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Social Workers' Cultural Competency with Deaf Clients: A Continuing Education Module

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Social Workers' Cultural Competency with Deaf Clients:
A Continuing Education Module

By
Audrey W. Ulloa

A professional project presented to Western Oregon University
In partial fulfillment of the requirements for the degree of:
Master of Arts in Interpreting Studies

December 2014

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The undersigned members of the Graduate Faculty of Western Oregon University
have examined the enclosed thesis entitled:

**Social Workers' Cultural Competency with Deaf Clients:
A Continuing Education Module**

Presented by: Audrey W. Ulloa

A candidate for the degree of: Master of Arts, Interpreting Studies

And hereby certify that in our opinion it is worthy of acceptance in partial fulfillment of
the requirements for this master's degree.

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ABSTRACT

Social Workers' Cultural Competency with Deaf Clients: A Continuing Education Module

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Master of Arts in Interpreting Studies
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December 10, 2014

This project focuses on improving the cultural competency that social workers have with Deaf¹ clients. With few materials about the American Deaf community geared towards social workers, there may not be sufficient resources for social workers to develop the cultural competency necessary to provide the best services. It is important to understand social workers' perspectives towards and experience with Deaf people in order to assess the need for continuing education in the field. This study asks the question, what do social workers need to know in order to work with Deaf clients and interpreters?

The initial hypothesis was that social workers in Texas would have negative to neutral attitudes towards Deaf people, as a result of their lack of contact with that population. Social workers from Texas were recruited to participate in an online anonymous survey that included the Attitudes to Deafness Scale developed by Cooper, Rose, and Mason (2004). The results of the survey showed that social workers in Texas actually have neutral to positive views of the Deaf community. While it was not possible to identify a definitive reason why this might be the case, the overwhelming majority of social workers surveyed voiced a need for more training focusing on the American Deaf community. In response to the desire for increased knowledge of

¹ The designation "Deaf" is used to describe an individual who identifies as a member of a minority culture and uses American Sign Language as a primary language. The term "deaf" describes an individual who views their hearing loss in purely medical terms.

this population, a learning module for social workers was produced, which allows them to earn continuing education units.

Part I

Social Workers' Cultural Competency with Deaf Client

Chapter 1: Introduction

Background

Interpreters regularly work in a variety of settings where they come into contact with professionals who are working with the Deaf consumer in the same context. In order to increase the chances of a positive outcome for the Deaf person, interpreters should be responsive to the needs of both their professional colleagues and the environment. Other professionals must likewise work in conjunction with both the interpreter and the Deaf consumer, being sensitive to language preferences and cultural norms. When all parties are aware of their responsibilities and role in the environment, the ground is set for effective communication to take place (McDowell, Messias, and Estrada, 2011).

In my own experience as a professional interpreter, I learned about the job cultures of other professions as I gained experience in interpreting. Some colleagues acquired additional exposure to professional job culture from their interpreter education programs. However, in my experience working with professionals in fields such as medicine, counseling, social work, or psychology, I found that they have often not received specific information about how to work with Deaf individuals or use interpreters. Social work is one of the few professions that has a mandate from their code of ethics to provide culturally competent services to clients of varying backgrounds (National Association of Social Workers, 2008). In order to do that, social workers must educate themselves about the culture of their clients.

Problem

Because the Deaf community is relatively small in the United States, social workers may not come into regular contact with Deaf people. They may be ill equipped to understand and work with this unique population, and may not receive training on American Deaf culture or

American Sign Language as a matter of course. There is also a dearth of field specific training materials that providers may access in order to learn more about the Deaf community.

Likewise, if social workers do not receive training on how to work with ASL/English interpreters, they may be unaware of what constitutes the task of interpreting, and may not clearly understand the role of the interpreter in the interaction. Interactions with Deaf clients mediated by interpreters can become problematic due to this lack of awareness.

When I have worked with people unfamiliar with Deaf culture, it is often necessary that the Deaf consumer or I instruct them on how to appropriately interact with Deaf people. Much time and energy is spent on getting the participants up to speed for effective communication. If the professional does not make appropriate changes to accommodate the Deaf client, I do more work in mediating the interaction, and effective communication is either impaired or obstructed. Some of the most effective interactions are those with professionals who have sought to educate themselves on American Deaf culture and how to work with interpreters.

Purpose of the study

This project seeks to provide the field of social work with a resource on how to work with American Deaf people and interpreters, geared specifically to their profession. Because the Deaf community is small and there are few field specific resources to draw from, social workers often do not have access to the tools to educate themselves about the American Deaf community. The continuing education module for social workers produced in this project would provide them with introductory information on the Deaf community in the United States. The University of Texas' School of Social Work expressed interest in including this module in its list of continuing education offerings. It is the first in a series of modules that will be offered to increase cultural competency for social workers with Deaf clients.

Theoretical Basis

This continuing education module was created in response to the need for cultural competency in social work. Social workers have a diverse clientele, and they must provide services to those clients that take into account their cultural and individual differences. The National Association of Social Workers called a delegate assembly in 2008 to revise their code of ethics. One of the revisions included more specific language about cultural competency.

The revised code of ethics, section 1.05, Cultural Competence and Social Diversity, section c, reads, “Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability” (National Association of Social Workers, 2008). Because there is little continuing education offered about the American Deaf community tailored specifically to social workers, this project helps social workers with Deaf clients adhere to the ethical requirements of their field.

The learning module was designed using a grounded theoretical approach (Bernard 2011). Data collected from semi-structured interviews of several members of the American Deaf community was used to construct the module. Cultural themes emerged from the coded data. Those themes were used to design the content and layout of the continuing education module. Consistent with theory from the field of anthropology, this approach allows the input of members of the American Deaf community to be foremost in guiding the project’s development.

Limitations of the Study

This study has various limitations. An initial survey of social workers was done in order to determine their overall attitudes towards Deaf individuals. The survey was distributed through

email listservs and online social media sites to Texas social workers. Only people who had access to these media were able to participate. The respondents self-selected; in many of the comments they indicated that they took the survey because they already had some interest in or experience with the Deaf community. The survey could also have been distributed to social workers across the nation in order to get a more representative sample.

The survey instrument used was the Attitudes to Deafness Scale developed by Cooper, Rose, and Mason (2004). This instrument was created specifically for human service professionals working with Deaf clients, and asked for opinions regarding Deaf individuals and services they may receive. Many of the survey respondents indicated in their comments that they had a reluctance to answer the questions in any way other than neutral, because the standard in the field of social work is to consider the desires of the individual first when determining services. Social workers hold the professional value of setting their own opinions aside out of respect for the desires of the client. This may have prohibited obtaining the true feelings or opinions of some respondents.

Definition of Terms

The following are terms that are used in the paper:

Continuing education: education provided for adults after they have left the formal education system, consisting typically of short courses.

Cultural competency: an ability to interact effectively with people of different ethnicities, cultures, socio-economic backgrounds, disabilities, gender identities, or any other individual difference, which is particularly important to human service professionals who work with clients of varying backgrounds.

Deaf: used to describe an individual who identifies as a member of a minority culture and uses American Sign Language as a primary language.

deaf: an individual who views his or her hearing loss in purely medical terms.

Chapter 2: Literature Review

Problem Statement

People who are “functionally deaf” make up about 0.3% of the population in the United States, and people who use a signed language as a primary means of communication make up less than half of that group (Mitchell, 2005). This means that many hearing service providers have had few to no interactions with Deaf people who use a signed language. Many of them are unaware of the cultural differences of Deaf people and are unfamiliar with how to use interpreters (O’Hearn, 2006). Additionally, there is a dearth of skilled signers in many human service professions, which necessitates Deaf people using interpreters to access services from hearing providers (Brunson and Lawrence, 2002; Munro, Knox, and Lowe 2008; O’Hearn, 2006). Consequently, many Deaf people in the United States receiving social services or mental health services do not have the opportunity to interact directly with providers who use their native language, American Sign Language.

Social workers are required to learn about the cultures of their clients in order to provide appropriate services and to demonstrate respect. The National Association of Social Workers even includes cultural competency in their Code of Ethics. Standard 1.05, Cultural Competence and Social Diversity, part (b) says, “Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups” (National Association of Social Workers, 2008). This demonstrates a need for social workers, particularly those who work with Deaf clients, to learn about Deaf culture.

Despite the mandate to become educated on various cultures, social workers may not be aware that this is a need for Deaf clients. Without specific training, many professionals may not

be adequately prepared to work with Deaf individuals. The field of social work upholds that cultural competency will lead to improved outcomes for clients, but there are few interventions or curricula that identify areas that should be addressed in cultural competency with Deaf clients. This literature review will focus on what factors are associated with positive outcomes for minority clients. It will explore the relationship that exists between service provider, Deaf client, and interpreter, and what variables may impact that relationship. Finally, it will identify areas that should be addressed for social workers working with Deaf clients.

Cultural competency

There is an implicit accepted belief in many human service professions that culturally competent practice will improve the quality of care (Lie et al., 2010). However, it is unclear to what extent cultural competency actually improves outcomes for clients. Some scholars across different human service professional fields have done a review of the literature in order to determine what the effect cultural competence has on client outcome. Lie et al. (2010) reviewed the literature in the field of health care with the intent of finding direct evidence of this effect. The authors searched multiple scholarly databases for articles that focused on the relationship between cultural competency and patient outcomes published between January 1990 and March 2010. After independent reviews by two authors and a quality assessment, the authors identified seven articles that met design criteria that would indicate clear statistical findings. Lie et al. (2010) found that there was a trend for cultural competency to have a positive impact on patient outcomes, but cautioned that there are not enough high quality studies available to make a clear connection. They concluded with a suggestion for a new research design framework that would yield more robust results.

Griner and Smith (2006) attempted to look at the same relationship of cultural

competency and patient outcome in the field of mental health. They searched multiple scholarly databases and hand reviewed reference sections in order to find studies that focused on patient outcomes from culturally adapted interventions. A team of coders coded each article, and statistical information was collected on all the studies. The majority of the culturally adapted interventions consisted of simply trying to match patient and therapist ethnicity or language. Griner and Smith (2006) found that, “Overall, culturally adapted interventions resulted in significant client improvements across a variety of conditions and outcome measures” (p. 541). However, they found that therapist and client sharing an ethnicity did not have an effect on outcomes, but that sharing a minority language did have a positive effect. Also, clients who had low acculturation benefited the most from culturally adapted interventions. Griner and Smith (2006) additionally found that client satisfaction was an important component to outcome, and that, “When researchers make adaptations to mental health interventions that are based upon cultural considerations, they should subsequently verify that clients perceive the adaptations to be culturally appropriate” (543). These findings seem to suggest that client perceptions and involvement have an important role in the efficacy of cultural competent practice.

This idea is substantiated by the work of Lee (2011), who reviewed the literature in the field of clinical social work. Lee (2011) reviewed many articles in order to identify the constructs of cultural competency in the field and the different roles that it plays. She found that in many studies, cultural competency was seen to be relational, that is, its manifestation depended on the particular dyad of clinician and client. Cultural competency is seen as a dynamic process, and clinicians must strive to foster a positive working alliance with their clients. Lee (2011) said, “clinicians’ cultural competencies mediate the working alliance, which in turn has a significant impact on the treatment outcome” (p. 194). She cautions that simple descriptive methods of

teaching cultural competence, which are prevalent in the field, are not enough to improve outcomes. There must be a move to discussing authentic interactions with diverse clients.

Currently, there are not enough rigorous studies done in any human service field that would point unequivocally to cultural competence having a positive effect on client outcomes. The work of Lie et al. (2010) and Griner and Smith (2006) found that there seems to be a trend towards this type of positive effect in the fields of health care and mental health, respectively. Both suggest that more robust research is needed to determine the quality and scope of the effect. From the field of clinical social work, Lee (2011) found that the relationship created between clinician and client had a strong positive effect on outcomes for clients, and that the level of cultural competency of the clinician mediated the formation of the relationship. There seems to be a strong indication across fields that cultural competency is indeed important to client outcomes, but that further research and study is needed in order to understand and promote the most effective culturally competent practices possible.

Client satisfaction

Practitioners may strive to include culturally competent methods in their work, but findings seem to point to the ultimate importance of relationships that clients form with professionals. The development of trust for a professional, and client comfort and satisfaction is an indicator of intervention effectiveness (Griner & Smith, 2010). Studies that have looked at Deaf patients' level of satisfaction with interventions or interactions with professionals can be useful in understanding best practices for social workers.

Language barriers and poor communication generally lead to lower client satisfaction, both of which are more common for Deaf people. With this in mind, O'Hearn (2006) compared Deaf and hearing women's experiences with prenatal care. A survey was created and distributed

to both populations, and included questions about effectiveness of communication, satisfaction, and patient outcomes. Demographic information showed that 91% of the Deaf participants reported using sign language as their primary means of communication. O’Hearn (2006) found that on average, hearing women had more prenatal appointments, received more information from their doctors, had greater perceived doctor concern, and were more satisfied with their experiences than Deaf women. The survey found that 95% of Deaf women said they preferred to use a sign language interpreter, but only half were provided an interpreter some of the time. The Deaf women emphasized the importance of clear communication, and their satisfaction increased as their expectations for interpreting services were met. O’Hearn (2006) explains, “physician efforts to make communication effective cannot be readily distinguished from physician concern. Adopting more concern, especially where communication is involved with deaf patients, may well increase overall patient satisfaction” (p. 716). It seems that for professionals, ensuring effective and clear communication is important to building positive, caring relationships with Deaf clients.

Embracing the culture and language of Deaf people might be another factor in creating good relationships. The research team of Munro, Knox, and Lowe (2008) examined how constructionist therapy and reflecting teams, used typically in cross-cultural psychotherapy, might be effective in working with Deaf clients. The qualitative study was conducted at an Australian university teaching clinic with professional counselors who were enrolled as master’s students at the university. There were a total of eleven self-referred Deaf clients who attended sessions, but only two clients met the criteria for the study. The counseling session was an hour long, with three stages. In the first stage, the Deaf client, interpreter, and counselor began the session while a professional team watched through a two-way mirror. In the second stage, the

team moved into the counseling room to discuss the session while the Deaf client and counselor watched through the two-way mirror. In the last stage, the client and counselor discussed the reflections of the team. After the sessions, the counselor and team would perform peer supervision to increase understanding and competence in working with Deaf clients. When the intervention finished, the clients underwent an in-depth interview about their experience with the therapy method. The interview lasted approximately an hour, and was videoed and transcribed. Munro et al. (2008) identified five key themes based on the interviewees' experiences: the clients found the clinic to be a safe space to be open and honest, the reflecting team was useful, the overall experience of counseling was positive, understanding that Deaf culture is different than hearing culture is important, and that it was important to use the same interpreter and check for understanding throughout the session. Munro et al. (2008) propose that constructivist therapy with reflecting teams is a culturally and linguistically appropriate method for hearing therapists to use with Deaf clients. Clients emphasized the need for counselors and therapists to recognize that Deaf and hearing cultures are different, and felt more comfortable and happy with the outcomes when they did.

The work of O'Hearn (2006) and Munro et al. (2008) suggests that Deaf clients are more satisfied with treatment outcomes when their particular needs are recognized and respected as valid. Indeed, negative consequences for the client may ensue when those needs are ignored, such as when doctors know they should use interpreters, but do not. (O'Hearn, 2006). It is important that social workers give credence to the information that Deaf clients share about their needs if they seek to foster positive relationships with them.

The Effect of Provider Attitude on Services

Another factor that may affect the quality of the relationship between client and professional is the attitude that professionals hold towards Deaf people. Unfortunately, most service providers are only exposed to the medical model of deafness, and very few have an understanding of Deaf people's unique culture. The research team of Cooper, Rose, and Mason (2004) sought to identify particular questions that might indicate which model human service professionals ascribed to, and to produce a tool that would measure their attitudes about D/deaf people. In their qualitative study, six members of the Deaf community participated in a focus group in which they were interviewed about their experiences with hearing people's attitudes towards the D/deaf, and mental health professionals' attitudes specifically. The individuals in the focus group unanimously rejected the medical view of deafness, and stressed the need for hearing professionals to have more awareness of cultural issues. The researchers identified common themes from their comments and included attitude statements found in the literature, ultimately producing sixty items. Cooper et al. (2004) created a questionnaire with the sixty items measured on a Likert scale from one to six, and distributed it to 121 psychologists, ninety of whom responded. After an item analysis and outlier responses were analyzed, the researchers chose twenty-two items that were found to have a significant difference. Those items comprised the instrument, Attitudes to Deafness scale, which was found to contain internal reliability and content validity. It is designed to be used by all human service professionals.

The research team of Enns, Boudreault, and Palmer (2010) utilized the Attitude to Deafness Scale in order to evaluate genetic counselor's attitudes towards deaf people. The purpose was to examine possible bias in genetic counselors towards deafness, and how it might affect the counseling provided. Researchers recruited 179 participants, all trained genetic

counselors, from the National Society of Genetic Counselors' listserv. The participants completed an online survey in which they completed the Attitudes to Deafness instrument. The last section of the survey gave five different scenarios which participants were asked to read, and then offer their opinions on if the families should receive genetic counseling for deafness or not. They also answered questions regarding their comfort in discussing genetic testing for each family. The study used mixed methods, focusing on quantitative methods for collecting data from the scale and answers to the scenarios, and qualitative methods in analyzing counselors' personal feelings regarding the scenarios. Enns et al. (2010) found that most counselors felt that all families should be offered genetic testing, which falls in line with the philosophy of the field. More positive attitudes towards deaf people corresponded with higher comfort levels of talking about genetic testing with Deaf families, and more negative attitudes corresponded with lower comfort levels of discussing genetic testing. The comfort level of the counselor is important, because it has the potential to affect decisions that clients make. The researchers recommended that more research be done on the attitudes of counselors so that they might receive better training and more effectively serve the Deaf community.

Cooper et al. (2004) and Ennis et al. (2010) show that hearing professionals view deafness from a different frame of reference than do Deaf people. Lack of cultural awareness can lead to more negative attitudes about deafness, which may affect how services are provided. These findings seem to reinforce the need for increased cultural competence, not just for the goal of fostering relationships, but also for providing unbiased services.

Triad Dynamics

If social workers should strive to develop positive relationships with their Deaf clients, it is important to keep in mind that the presence of a signed language interpreter greatly impacts

that development. Deaf individuals who identify with Deaf culture and the Deaf community in the United States use American Sign Language as their primary language. This means that professionals who are not fluent in ASL must use an interpreter to communicate with their clients. With the presence of a third person, the dyad dynamics of professional and client become triad dynamics of professional, client, and interpreter. Understanding how this unique triad differs from the traditional dyad is key to navigating relationships successfully.

Interpreters play a key role in mediating cultural information between parties, and making linguistic decisions that affect group understanding. Unfortunately, much of this difficult work goes unrecognized by other professionals. The study done by McDowell, Messias, and Estrada (2011) highlights the problems that arise when professionals do not have a clear understanding of the responsibilities and demands placed on the interpreters they work with. McDowell et al. (2011) ran a qualitative interview-based study of twenty-seven medical interpreters in order to detail their experiences and perspectives. The participants were diverse in background and experience, with a mix of native and non-native English speakers, professionals who were formally trained and volunteers who had no training, and dual-role interpreters who were also health care workers. In their interviews, the interpreters all reported that the task of interpreting required negotiating relationships, constant multi-tasking, and great mental effort to process language. The work at hand involved multiple layers of demands, and split-second decisions. Interpreters stated a need to have a nuanced role to respond effectively to the demands of the interaction, and those who also functioned as health care providers felt stretched thin and experienced more conflict. The complex task of interpreting is exhausting but internal, so in general is invisible to other participants. The researchers found that the interpreters did not receive the professional, mental, and emotional support they needed. Providers had unrealistic

expectations of interpreters and often judged them harshly. In all, the interpreters in this study felt stressed, emotionally burned out, and exploited by other professionals. McDowell et al. (2011) recommend that specific policies and practice guidelines be established for interpreters, and that both patients and providers working with interpreters receive an orientation.

The work that interpreters do is complicated and varied. They may have many kinds of impact on the triad relationship, from influencing emotions to making decisions in management of information. With so much influence resting in the hands of the interpreter, developing trust between professional and interpreter is vital. A qualitative study done by Hsieh, Ju, and Kong (2010) analyzed provider-interpreter trust in the medical setting. The researchers used interviews and focus groups to identify characteristics of interpreter trustworthiness from both providers' and interpreters' point of views. Twenty-six medical interpreters with seventeen different language pairs, and thirty-two health care providers were recruited from the South and Midwest to participate in the study. There were four dimensions of trust that were identified: interpreter competence, shared goals, professional boundaries, and established patterns of collaboration. Providers saw interpreters who operated in conduit mode and who had more credentials to be more trustworthy. Providers considered interpreters to be part of their team and expected professional alignment. However, interpreters did not feel they were treated as equals, and often felt that patient care was a higher priority than rapport. Providers had more trust in interpreters when they stayed within the circumscribed role of conduit, but interpreters understood that their role must change at times to accomplish different goals, despite the appearance of untrustworthiness. Both interpreters and providers had a preference for working with the same person in order to adapt to one another's styles and maximize understanding and familiarity. Trust increased when that happened. Hsieh et al. (2010) advise that the trust dimensions should

be used as guidelines rather than firm rules, and that interpreters should be allowed to use their judgment on appropriate strategies and roles. They recommend that providers receive training on interpreters' roles and techniques in order to understand the interpreting process better, and that interpreters be as transparent in their choices as possible.

The triad dynamic that exists between interpreter, provider, and Deaf client is one that needs to be recognized and nurtured. Interpreters do not operate in a vacuum, but have direct influence on other members of the triad. This influence may be emotional, cultural, or linguistic. From the McDowell et al. (2011) article, it is clear that it is beneficial for other professionals recognize the work that interpreters actually do. That recognition may mitigate interpreter stress and frustration. Working with interpreters closely and understanding the nature of their work fosters trust between professionals and interpreters.

Implications and Conclusions

As the Lie et al. (2010) article suggests, there is still not a clear understanding about precisely how cultural competency affects outcomes for clients. However, because there is a notable connection between the two, it would be beneficial for social workers to pursue culturally competent practices. Recognizing what a community values is important to making meaningful connections. For Deaf people, breaking down communication barriers (O'Hearn, 2006) and recognition of their unique culture (Munro et al., 2008) are particularly important. In order to improve client satisfaction, social workers should seek to educate themselves on those issues. Culturally relevant materials should address those themes as well.

Because working with Deaf people often necessitates using an interpreter, it is imperative that social workers consider the impact of a third person in the dynamic. Professionals should aim to develop relationships of trust with interpreters in order to improve communication with

Deaf clients (Hsieh et al., 2010). Understanding how to effectively work with interpreters is part of the cultural competency requirements of working with Deaf people.

Cultural competency is not simply an exhaustive checklist of points to understand. It is a skill attained over time, and is best achieved in partnership and dialogue with members of the minority community (Griner & Smith, 2010). Social workers should not only look for materials and resources about the culture they wish to learn about, but also collaborate with their clients in the cultural adaptation of services.

Chapter 3: Methodology

Social workers are required to receive training in cultural competency for minority cultures, particularly those with whom they work. The mandate from the National Association of Social Workers' Code of Ethics should ensure that social workers are seeking the cultural knowledge they need to work with clients. Therefore, those who have previously worked with Deaf clients should have more knowledge of Deaf culture. However, there are little to no resources about the American Deaf community that are geared specifically towards social workers, so it is difficult to ascertain if the kind of information social workers receive about the Deaf community is beneficial or applicable to their work.

It is unknown how often social workers receive any kind of training on American Deaf culture, and how many of them have experience working with Deaf people or interpreters. If few social workers have knowledge of American Deaf culture, it would indicate a need to make more training materials available on this topic.

Measuring social workers' attitudes towards Deaf people can provide more insight into the amount of contact they have had with that group. Allport's (1954) contact hypothesis claims, "Prejudice (unless deeply rooted in the character structure of the individual) may be reduced by equal status contact between majority and minority groups in the pursuit of common goals. The effect is greatly enhanced if this contact is sanctioned by institutional supports" (281). This would suggest that social workers who have worked with Deaf peers or coworkers would have more positive attitudes toward Deaf people in general. While this might be true, it doesn't necessarily mean that social workers who have provided services to Deaf people would have a more positive view towards them. However, more recent research by Pettigrew and Tropp (2000)

that applied the contact hypothesis shows that almost any kind of contact between groups correlates strongly with reduction of prejudice (p.109). From their work, we can surmise that those who have had contact with Deaf people would have a more positive attitude towards them than those who have had no contact with Deaf people.

In light of the work of Pettigrew and Tropp (2000), it cannot be definitively stated that social workers with more positive attitudes towards Deaf people would have had more contact with them or more direct knowledge of that group. However, it can be inferred that social workers who have neutral to negative views of Deaf people typically would not have had regular contact with them. It can therefore be hypothesized that survey respondents who hold overall neutral or negative views of Deaf people would need to gain knowledge of that population in order to provide culturally competent services. The results of the survey and implications will be discussed in chapter 4.

Design of the study

This project was developed in two phases, an initial survey of social workers to determine the need for additional resources on cultural competency, and the production of the continuing education module. The information obtained from the survey was used to verify the relevance of themes discovered in the second part of the project.

In order to discover the attitudes that social workers hold towards D/deaf people and their experience using interpreters, An anonymous online survey was created that included demographic questions and the Attitudes to Deafness Scale developed by Cooper, Rose, and Mason (2004). The survey was administered through Survey Monkey and distributed through the National Association of Social Workers, Texas chapter's main email list, along with a smaller regional chapter email list. Two social work programs from public universities in Texas agreed

to post the survey on their Facebook pages, as did three regional chapters of the National Association of Social Workers, Texas.

Survey participants

Participants who completed the survey were members of the National Association of Social Workers, Texas chapters, or college graduates who had connections to social work alumni groups of Texas public universities. There were a total of 60 surveys. Five respondents who were not licensed social workers and who were not practicing in the field of social work were excluded. Two respondents who submitted demographic information but did not answer subsequent questions were likewise excluded.

Participants included in the study were all located in Texas, and ranged in age from 18-65 and older. They had a variety of years of experience in social work, different experiences working with signed language interpreters, and came from diverse educational backgrounds and ethnicities.

Survey questions

The demographic questions of the survey focused on basic characteristics of the social workers, such as age, ethnicity, gender, and years of experience practicing in the field of social work. The survey also asked participants to identify whether or not they were members of the American Deaf community, and to state how much experience they had working with interpreters.

The main part of the survey was consisted of the Attitudes to Deafness Scale (Cooper et al. 2004). This instrument was developed in partnership with members of the British Deaf community with the primary purpose of assessing the attitudes of human service professionals towards Deaf people. The scale is made up of twenty-two statements, each of which implies an

underlying positive or negative attitude toward the population. Participants in the survey were asked to respond to the statements with their level of agreement with the statements based on a five point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree’. Their answers would indicate a positive, negative, or neutral attitude. The instrument has established internal reliability and content validity based on the item generation and selection process that the researchers employed (Cooper et al., 2004). All survey questions, including demographic questions and the Attitude to Deafness scale, are included in Appendix A.

Data analysis procedures

The data from the surveys was collected and organized through Survey Monkey, an online survey engine used to collect survey responses. The respondents’ attitude to each prompt was compiled to find an overall attitude score for each individual. An aggregate attitude score for the entire group of respondents was obtained by compiling individuals’ attitude scores. Additional statistical analyses were run in order to find correlations between different variables. The aggregate attitude score for the group was used to determine the viability of a continuing education module on American Deaf culture geared specifically towards social workers. Additional comments provided by respondents helped pinpoint various relevant topics for the module and corroborated the desire for more learning materials about the Deaf community.

Chapter 4: Results and Discussion

Respondent demographics

A total of 60 responses were received from the online anonymous survey of social workers in Texas. Of those respondents, 80% were licensed social workers, and 85% were current practitioners in the field. They were overwhelmingly women; 93% identified as female. The most represented ethnicity was white, with 68% identifying as such. The next largest ethnicity was Latinos, who made up 18% of the respondents. The remaining respondents identified as various other ethnicities, all in small numbers. All ages from 18 to 65 and older were represented fairly evenly.

The majority of the respondents, 70%, held a Master's degree as their highest degree. Most of the social workers surveyed did not have a disability. Only 15% of respondents reported having a disability, and of those, 50% reported having a physical disability. 93% of the social workers identified as a hearing person, or a person without a significant hearing loss.

Data analysis

After the responses were collected from Survey Monkey, respondents who did not complete the entire survey were removed. Participants who were not currently practicing in the field of social work, and who were also not licensed social workers were also excluded. Each individual's composite attitude score based on their responses to the questions from the Attitudes to Deafness Scale was then calculated.

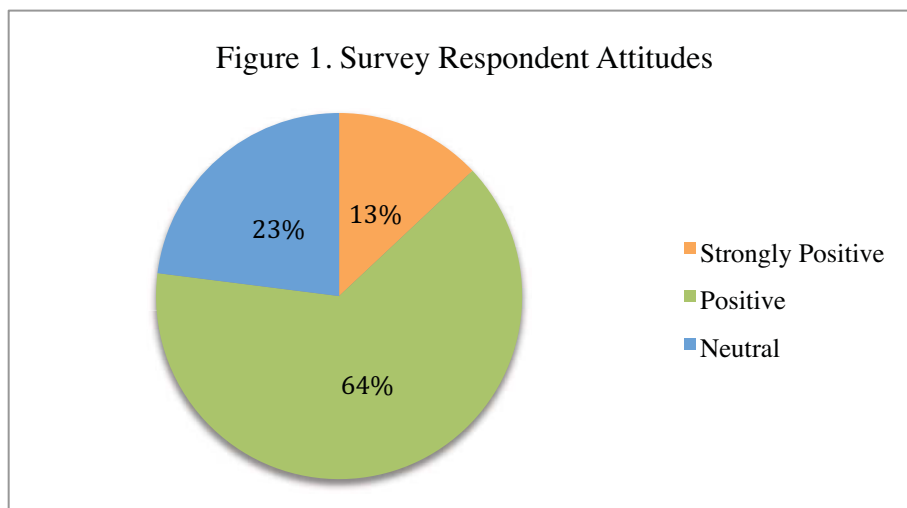
The questions from the instrument fell into one of two categories, positive or negative attitude towards Deaf people. Agreement with a question indicated either a positive attitude or a negative attitude for that question. A number value for each five point Likert scale response was

initially assigned, from -2 for strongly disagree to +2 for strongly agree. The response scores for each person were totaled in both the positive attitude category and the negative attitude category. A scale from -100 to +100 was created in which +100 indicated the most positive attitude possible, and -100 indicated the most negative attitude possible. The raw scores in the negative attitude category and the positive attitude category were then normalized to the scale. At this point, each respondent had a negative attitude score and a positive attitude score. The two scores were averaged to find the person's overall attitude score.

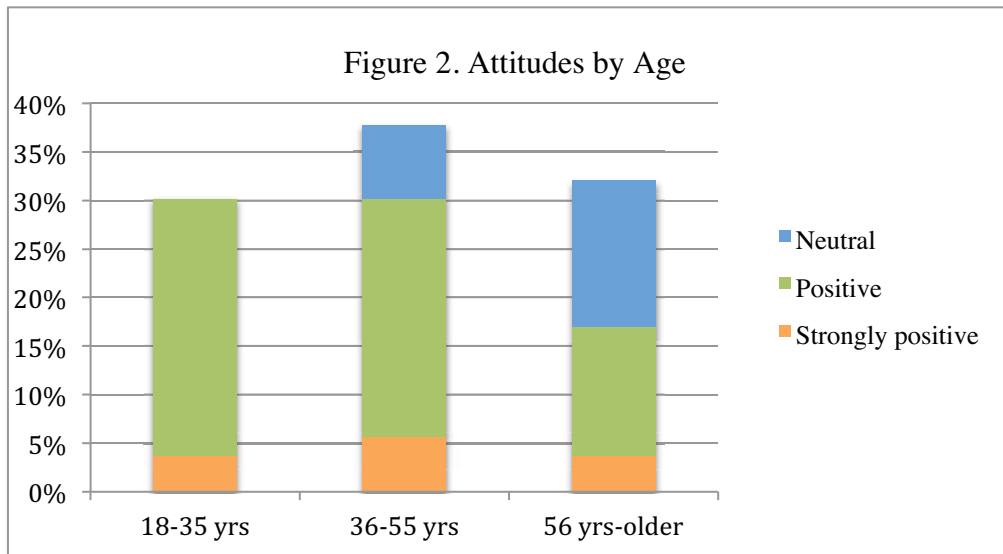
The scores were grouped from -100 to +100 into a range, and attitude values were assigned to each range of scores. The attitude values were: strongly negative, negative, neutral, positive, and strongly positive. Individual respondent scores were then placed into their corresponding groups in order to see the attitudes held by the entire group. Individual scores were compared against other variables to look for patterns in attitude.

Results

In all, the social workers' attitudes towards Deaf people were overwhelmingly positive. 13% were strongly positive, 64% were positive, and 23% were neutral. There were no negative attitudes found for any respondent.

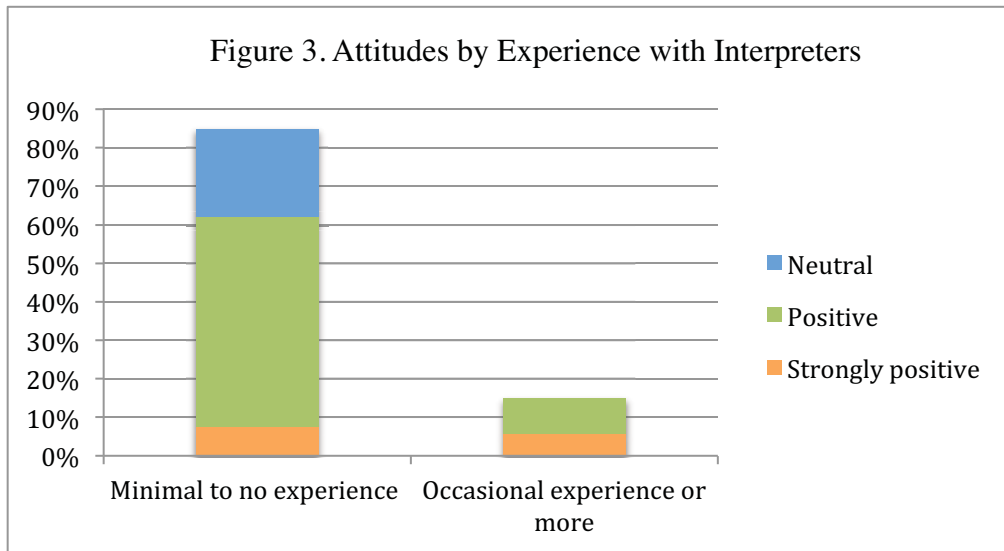


Individual attitudes were also analyzed to see how they were affected by level of education, ethnicity, age, years of experience, hearing status, and disability status. There was no correlation found between level of education or ethnicity and attitude. However, age was correlated with attitude (See figure 2). Respondents 35 years and younger had only positive or strongly positive attitudes; no one in that age category that had a neutral attitude. Of the group of respondents 56 years and older, half of them held neutral attitudes. Additionally, of all the neutral attitudes identified, 67% of them were held by people 56 years and older. Years of experience seemed to have a similar trend, but the categories were not as discrete as those sorted according to age. All individuals who identified as either Deaf or Hard of Hearing had a positive attitude score. Of all the individuals who reported having a disability, 75% of them had a positive attitude score.



Attitudes of the respondents were also compared with their experience with interpreters. 85% of individuals had minimal to no experience working with interpreters, which means that they had contact with interpreters in the workplace 1-2 times a year or less. The remaining 15%

had at least occasional interaction with interpreters, meaning once every 2-3 months or more, and all of their attitudes were positive or strongly positive.



When asked if Deaf people have their own culture, 85% of the respondents agreed or strongly agreed that they did. In response to the statement that training more professionals to work with Deaf clients would be a waste of time, 96% disagreed or strongly disagreed.

Discussion

The respondents to the survey overwhelmingly had positive attitude scores towards Deaf people. The lowest scores were neutral. This could possibly be explained by the nature of social work and the values that the field holds. Social work exists to provide services to individuals in need of support, often those who are marginalized or vulnerable. Social workers strive to value the individual and withhold judgment, which may explain the lack of negative attitude scores. Several respondents in the comments section mentioned that they were not able to give an informed opinion about the Deaf community in response to many of the questions, because each individual would have different needs and would merit a different response. Others who

responded neutrally said that they did so because they did not have enough information about the community to form an opinion.

An additional explanation of the neutral to positive attitude scores may be that many of the survey participants were self-selected. Some of them mentioned in the comments that they had had previous experience working with Deaf people, or had a particular interest in the population. A larger pool of respondents may have yielded a different score distribution.

An important point to note is that each respondent's attitude score was an average of an overall positive score and an overall negative score. This pushes aggregate scores towards the middle rather than preserving the original differences. A more fine-tuned and detailed analysis would have been possible if an individual's two scores were viewed separately. However, because the goal was to look for larger trends within the group of practitioners, an average of the two scores was a sufficient indicator.

A correlation between age and attitude scores was found. Those who were 35 and younger had only positive or strongly positive attitudes, while the number of neutral responses was the greatest in the 56 and older group. This could possibly be explained by a more idealistic attitude in younger social workers, as well as the increasing likelihood of burnout as social workers age. It could also be a generational difference. In the 1990s, there was an increase of the number of high schools and universities offering ASL as a foreign language, and ASL and Deaf culture has been experiencing a rise in popularity in recent years. There is a greater chance that younger social workers would have been exposed to ASL or Deaf culture in school or through popular culture, which would possibly promote a more positive attitude towards Deaf people. The correlation between attitude and years of experience was not as clearly defined. While there

did seem to be some relationship between years of experience and attitude, it was likely due to the mediating variable of age.

There was also a relationship found between attitude score and hearing status, and attitude score and disability, but the number of respondents in those categories was so few that it is not possible to make a determination about potential effects.

Interaction with interpreters was a good indicator of attitude. The respondents who had occasional or greater interaction with professional interpreters had the highest attitude scores as a group. Although there were individual respondents who had both minimal experience with interpreters and a strongly positive attitude score, there was a definite trend between more experience with interpreters and a higher attitude score. This suggests that although working with interpreters may not be necessary to develop positive attitudes in practitioners, it might help foster positive attitudes in those that may otherwise have had neutral attitudes.

85% of respondents agreed that Deaf people have a distinct culture. Again, this may be due to the rise in popularity of Deaf culture and language, and an increasing awareness in the hearing community. It could also be explained by respondent self-selection; those who were already familiar with Deaf culture would be more likely to take the survey. However, a few respondents mentioned in the comments that although they did know that Deaf people had their own culture, they did not know what that culture entailed. Perhaps there is a general awareness in the hearing community that Deaf culture exists, but there is a lack of specific knowledge of what it is. That may be an explanation of why 96% of the respondents said that it would be worthwhile to train more professionals to work with Deaf clients. Social workers also have a strong push within their field to learn about other communities' cultures. In any case, that response was a strong mandate to develop the module.

Chapter 5: Development of the Module

This module was developed to respond to a need for materials to help social workers develop cultural competency with Deaf clients. Although a correlation has not been clearly established between cultural competent practice and positive outcomes of clients, there is enough evidence from research to determine that there is a connection between the two (Lie et.al, 2010). The goals for cultural competency for social workers listed in the National Association of Social Workers' code of ethics (National Association of Social Workers, 2008) were a basis for drawing out the desired outcomes of the module. Specifically, the module seeks to increase social workers' understanding of American Deaf culture and issues that are unique to Deaf people living in the United States.

The module was developed using grounded theory, with data collected from community members' perspectives. Bernard (2011) explains the approach of grounded theory as: "Discovering pattern in human experience requires close, inductive examination of unique cases plus the application of deductive reasoning. Grounded-theory is a set of systematic techniques for doing this" (p. 435). Using the data gained from interviews with Deaf community members, various themes were identified. Those themes were validated by an independent review of the literature, and from the researcher's own prolonged engagement in the American Deaf community as an ASL interpreter. The responses from the survey of social workers helped confirm which themes were of more importance to practitioners in the field. The content put forth in the module was fact checked before final editing by Deaf community informants who did not participate in the interviews.

Topics from the literature

There is little research on social workers' relationships with Deaf clients or their relationships with ASL/English interpreters. However, the literature on human service professionals' interactions with interpreters of both signed and spoken languages, along with the literature on human service professionals' relationships with Deaf consumers provided considerable information in establishing what content would be useful to social workers.

Service providers do not often understand the function and role of the interpreter in an interaction, nor do they understand the work that is entailed in interpreting (McDowell et. al, 2011). There is also a general lack of understanding of the language of Deaf people, and the particular need for ensuring good communication with that population (O'Hearn, 2006).

Although the survey of social workers did show that the majority of respondents were aware that Deaf people did have a unique culture, several of them mentioned that they were unaware of what constituted that culture. There is evidence that explaining the differences in hearing and Deaf cultures leads to more satisfaction in Deaf consumers (Munro et. al, 2008). Finally, the literature showed that there was a concern with the handling of sensitive information through interpreters, and with impairment of communication through a third party (Brambërg and Sandman, 2013).

With this information in mind, three broad categories of content were determined: American Sign Language and Deaf culture, the logistics of working with interpreters, and ethical considerations of working with Deaf clients and interpreters. For the purposes of narrowing those parameters to fit this project, the first topic of American Sign Language and Deaf culture was chosen as a focus. The remaining two topics are set for further development into future modules that will be companions to the first.

Topics from the interviews

Culturally competent practices have been found to be more effective when members of the culture in question have input on what cultural information is most appropriate to learn (Griner and Smith, 2006). To this end, a main source of data came from informants from the Deaf community. Several semi-structured interviews of American Deaf people were conducted over the course of two months. Deaf community members were identified through social networks and chosen based on their personal background and specific knowledge areas. An effort was made to select participants from different genders, ages, ethnicities, educational experiences, and levels of audiometric hearing loss. However, three community members who accepted an interview invitation were ultimately unable to participate. This impacted both the total number of interviews collected, and the overall representativeness of the interviews. Though there were fewer total interviews completed, a smaller group of interviewees allowed for more in-depth examination of relevant issues. Consequently, there were strong thematic connections made among interviews, which the researcher believes accurately depict aspects of American Deaf culture pertinent to cultural competency. A translation of the interview questions used can be found in Appendix C.

After the interviews were conducted, they were transcribed, translated, and then coded. The coding was done using the pile-sorting method, described by Bernard (2011) and common to qualitative data analysis in the field of anthropology (p. 431). Quotes from each interview were chosen which represent important ideas within the data. Similar quotes were then sorted into categories or groups, and an overarching theme was identified for each category. The themes that emerged from the interview data informed the tripartite structure of the module.

Creating the module content

There were originally two content sections identified: American Sign Language and American Deaf culture. However, it became apparent that many references in the culture section such as educational practices or communication philosophies would not be clear without an explanation of their historical backgrounds. It was also important to root American Sign Language in its historical context as a minority language of an oppressed people before describing its attributes. To these ends, an opening section about the history of the American Deaf community was added that incorporated some of its most significant events. This section was developed by drawing from articles, history books, and well-known anecdotes from the Deaf community.

The interviews of Deaf community members were used to create the section on Deaf culture. The module notes that the section was not an attempt to create an exhaustive list of cultural attributes, but rather to provide a window into the experiences of Deaf people living in the United States. Interviewees' comments were grouped according to category, and arranged and edited to display particular insight into important aspects of American Deaf culture. There were six major themes that emerged from the interviews: preference for the visual, belonging to a community, acceptance of diversity, formation of identity through language, relationship with the hearing world, and overcoming barriers. A total of fourteen sub-themes were found within these major themes. The video addressed each of the six themes, and included a brief explanation that provided context or clarification preceding each group of interviewee comments. Two members of the Deaf community who did not participate in the interviews conducted independent reviews of the explanatory sections for accuracy.

The section on American Sign Language and communication systems addresses common misconceptions of Deaf people's language and communication; the linguistic characteristics of American Sign Language; and the various other ways that Deaf people may communicate. This section focuses on information that will help social workers better understand the variety of communication strategies in the Deaf community, and communicate more effectively with Deaf clients directly. It also provides the necessary background information for understanding the linguistic work that interpreters do, a topic that will be covered in a subsequent module. The portion of the module focusing on linguistics was created with the help of a Deaf linguist who also reviewed the final content for accuracy. Whenever possible, the language models for the communication systems were individuals who had experience using those systems.

Production and editing of the module

The scripts for each section of the module were checked by Deaf informants for accuracy, and by hearing informants for intelligibility for a novice hearing audience. Storyboards for each section were created for ease of video editing. Public domain and free license videos and images were used in the production. Narration was recorded for the script, with the exception of the instances in which Deaf community members shared their comments. In these cases, the Deaf individuals are presented without a voiceover, in order to highlight the Deaf perspective. English translations of their comments are provided in subtitle. This also encourages viewers to use their eyes instead of their ears to gather information, as Deaf people do. The entire module is presented with open captions, so that viewers might understand how D/deaf viewers access video and film.

A video production company that specializes in content for Deaf and signing viewers did the video editing of the module. The production company's staff is comprised of ASL

interpreters who were able to accurately edit the video of the Deaf community members and correctly align the English captions with the ASL comments. The resulting module is informational for hearing viewers, and visually harmonious for Deaf viewers.

Chapter 6: Summary and Recommendations

There is a need to provide social workers with culturally relevant materials for continuing education that focus on the American Deaf community. Very little is known in the literature about social workers relationships with Deaf clients or interpreters, but there is evidence to suggest that increased cultural competency with a particular group would improve outcomes for clients from that group.

An anonymous online survey of social workers in Texas yielded an expressed desire for more training of professionals in order to work with Deaf individuals. Most social workers were aware that Deaf people have a distinct culture, but were unsure about what that culture was. Results from the survey showed that on the whole social workers tend to have positive attitudes towards Deaf people. However, increased exposure to the American Deaf community and increased familiarity with how to work with interpreters may influence more positive attitudes in practitioners.

The continuing education module was designed in order to meet the need for increased cultural competency with Deaf clients. The themes included were drawn from both issues in the literature and data collected from interviews with members of the American Deaf community. The module focuses on the perspective of social workers, and is intended to provide information that can be incorporated directly into practice.

The module may be used as a stand-alone piece, but will be most effective when viewed as the first of a three part series. Each subsequent continuing education module builds on the content and competencies of the previous one. It will be important to make the modules available as a series to be viewed in order, rather than separate videos.

There is a need for more research that focuses specifically on social workers' relationships with Deaf clients, as well as with ASL interpreters. It would be beneficial to investigate which factors lead to more positive outcomes for Deaf clients, including any effects of cultural competency training. There is also a need to determine what kinds of training materials and workshops available to social workers about the American Deaf community are the most effective in building cultural competency.

Part II

The American Deaf Community: History, Language, and Culture

A Continuing Education Module

Transcripts of the Module

The transcripts of each of the three sections of the module are presented here with their references immediately following. All auditory information has been transcribed, and the placement of supporting videos is noted within the text. It is not possible in this format to present the visual information that appears in the module. However, because the images and videos in the module provide important context, examples, and supplementary instruction, it is not recommended that the transcripts be used as a substitute for the actual module. The module in its entirety is available through the continuing education website of the University of Texas' School of Social Work. The website may be accessed at

<https://utaustinsocialworkceu.org/index.cfm?pg=semwebCatalog&panel=browse&ft=SWOD>.

Part A: History of the American Deaf Community

The history of the American Deaf community, like histories of other peoples, is complex and diverse. There are books and films devoted exclusively to Deaf people's history and the various viewpoints it encompasses. While it is not possible to incorporate every aspect of this community's collective experience here, this section attempts to include some of the most important historical events that will help viewers better understand Deaf people living in the United States today.

Historians trace the origins of the American Deaf community to the establishment of the American School for the Deaf, the first permanent school for the Deaf in the United States. Thomas Hopkins Gallaudet, a hearing educator, responded to a need to provide education for deaf children, and established the school in Connecticut in 1817. Signed language was chosen over spoken language as the method of instruction. Gallaudet travelled to Europe in order to find a lead instructor for the school. He returned to the United States with Laurent Clerc, a Deaf man from France, who agreed to be the head instructor.

Clerc taught the students in French Sign Language, his native language. However, modern American Sign Language, also referred to as ASL, is not understood by signers of modern French Sign Language. There is much evidence to suggest that American Deaf people were already using their own signed languages to communicate before the school was established, and that modern American Sign Language is in fact a blending of these native languages with French Sign Language.

There are early accounts in American history of deaf settlers, deaf Native Americans, and deaf immigrants who used signed languages to communicate. They were often integrated into

their communities and had varying levels of education. There were large Deaf communities in Henniker, New Hampshire, and Sandy River Valley, Maine. But perhaps most notably, the island of Martha's Vineyard was home to an exceptionally large Deaf population that experienced few language or social barriers in their society. One out of every 155 people on the island was Deaf. Due to this high incidence of deafness, the majority of both hearing and Deaf people on the island was competent in Martha's Vineyard Sign Language.

When the American School for the Deaf was established in 1817, it drew deaf pupils from all over the northeastern United States. The largest group of students came from Martha's Vineyard. The second largest group came from Sandy River, Maine. The students' native signed languages mixed with French Sign Language, giving rise to American Sign Language.

As Deaf people began to be educated together, they created a common language and shared a way of understanding the world. Schools for the Deaf were crucibles of culture that passed down tradition, knowledge, and language. Students who graduated from the American School for the Deaf went on to teach at other schools for the Deaf that were opening across the country. They brought ASL with them. As the language spread across the United States, it helped unify Deaf people from diverse regions. Through the common experience of being Deaf and the language of ASL, American Deaf culture began to emerge.

Just as American Deaf people began to make connections through a shared language and feel a sense of collective identity, an important event occurred that would disrupt this cultural movement. In 1880, the Second International Congress on Education of the Deaf met in Milan, Italy, to discuss recommendations for educating deaf people worldwide. This group of hearing educators concluded that speech was superior to signed language, and therefore signing should be prohibited in the education of deaf people. The Congress decreed that deaf children should be

taught to speak, read lips, and use as much residual hearing as possible. This approach to educating Deaf people is called 'oralism'. They advocated using oralism exclusively, without including any techniques from the philosophy of manualism. Manualism is teaching deaf children by means of a signed language. Only a handful of representatives who adhered to the philosophy of manualism voted against the resolutions. They were passed by an overwhelming majority.

The resolutions passed in Milan impacted deaf education and the lives of deaf people in countries throughout the world. The primary goal of educating Deaf people was no longer to improve their minds, but to teach them to speak. Deaf teachers were not considered qualified to teach, despite years of experience, because they could not speak and hear. They were fired from schools for the Deaf and replaced with hearing teachers who had little experience teaching Deaf students.

Deaf children no longer had access to ASL, a language they could acquire quickly and naturally. Instead, they struggled to learn spoken English, a language that they had limited access to. Signed languages were stigmatized, and Deaf children were physically punished for signing at school. Hearing people began to view signing as animalistic. Consequently, Deaf people who signed were considered to be inferior and unintelligent. Signing Deaf people were barred from educational planning, participation in government, and from practicing many professions. Deaf people on the whole were denied a full and equitable role in society. The Congress that met at Milan in 1880 had an incredibly far-reaching impact on the American Deaf community. 'Milan' is a continuing battle cry for Deaf people, as its negative effects are still felt today.

As this cultural shift gained momentum, signing Deaf people were distraught at the direct attack on their language and culture. They pushed back against the idea that they were inferior

or undesirable. The National Association of the Deaf, or NAD, was established in the United States in 1880 as a way to advocate for Deaf rights. With the passage of the resolutions of the Milan Congress, great numbers of American Deaf people joined the NAD in order to fight for their threatened language. The Deaf community feared that the shift to oralism in education put ASL in danger of extinction.

George Veditz was an influential Deaf leader and the seventh president of the National Association of the Deaf. He was among those who felt that the Milan Congress of 1880 led to detrimental educational practices for Deaf children, and helped lead the battle to preserve American Sign Language. With Veditz as their president, the NAD made a series of films, which was a new medium at the time. The films sought to document American Sign Language for future generations. The NAD's project, "Preservation of Sign Language," is one of the treasures of the American Deaf community today. In this clip, Veditz talks about capturing signs on film.

[Veditz clip]

Part of the reason that oralism gained such ground in education of the Deaf was the increasing popularity of the philosophy of eugenics. Eugenics is the attempt to improve the human race by controlling which groups of people are allowed to reproduce. The eugenics movement became popular in the United States and Europe in the early 20th century. Hearing people saw deafness as an undesirable trait, and wanted Deaf people to adopt hearing ways as much as possible.

Alexander Graham Bell, the inventor of the telephone, was a staunch proponent of eugenics. He believed that deaf people should be discouraged from intermarrying in order to avoid producing more deaf offspring. However, at the time, deafness was more often due to

illness than to heredity. Also, deafness is not commonly passed from parent to child. In Bell's day, as in modern times, only about 10% of deaf children are born to deaf parents.

Bell strongly advocated the philosophy of oralism in education, because it would disrupt the transmission of American Sign Language from one generation to the next. Bell believed that Deaf people's culture and language encouraged them to isolate themselves from the larger hearing world. If Deaf people married one another, Bell claimed, it would produce more deaf children. He believed that this would be detrimental to society as a whole. For these reasons, he advocated that Deaf people abandon their community, learn speech, and integrate with hearing people.

Bell devoted his life to studying deafness and eugenics. The telephone was actually an attempt to make speech accessible to the Deaf. However, Bell did not realize that Deaf people who were members of a unique cultural group had a better quality of life in many ways. His work perpetuated the idea that Deaf people were flawed, undesirable, and broken. For this legacy, and his denigration of their language and culture, Alexander Graham Bell is reviled to this day by the American Deaf community.

As the popularity of eugenics grew in the United States, so did the danger to American Deaf people. The most extreme eugenics policy that the United States adopted was forced sterilizations. The first sterilization law was passed in 1907 in Indiana, with many states following suit. Eugenics supporters advocated forced sterilizations of the "feebleminded, insane, criminalistic, epileptic, inebriate, diseased, blind, deaf; deformed; and dependent." By 1924, approximately 3,000 people in the United States had been involuntarily sterilized. It is unclear how many of those people were deaf.

Eugenics remained popular in the United States until the rise of Nazi Germany. The Nazis drew heavily from the philosophy of eugenics in their attempt to develop a “master race.” Under the policies of the Third Reich, Deaf women were sterilized or had compulsory abortions, Deaf children were executed, and Deaf people were interred and killed in concentration camps. After World War II, eugenics fell out of favor worldwide.

Despite the danger posed to American Sign Language and American Deaf culture, they were never completely lost. American Deaf people resisted the attempt to suppress ASL and taught their language to new generations in secret. Ironically however, part of the reason that ASL survived was because of institutional discrimination.

When schools for the Deaf were first established, not all deaf students were eligible to attend. African Americans, Native Americans, Latinos, and other deaf minorities were routinely excluded, particularly in schools in the South. Segregated schools for African American Deaf students were established years after those for white students. Those schools were inevitably more poorly funded and had fewer resources.

However, because the Black schools were considered less important, the shift to oralism did not reach them. African American Deaf students continued to be educated by Deaf teachers through American Sign Language. This meant that Black Deaf students had uninterrupted access to ASL from skilled signers, while white Deaf students experienced irregular exposure to the language. The Black students’ way of signing exists today as a variety of ASL called Black ASL, which is used in many areas of the South. The ASL used today by the majority of signers has been affected by a sporadic transmission in the white schools, and the techniques of oralism. While both varieties are mutually intelligible, Black ASL is linguistically closer to the language originally created by Deaf students at the American School for the Deaf.

Black ASL is only now receiving the attention it deserves as a dialect of ASL, and linguists are learning more about ASL and its evolution. However, the study of ASL is still fairly new. For years, it was seen as merely poor or broken English. One of the biggest liberating breakthroughs for American Deaf people was the recognition that American Sign Language is a complete and fully formed language, independent from English. The linguistic structure of ASL will be described a bit later in this module, along with how it differs from English.

William Stokoe was a hearing professor at Gallaudet University in Washington, DC in the 1950s when he began to study the signs that he saw Deaf people using around him. In 1960, he published *Sign Language Structure*, which was the first linguistic analysis of American Sign Language. He was the first to propose that ASL was not a manual version of English, as many believed, but instead a completely different language. Stokoe countered the notion commonly held by linguists of his day that the only true languages were spoken ones. He proposed the idea that language may be produced either verbally or manually. This idea is standard in the field of linguistics today. Stokoe's work eventually became widely accepted, and ASL was recognized as a legitimate language, unique and distinct from any other. The revelation that signed languages are true languages opened the door to the linguistic study of natural languages of Deaf people all over the world.

Research on American Sign Language began in the 1960s and 70s, which gave Deaf people new pride in their language and culture. Many high schools and universities across the country began to offer ASL as a foreign language. Its recognition as a legitimate language helped put ASL back into schools for the Deaf and set the stage for the fight for Deaf civil rights. American Deaf people began to demand an equal place with hearing people in society. Deaf

Americans' most famous call for equal rights was the Deaf President Now protest at Gallaudet University in 1988.

Gallaudet University in Washington, DC is the world's only liberal arts university for the Deaf. Established in 1864, it was governed for over 100 years by a hearing president. In March 1988, the Gallaudet board of trustees announced their choice for a new president, who once again was hearing. Students were frustrated by the appointment of a president who did not know ASL and could not communicate with students or faculty. They were also angered by the implication that Deaf people were not fit to lead themselves. The students protested the board's choice, demanding they appoint a Deaf president. The protest was met by resistance from the board. Deaf students began to organize formally and began the movement that has been called the "Rosa Parks moment" of disability civil rights: 'Deaf President Now'.

Students barricaded the entrances to campus, marched to Capitol Hill, and shut down the university. Many faculty, staff, and parents supported the student movement. As the news traveled across the nation, the students gained support from hearing people as well. The Reverend Jesse Jackson said of the protest, "The problem is not that the students do not hear. The problem is that the hearing world does not listen." After one week of protests, the board of trustees granted the students' demand. They appointed the first Deaf president of Gallaudet, I. King Jordan. Since Deaf President Now, all presidents of Gallaudet University have been Deaf.

Deaf President Now helped give the disability rights movement momentum, and drew national attention to the unequal treatment of citizens with disabilities. The civil rights movement of the 1960s was an inspiration for Deaf people, who began to demand an end to legal discrimination. Deaf people were routinely denied employment, education, social services, and communication access based on their deafness. In 1990, the Americans with Disabilities Act was

signed into law, which made it illegal to discriminate against people based on a disability. This was a huge victory for Deaf people. The Americans with Disabilities Act will be discussed in more depth in module 3.

Although the United States is one of the few nations in the world to legally protect the rights of its citizens with disabilities, that does not mean that the struggle for equality is over. Deaf Americans continue to fight injustice and discrimination from society in their everyday lives. The threat to American Sign Language still exists as well. Deaf children are routinely denied access to signing out of fear that it will negatively impact their ability to learn speech. Current research shows that learning a signed language improves literacy skills for deaf children, and has no effect on their ability to learn to speak. However, Alexander Graham Bell's notion that signing children will not speak is still prevalent in the medical community.

At the meeting of the 2010 International Congress for Education of the Deaf, held in Vancouver, Canada, representatives officially rejected all the resolutions passed by the same Congress in Milan in 1880 that were so damaging. The 2010 Congress urged all nations to officially recognize the native signed languages of their citizens and respect them as they would any spoken language, to allow Deaf citizens full participation in society, to increase support and services for parents of Deaf children, and to remember the historical injustices that Deaf people experienced. Representatives in attendance, many of whom were Deaf, numbered over 700 and represented more than 60 countries. The resolutions from Vancouver stand in stark contrast to those passed by hearing people in Milan more than 100 years earlier. This time, Deaf people spoke for themselves.

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Part B: Perspectives on American Deaf culture²

Members of the Deaf community in the United States are diverse, and their educational experience, regional culture, family dynamics, and language use vary greatly. This variety creates a rich and vibrant community. The complexities of a culture are difficult to describe, and it is impossible to paint a complete picture of American Deaf culture within a short time. However, in order to get a glimpse, it is best to view that culture through the eyes of some of its members.

Introductions *[still shots of each person, with their job and place of origin listed]*

JxxxKxxx

LxxxLxxY

JxxZLxxO

Each member of the Deaf community interviewed was asked the question, “How do you identify yourself?”

[Participant comments]

For the majority of Deaf people, regardless of individual experiences or background, the information they get from the visible world is what is most important to them. They process visual information easily, and rely on their eyes. They define themselves more by their ability to see than their inability to hear.

[Participant comments]

² Participant names and comments have been removed to protect their privacy.

Within the Deaf community, people are often identified by the hearing status of their family of origin. It makes a difference if you come from an all-Deaf family, an all-hearing family, or a family with some hearing and some Deaf members. Primarily this is because the insight that parents have into deafness influences the choices they make for their children. Those choices determine what kind of experiences that Deaf child will have.

[Participant comments]

Jxxx briefly attended a school for hearing children, but in first grade enrolled in a residential school for the Deaf, which is a signing only environment.

[Participant comments]

Lxxx was mainstreamed with hearing children, and used speech and assistive listening devices. Lxxx did not have any significant exposure to ASL in school.

[Participant comments]

Kxxx was initially mainstreamed with hearing children, then enrolled in a residential school for the Deaf in high school.

[Participant comments]

LxxY and JxxZ briefly attended an oral school, but then enrolled in a residential school for the Deaf in first grade.

[Participant comments]

All of LxxO's family is hearing. LxxO was mainstreamed with hearing children for the entire school career, and used interpreters in the classroom.

Residential schools for the Deaf are like a second home for many Deaf people, because they provide a completely visual environment. Teachers, staff, and students all use American Sign

Language. The setting is tailored to Deaf people, and allows for maximum sharing of visual information. Rooms are open, students sit in semicircles in order to see one another, and flashing lights are used instead of ringing bells. For some students attending these schools, it is the first time they have been able to communicate seamlessly in their environment.

[Participant comments]

For members of the Deaf community, experiencing the world visually is at the core of their identity. The feeling that visual information is the most accessible, and that visual language is the most natural and comfortable way to communicate is so strong that some Deaf people call themselves “visually oriented” people. The world of sound can be difficult to navigate or uninteresting.

[Participant comments]

Shared understandings create immediate connections with other Deaf people. Finding others who have had similar experiences can be liberating for Deaf people, and can contribute to a stronger sense of self. There is a space that Deaf people create with one another in which everything is oriented towards a Deaf way of understanding. They call this space “the Deaf world.”

[Participant comments]

Members of the Deaf community find the Deaf world at different stages of their lives. Usually the discovery of the Deaf world comes when the person learns ASL or another signed language. However, as JxxZ explains, all D/deaf people innately have a shared sense of visual understanding of the world, which JxxZ calls the “natural Deaf world.” This only needs a cultural awakening from the Deaf community in order to become the “formal” Deaf world.

[Participant comments]

People in the Deaf community experience this awakening differently. Some from Deaf families are immediately socialized into the Deaf world, and others have to work to enter it. But once they do, they become members of a larger community.

[Participant comments]

Overwhelmingly, the larger hearing world is unaware of the Deaf world. The oppression that Deaf people face is in part a result of a lack of understanding of the Deaf experience. Yet Deaf people are resilient, and continue to have pride in who they are.

[Participant comments]

Despite their commonalities, it would be too simplistic to say that Deaf people are a homogenous community. Like any other marginalized group, there are vast differences between individuals within the group. Many Deaf people embrace the idea of intersectionality, meaning that they identify with multiple sub-groups at the same time. For example, one person may identify with Muslims, men, and Deaf people at the same time.

[Participant comments]

Because the Deaf community is so diverse, Deaf people value flexibility in communication. It is important to be respectful and accepting of others, despite differences in communication styles. The importance is in getting the message across, not how it is delivered.

[Participant comments]

Yet, things become more difficult when trying to communicate with hearing people who do not share the same cultural knowledge, or who do not have the same willingness to be flexible in communication. And in some instances, the gap between hearing and Deaf can simply be too wide to cross.

[Participant comments]

As a final question, the Deaf community members were asked what they would like to tell social workers who work with Deaf clients. These were their responses.

[Participant comments]

Part C: Language and Communication Systems

This section will expand on certain concepts previously presented in these modules. It will explain how ASL is grammatically organized, and describe a few features of signed languages. It will also consider the transmission of information from the wider hearing world, and the relationship that Deaf people have with spoken languages. Some communication systems that are used by Deaf people to express English will also be explained.

There are some common misconceptions that people hold about signed languages. People often believe that there is one universal signed language, or that hearing people invented signed language. Neither is true. Languages, both signed and spoken, emerge when people living in the same area have a need to communicate with each other. Deaf people living close to each other develop a method of communication that over time becomes a standardized, full-fledged language. Hearing people who are close to those Deaf people, such as family, friends, or neighbors, may also learn the signed language of the community. The language is transmitted over generations, either in a community that has a high incidence of D/deaf people, or through schools for the Deaf. Because those schools are typically government-run, the majority of signed languages are particular to a country. These are called ‘national signed languages’.

However, national signed languages are unique languages, and not related to the spoken language of the country. That means that countries that share a common spoken language may not share the same signed language. For example, even though Great Britain and the United States share the same spoken language, English; British Sign Language is unintelligible to users of American Sign Language. American Sign Language is more similar to Mexican Sign Language, even though the spoken language of Mexico is Spanish. The similarity comes from

the historical tie that American Sign Language and Mexican Sign Language have with French Sign Language. Both the United States and Mexico brought educators from France to teach in their schools for the Deaf.

Although signed languages are linguistically different than the spoken languages around them, Deaf people still come into daily contact with the written form of the locally spoken language. Deaf people must be able to read and write in order to function in society. Consequently, all Deaf people are bilingual to some extent, though their proficiency in either language may vary.

But are ASL and English really so different? How are signed languages different from spoken languages? In order to answer those questions, this question must be answered first: What is language?

Language can be thought of as a system of communication capable of expressing any and all thoughts, and both concrete and abstract ideas. Language must be able to refer to the past, present, or future. In order to be considered a language, the system must also be standardized and widely accepted. All languages are composed with a particular structure, or grammar. The structure can vary greatly from language to language. There is no language that has a more advanced grammar or is more highly developed than another. Although they might have differing structures, all natural human languages are equally capable of expressing any idea.

With these characteristics of language in mind, the signed languages developed by D/deaf people throughout the world are complete and true languages. They are not a code for any spoken language, but instead have their own distinct structures. One way in which signed languages vary greatly from spoken languages is the manner in which they are produced and perceived. This is called ‘modality.’ Spoken languages use the aural/oral modality. Sounds are

produced with the mouth and vocal cords. They are produced orally. The listener then perceives the sounds with the ears. Sounds are perceived aurally.

Signed languages use the visual/gestural modality. Movements are produced with the hands and body. They are produced gesturally. The watcher then perceives the movements with the eyes. Movements are perceived visually. Signed and spoken languages have different modalities, or manner of production and perception. That means that there are two layers of difference between ASL and English: grammatical difference and modality difference.

There are some other differences between signed and spoken languages. One difference is the parts of the body required to produce each type of language. These parts of the body are called ‘articulators’. Speech articulators such as the tongue, teeth, lips, and vocal cords are small and not always visible. Sign articulators such as hands, fingers, arms, and face, are larger and much more visible. It requires more work to move sign articulators than it does speech articulators, and they move more slowly. For example, the spoken word “king” only needs one movement of the jaw and small movements of the tongue to produce. But the sign “KING” needs a movement to the shoulder, and then to the hip, which takes more time and is a much larger movement.

On average, signed and spoken languages are capable of expressing the same information in the same amount of time. But if signs take longer to produce, how can information be transmitted at the same rate in both modalities?

The answer is that signed languages make use of information layering. This means that signed languages provide different types of information simultaneously. For example, the space used to sign is three-dimensional, which allows signers to express different aspects of grammar at the same time. Instead of using sequential word order to indicate who does what to whom, as

some spoken languages do, ASL depicts this simultaneously in the three-dimensional signing space. Let's look at an example of this. You will first see an English phrase, and then the equivalent phrase in ASL. Pay attention to how the movement of the sign for GIVE differs.

[GIVE video] The ASL example was much more efficient in imparting information about who does what to whom, because the information was layered. One sign included almost the entire meaning of the sentence, simply because of the way it moved. However, in order for English to share the same information, it has to give the information sequentially. Separate words have to be given in the correct order to make sense. Signed languages make great use of three-dimensional space to layer information in ways that are impossible in a spoken language.

Another instance of information layering in signed languages is information that is not given on the hands. Facial expressions and movements of the body fall within this category and are produced at the same time as signs. Facial expressions have important grammatical functions and can change the meaning of what is otherwise the same single sign. Here is an example of one sign produced with different facial expressions. Each has a different meaning. *[LONG video]* Signers can sometimes be misinterpreted as being overly emotional because of their use of facial expressions while signing, but expressions are essential to forming grammatically correct sentences. Facial expressions also indicate tone, mood, or attitude, in the same way that vocal intonation does. Here is an example of a sentence in which facial expression is very important.

[EXPRESSION video]

Because signed languages use these and other types of information layering, they are more efficient in imparting information. Although signs are produced at a slower rate than spoken words, on the whole more information is conveyed by one sign than by one word. That is

why English and ASL are able to convey the same amount of information in approximately the same amount of time.

It can be helpful to understand the differences between English and ASL in order to work more effectively with Deaf people. As with any bilingual person, sometimes the features of a Deaf person's first language can influence how they produce their second language. The grammars of ASL and English are quite different, and understanding those differences can prevent misunderstandings in written communication. Working with interpreters is also easier when you can anticipate the linguistic information that would likely be more relevant. Here are a few linguistic differences between ASL and English.

Because ASL is produced in three dimensions and uses physical space, it is much better suited than English to expressing spatial information, such as the layout of a city or the path of a vehicle. English, because it is produced using sound, is much better suited to expressing sound-based information, like pronunciation, pitch, or tone. However, both ASL and English are capable of expressing any possible idea.

Another difference between ASL and English is the way sentences are constructed. The basic sentence order in English is subject-verb-object, such as in the sentence "She likes vegetables" or in the sentence "The dog chased a squirrel." This is the only grammatical option in English. ASL uses subject-verb-object order as well, but can also use the word order object-subject-verb. Both are grammatically correct in ASL. Because ASL uses information layering, critical grammatical information is not contained solely in the signs. The word order is freer because the grammar is expressed in other ways.

In English, time is represented through verb tenses, which must appear on every verb. In ASL, verbs do not give time information. Instead, the time context is established, and then

understood to carry onto all subsequent ideas until a different time is given. In English, gender is represented on pronouns such as *he, she, him, or her*. ASL uses gender neutral pronouns.

English expresses emotion and inflection through the vocal tone. ASL expresses emotion and inflection through facial expressions.

Although English and ASL are quite different, there is a certain amount of vocabulary borrowing from English into ASL. This occurs mainly because English is the dominant language in the United States, and Deaf people are exposed to it daily. ASL uses a one-handed manual alphabet in order to spell English words such as names, places, or some proper nouns. This is called *fingerspelling*. Often Deaf people choose to communicate with hearing people who know some sign through fingerspelling, because it can represent English words.

Because English is necessary to communicate with others and to increase opportunities in American society, there has always been a concern with English literacy in the field of Deaf education. However, hearing educators have by and large mistakenly equated a child's ability to speak English with their knowledge of written English. This is one of the reasons why lipreading was emphasized in Deaf education for such a long time. Unfortunately, the visual information given by moving lips is not easily understood without sound. Many words in English look identical when pronounced without sound, such as "pat," "bat," and "mat." Much of lipreading is guesswork, and it is not functional or accessible for most children.

Historically, Deaf children have not been able to access the sounds of English enough to learn it completely, and they were often denied the use of ASL. The majority of those children did not develop strong skills in any language. Additionally, schools spent more time on teaching speech than on academic content, so children's education suffered. Research now shows that having a solid foundation in a first language is what actually improves literacy for Deaf children.

Most educators who are Deaf advocate teaching Deaf children American Sign Language as a first language, because it is visually accessible to the child. ASL also allows Deaf children access to the larger Deaf community, which provides social and emotional benefits.

However, some hearing educators have preferred to bypass ASL and instead considered ways of making English a visually accessible first language for Deaf children. Perhaps the most obvious strategy would be through the written form, but communicating solely through written means is impractical. These educators turned to various manual communication systems that attempted to make English visible.

There are numerous invented communication systems in use for teaching English, but this module will describe four that encompass the spectrum of approaches. In one system, the Rochester Method, teachers and students use the manual alphabet to spell out each word in English order. This method was cumbersome and difficult to sustain, and very few people use this system today. This is what the Rochester Method looks like: *[Rochester video]*

Another system called Signing Exact English version 2, or SEE II, borrows ASL signs and treats them as root words. The system follows English word order, and adds invented signs for suffixes such as “-ment”, “-ly”, or “-ing” to the end of root words. SEE II also invents signs for words if there is not a one-to-one sign equivalent in ASL. Although educators claim that SEE II is effective in teaching English to Deaf children, users of the system may find it heavy and unwieldy to use. This is what SEE II looks like: *[SEE video]*

Because SEE II uses existing ASL signs, but changes how they are used, it can be conceptually inaccurate. For example, the ASL sign RUN that means to move one’s legs quickly is also used in the sentences, “your nose is running” and “we ran out of milk.” ASL has different signs that reflect the different meanings of the word “run”, but SEE II does not use those signs.

To avoid this possible confusion, some signers prefer a sign system that incorporates many of the features of a natural signed language, but that is still in English order. One such system is called Conceptually Accurate Signed English, or CASE. For the previous example sentences, a CASE signer would produce the ASL sign for “run” that correctly reflects the concept. Although not every feature of English is reproduced with CASE, it does stay close to the original production of English. This is what CASE looks like: *[CASE video]*

One communication system differs from all of the previous systems presented here, in that it does not make use of existing ASL signs. Cued speech is a system that disambiguates lipreading by providing cues for which English sounds are being produced. There are only eight handshapes used, and eight locations in which the handshapes are produced. Deaf people watch the mouth of the speaker and the cues produced in order to understand speech. With cued speech, it is possible to represent any spoken language. This is what cued speech looks like: *[cued speech video]*

Now that you have seen some of these communication systems, let’s look at how a single English sentence would be produced in each system. *[Rochester, SEE, CASE, and cued speech phrase videos]*

While some Deaf people were taught American Sign Language as a first language, others were taught a particular sign system, and then learned ASL later in life. Deaf people may continue to incorporate features of their sign system in their everyday communication, or switch between the sign system and ASL depending on who they are speaking with.

Deaf people are highly adaptable when communicating with others around them. They will gesture and point with non-signers in order to make themselves understood. However, gesturing is not a true language, nor is it the way Deaf people communicate with one another.

Gestures are done solely to communicate with people who do not sign, in much the same way that hearing people who don't speak the same language might gesture to one another.

As you can see, Deaf people have various ways of communicating, and they are not all mutually intelligible. You may come across a variety of people who use different methods of communication, and each method requires an interpreter who is familiar with the communication system or language. The way to ensure good communication with Deaf clients is to ask for their preferences, and be open minded and flexible. Most of all, do whatever works for the Deaf person to communicate most effectively.

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Appendix A

Survey Questions

Questions 11-32 are from the Attitudes to Deafness Scale (Cooper et al., 2004).

1. Are you a licensed social worker?

Y N

2. Are you a current practitioner in the field of social work?

Y N

3. If so, how many years have you been practicing?

0-5 6-10 11-15 16-20 21-25 26-30 31+

4. Gender

Male Female Transgender Prefer not to answer

5. Age

18-25 26-35 36-45 46-55 56-65 66 or older

6. What state(s) do you work in? *list of states to choose from*

7. What is your highest degree completed?

Associates Bachelors Masters Doctorate other _____

8. What is your ethnicity? (check all that apply)

Black/African American

Latino(a)/Mestizo(a)/Hispanic

American Indian/First Nations

Asian/Pacific Islander

Middle Eastern/Arab American

White/European American

Other _____

9. Do you have a disability?

Y N

10. If so, what kind of disability is it? (check all that apply)

Learning

Physical

Sensory

Emotional

Intellectual

Other _____

Please answer the following questions on a scale of 1-5.

11. Deaf couples should receive genetic counseling to avoid having deaf children.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

12. Deaf children should learn to speak to communicate with hearing parents.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

13. I would like to have more deaf friends.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

14. Deaf schools and deaf clubs create deaf “ghettos.”

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

15. Deaf people should learn speech rather than sign language.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

16. Deaf people are handicapped.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

17. More research should be done to find cures for deafness.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

18. Deaf children should be taught in sign language.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

19. Hearing children of deaf parents are at risk of emotional deprivation.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

20. Deaf people are safe drivers.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

21. I would like to have more deaf colleagues.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

22. Deaf people should learn to lipread.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

23. Interpreters should be available for deaf people at work.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

24. Deaf people should automatically receive help in their home environment.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

25. All deaf people should be offered corrective surgery.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

26. Training more professionals to work with deaf clients would be a waste of time.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

27. Having a deaf colleague would cause problems in the workplace.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

28. Deaf people are physiologically impaired.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

29. Deaf people should not be viewed as “impaired.”

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

30. I would like to see more deaf people at the clubs/societies I attend.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

31. Having a deaf friend would be difficult.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

32. Deaf people have their own culture.

1	2	3	4	5
Strongly disagree	Disagree	Neutral/no opinion	Agree	Strongly agree

33. How often do you work professionally with American Sign Language interpreters?

- never
- once
- rarely (1-2 times a year or less)
- occasionally (once every 2-3 months)
- often (1-2 times a month)
- regularly (1-2 times a week or more)

34. How do you identify?

- No significant hearing loss (Hearing)
- Hearing impaired
- Hard of Hearing
- Deaf
- Coda

Do you have any additional comments?

Appendix B

Consent Form

Hello,

My name is Audrey Ulloa, and I am a graduate student at Western Oregon University in the Interpreting Studies program. I am conducting a research study seeking to gather information on social workers' views and perceptions of deaf people and experience with interpreters.

I invite you to participate in this online anonymous survey that will take 15 minutes or less to complete, and will contribute to the understanding of social workers' relationships with deaf clients and interpreters. By completing the survey, you give permission for your anonymous answers to be used in this research study. You may exit the survey at any time and no answers will be submitted. All data is untraceable to you or your computer, and there are no foreseeable risks or discomforts to your participation. The results of this survey will be used in my research and may be used in reports or presentations, but all responses will be presented collectively.

This research study has been approved by the Western Oregon University Institutional Review Board. If you have any questions about your rights as a participant in this study, or if you feel you have been placed at risk, you may contact the Chair of the Institutional Review Board at (503) 838-9200 or irb@wou.edu. If you have any additional questions, please feel free to contact me at aulloa13@wou.edu, or my graduate advisor, Professor Pamela Cancel, at cancelp@wou.edu.

Thank you for participating!

Appendix C

Interview questions

The questions below were presented originally in American Sign Language. They have been translated into English here.

1. How do you culturally identify yourself? Why?
2. What is your language preference? Why?
3. What was your educational experience like growing up?
(Draw out information about the communication environment at school)
4. What has your experience with interpreters been?
5. When communicating in your everyday environment, in what situations do you struggle the most? Where is communication easier?
6. Describe the Deaf world.
7. How did you find the Deaf world?
8. How do you feel when you are in the Deaf world as opposed to the hearing world?
9. What's the most important thing that hearing social workers should know or understand about Deaf people?