them. Additional inquiry into the concept of "need" and interpreters' perceptions of DeafBlind people is necessary. This should include exploration of philosophical, theoretical, ethical, and moral positions.

ID: New PowerPoint slide appears entitled "Future research". First bullet: DeafBlind interpreting among targeted communities, which sub-bullets: Black/African American, Biracial/Multiracial, and Deaf interpreters. Second major bullet reads: Supply and Demand.

Transcript (Mitch signing ASL): The survey conducted for this research included a limited number of people who identify as Black/African American or as Biracial/Multiracial. It also did not include any interpreters who identify as Deaf. This means that additional targeted research

should be conducted among these populations to better understand how they work with DeafBlind people, how it compares to previously studied interpreter populations, and if there are any unique factors that impact their decisions to work with DeafBlind people. As previously mention, further research is needed to better determine the supply and demand of interpreters who work with DeafBlind people. This includes analyzing the current conventions of interpreting scheduling to determine their effectiveness and impact on DeafBlind people.

ID: New PowerPoint slide appears entitled "Limitations". Three bullets read: Michigan data only, No Certified Deaf Interpreters, and COVID-19 inhibited tactile interviews.

Transcript (Mitch signing ASL): Due to the fact that this study was conducted with participants only from Michigan, generalization of results to other areas cannot be assumed. Secondly, because there are currently none that reside in the state, no Certified Deaf Interpreters took part in this study. Lastly, the COVID-19 pandemic inhibited the researcher's ability to conduct interviews with DeafBlind participants via tactile communication and instead required that interviews take place virtually via video-conference software.

Reference slides appear on screen.

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