THE ACCULTURATION EXPERIENCE OF CONGENITALLY DEAF HISPANICS
IN THE UNITED STATES AND THE FIELD OF TRILINGUAL INTERPRETING

A Thesis and Senior Study Project

by

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ABSTRACT

With the 2010 national census reporting a collective population of 50.5 million Hispanic residents living in the U.S., the Hispanic community of this country continues to augment and reshape in demographics, language disparity, and intercommunity diversity. Consequently, no longer are individuals of the minority merely “Hispanic;” however, they also embody a number of other identities in respect to their patria (“puertorriqueño”), familial status, (“segunda generación”), ethnicity (“negro”), language knowledge (“bilingüe”), and sexual orientation (“gay”). One additional subgroup within this community to which a Hispanic person might be a member is the Hispanic Deaf community. This “minority within a minority” includes the population of Hispanic deaf and hard-of-hearing individuals who live in the U.S., use sign language, and identify with the values and principles of the Deaf community. Given their unique context as inheritors of three different languages—Spanish, American Sign Language (ASL), and English—and three unique cultures—Hispanic, Deaf, and U.S. American—Deaf Hispanics have a unique experience that cannot be likened to any other minority. Throughout the span of their life, Deaf Hispanics encounter numerous obstacles that encourage them to neglect two of their three cultural identities and assimilate to merely one. Among these assimilating factors, Deaf Hispanics encounter struggles with familial relationships, communication boundaries, adverse education systems, career limitations,
and a larger, bearing society that doesn’t comprehend their triplicity. In transition, one resource to which Deaf Hispanics are entitled under the Americans with Disabilities Act of 1990 that aims to support the acculturation experience is trilingual interpreting services. Fluent in ASL, English, and Spanish and knowledgeably competent of their respective cultures, trilingual/tricultural interpreters aim to facilitate the linguistic and cultural differences between two interacting parties with the goal of achieving successful communication. Consecutively, this thesis includes an analysis of the acculturation experience of this field’s target audience, the Hispanic Deaf community, and a development project concentrated on the Senior Study student’s trilingual interpreting skills, with the overarching goal of increasing personal preparation for the career.
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CHAPTER I

AN INTRODUCTION

The 2010 U.S. census reported that currently 50.5 million Hispanics live in the United States, the largest and fastest growing minority in the country. Further evaluation suggested that by 2050, the Hispanic population in the United States will reach nearly 102.5 million individuals (U.S. Census Bureau, 2011). Correspondingly, the U.S. National Center for Health estimated that of the world’s Hispanic population, 4.2% of Hispanics have a severe hearing impairment, a percentage that amounts to an approximate 2.2 million hard-of-hearing to profoundly deaf Hispanics in the U.S. and an imminent 4.3 million by 2050 (Ries, 1994, pp. 10-11). As research and personal accounts of American-born deaf and hard-of-hearing (DHH) individuals elucidate, the experience of being deaf in the United States is challenging as mainstream hearing society oppresses and denies the DHH minority’s language, culture, and equal-access rights. Nonetheless, this experience is even more complicated and unique for DHH Hispanics, who live conflictingly wedged between three cultures, amongst several different languages, and amid an oppressive and emphatically acculturating majority. Consequently, the acculturation process of native and immigrant DHH Hispanics in the
United States as well as the influences that affect this transition, including discrimination, family beliefs, family decisions, personal identity, school enrollment, language preference, community acceptance, and, in particular, the availability and quality of resources, create an incomparably unique experience. In order to gain the necessary insight to draw conclusions as to what changes are necessary in order to provide DHH Hispanics with an optimal, culturally-sensitive upbringing, this thesis aims to provide expanded anthropological attention to assessing DHH Hispanics’ acculturation experiences in the United States.

Since the Americans with Disabilities Act of 1990, DHH individuals have had the right to a qualified interpreter as a resource aimed at instigating equality with respect to employment, availability of goods and services, and access to communication in private, state, and local government. However, growing up in a home and community where Spanish is the primary language of communication, DHH Hispanics lack sufficient fluency in English and, potentially, ASL. Consequently, when a doctor or employer requests an interpreter for an appointment, the DHH consumer’s struggle to recognize the interpreter’s lexicalized signs and mouthed transliterations or the need for a second interpreter for a potential Spanish-speaking third-party severely strain communication. In such circumstances, not only is communication at a high risk of breaking down and communication goals at a decreased opportunity for successful exchange, but the high demands of the simple appointment become unappealing to the English-speaking party to the extent that he or she is less likely to respect the DHH consumer or offer appropriate resources in the future. As a result, the recently developing field of trilingual/tricultural interpreting has drawn due attention from advocates of equal access.
Demonstrating fluency in spoken Spanish or a foreign sign language, trilingual/tricultural interpreters are the key to connecting the DHH Hispanic with the English-speaking, American public. In this context, “trilingual” refers to the equal language fluency of a person in three different languages and, hereafter for the purpose of this study, specifically: Spanish, ASL, and English. “Tricultural” on the other hand implies an individual who is fluidly compliant with the cultural norms of, while being actively involved in, three distinct cultural groups—more precisely: Deaf culture, Hispanic culture, and mainstream, U.S. hearing culture (Call, 2006, p. 5). Additionally, as the profession expands, standardized training programs and certifications that develop language skills, cultural knowledge, and interpreting abilities are surfacing within the field, further distinguishing trilingual interpreting with greater authenticity and professionalism. Therefore, as a secondary component to the senior thesis, I examined the complexity of the field and the overall function of trilingual interpreting in respect to the DHH Hispanic. Furthermore, I completed a skills project in which I recorded a baseline of Spanish to ASL and ASL to Spanish interpreting; participated in a mentorship with a professional interpreting team, two internships, and a semester living abroad in Latin America as means of improving my skills and language competencies; and recorded a final post-baseline to evaluate my overall development.

Defining “Deaf,” “deaf,” and “hard-of-hearing”

As utilized above, a mere variance in capitalization can introduce a significantly different set of implications in the domain of Deaf studies. At the base of the entire field,
stands the commonality of being “deaf.” With a lowercase \(d\), “deaf” refers to the medical definition of the pathological condition of having hearing loss greater than 56 decibels and to an extent of intervening in a diagnosed individual’s life (Humphrey & Alcorn, 2007, pp. 86-87; Humphries, 1993, p. 6). One important distinction between the medical and cultural terms surrounding the word “deaf” is the perspective of whether the label implies a handicap or deficiency. Under the medical/pathological definition of the word, “deaf” implies that a diagnosed individual is handicapped through their inability to hear and consequently deficient of living a healthy, “normal” life.

In comparison, “Deaf,” with an uppercase \(D\), refers to the more relevant use of the term. This word comprises the community of self-identifying deaf individuals who possess fluency in the cultural components of the community, including cult knowledge, ideology, experiences, and stories, and American Sign Language. In the United States, the identity of being “Deaf” transcends the generations through the passage of this cultural knowledge down to rising Deaf community members in a spontaneous and natural manner (Humphries, 1993, p. 6). Overall, the Deaf community maintains a firm pride and perspective of deafness as empowering, rather than debilitating, and as unrestrictive from being equally as capable as hearing individuals. Consecutively, “Deaf,” in respect to the cultural definition, implies the equivalent of identifying with a different ethnicity. The culturally-identifying, Deaf individual shares a common characteristic with others in the community and therefore is privileged to cultural information, including experiences and advice regarding how to best live among an oppressive hearing majority. This cultural knowledge allows the individual to live competently without the hindrance or recognition of a deficiency or handicap.
Another term with which individuals inside or outside the Deaf community might identify is “hard-of-hearing.” Under the medical definition, this term identifies individuals who have hearing loss under the extent of 56 decibels. Alternatively, in respect to its cultural definition, this term typically refers to individuals inside or outside the Deaf community who have increased means of communicating and potentially code-switching between mainstream, hearing society. Within the cultural term, the Deaf community has underlying labels such as “very hard-of-hearing” and “little hard-of-hearing.” Each term expresses the extent to which the Deaf community perceives an individual’s conformity to hearing culture and language, hinging less on the individual’s ability to hear and more on their personal values, language use, and connection to the community. Thus, “little hard-of-hearing” refers to hard-of-hearing individuals who identify and comport themselves more in accordance with the Deaf community and Deaf culture, while “very hard-of-hearing” suggests the opposite extreme of identifying more with the language and culture of the larger hearing society (Lane, 1999, pp. 5-6).

Nonetheless, as the Americas become increasingly more diverse, the image and label of an individual as a “deaf minority” has radically evolved. Today, the Deaf community includes members from numerousely diverse backgrounds, social standings, households, and upbringings. Consequently, underlying minorities have developed within the “deaf minority” community, rendering the umbrella term an increasingly less appropriate label. In the 21st Century fabric of the d/Deaf population, the term “multicultural Deaf” has surfaced as the most accurate term to identify the Deaf community and the individuals within it (Gerner de García, 1993a, p. 1).
Defining “Hispanic”

Although the macrocosm of the Hispanic identity and heritage extends far beyond this thesis, the ethnicity comprises two primary groups of characteristics: structural variables and cultural foundations. In regard to the first, cultural variables of the Hispanic identity focus on the roots and heritage of the race and ethnicity. Cultural features of Hispanic heritage include a background with origins in Spain, Africa, the Caribbean, and Central and South America. Additionally, Hispanic culture includes influential roots in Roman Catholicism and in an exceptional blend of a multitude of indigenous populations, religions, and languages that, conjunctively, compose the unique Hispanic identity found within Latin America (Jackson-Maldonado, 1993, pp. 92-93).

Concisely, the cultural structures of the Hispanic ethnicity have roots in the history, religion, and lands of origin, or *patrias* of the population and consequently are much more unanimous in comparison to structural variables. Additional cultural characteristics that transcend race and pertain solely to ethnic-identity include, first, the sociocultural aspects of the Hispanic community. Hispanics typically value close interpersonal relations, demonstrate profound respect for elders and for professionals, and turn to the extended family as both a body of refuge and support. A supplemental component includes the community’s traditional views of gender-roles. Accordingly, males, both fathers and sons, have the responsibility for being the breadwinners of the family while also receiving more autonomy and understanding in their behavior and reprimand. When in the process of coping with a personal loss of hearing, male Hispanics demonstrate the most difficulty accepting the life change. Fearing that they will not come through for their family, DHH Hispanic males may be more likely to
attempt to cover up their hearing loss and continue within the expectations of their gender role. In comparison, the culture view of the female as helpless and in need of protection results in the limitation of the female Hispanic’s liberty through extreme discipline and restriction to a reproductive, emotional-bonding, homemaker role. Accordingly, DHH Hispanic females manage to cope with their hearing loss much quicker than DHH Hispanic males, typically adapting to the new lifestyle upon accepting the diagnosis, because the condition does not as gravely impact the female’s expected role (Zea, Quezada, & Belgrave, 1994, pp. 193-194).

Specifically in regard to the Hispanic family, the Hispanic population maintains traditional roles of family members. Amongst these, Hispanics typically have a profound, unquestioning respect for the father of the household, an unconditional love for the mother of the household, a deeply-rooted and maintained kinship with immediate and extended family members, and a meaningful loyalty to the family body (Pape, Walker, & Quinn, 1983, p. 19). The family institution functions as a homogenous body in which members openly share information and support, mourn and celebrate together, and conduct their daily lives with consideration for what is best from the wellbeing of the entire entity (Jackson-Maldonado, 1993, pp. 92-93). As a result, from the initial news of conception, the anticipation of having a baby is an exciting time in Hispanic families. In particular, for Hispanic immigrants within the U.S., the birth of a child means the potential of preserving family culture and language, despite the family’s distance from their patria (Humphries, 1993, p. 7). Consequently, when a family discovers that their newborn child is deaf or hard-of-hearing, the family suffers considerable emotional trauma, including intermixed feelings of grief, anger, guilt, helplessness, denial, and confusion (Jackson-
Maldonado, 1993, pp. 92-93; Steinberg et al., 1997, pp. 209-210; Steinberg et al., 2002, p. 8). A final cultural structure of the Hispanic population is the Spanish language. This cultural component serves as the unifying factor of the Hispanic identity, uniting individuals who share a similar background and experience. Accordingly, family members commonly perceive the passage of language to the youth as a concurrent transference of culture and values, ensuring that the Hispanic identity lives on for another generation.

Additional structural variables can include an innumerable amount of attributes; however, a few of such characteristics include the income level, education levels, and employment opportunities of Latin American countries and within individual families. Although the Latin American Hispanic population has intermittent instances of financially successful, wealthy families, the majority of the population falls within an economic standing which the U.S. would consider to be lower-class. This unfortunate reality suggests that the family is at risk of being malnourished and potentially deficient of everyday necessities. Employment opportunities and unemployment rates in Latin America vary by country and locality and correlate with respective surmounting poverty. Education likewise varies in quality and resources; however, in contrast to the U.S., traditional Hispanic schools are comparably different in teaching methodologies. For instance, whereas the U.S. teacher emphasizes field-independent strategies, the Hispanic teacher concentrates on field-dependent strategies (Jackson-Maldonado, 1993, pp. 92-93). Last, Hispanic families immigrate to the U.S. for reasons that often liken to drawbacks in the structural characteristics of the society, particularly for increased employment opportunities and improved education for children. Yet other Hispanic families migrate
to the U.S. as means of escaping political strife and in order to seek a safe environment in which their family can live.

A final reason for a Hispanic family to move to the U.S. is as a response to the diagnosis of a child as deaf or hard-of-hearing. In Steinberg’s study (1997), education and health-related services, two services ranked as both better and cheaper in comparison to the respective homelands of the study participants, were two determining factors that particularly influenced families’ decisions to come to or stay in the continental U.S. Accordingly, in the study, three of the nine families reported that they remained in the continental U.S. because of the services offered to the d/Deaf, while two additional families explained that they moved to the mainland specifically for this reason (p. 213). Consequently, by immigrating to the U.S, immigrant families aspire to provide more opportunities for their DHH children through both the country’s finer education of the Deaf and its alternative perspective of DHH individuals as equally-able. Collectively, these favorable leads afford more opportunity in comparison to the family’s homelands where DHH individuals are perceived as handicapped and impaired (p. 214). Concisely, Steinberg (1997) explained, “the families consistently expressed positive reactions to the ease with which they could obtain hearing aids, medical care, and special education for their deaf children” in the mainstream U.S. resource system (p. 219).
Defining “Enculturation,” “Acculturation,” and “Assimilation” and their Relative Role in the Life of a DHH Hispanic

At the center of any child’s development lies the process of enculturation by which the child acquires, what will become, his or her native culture (Smart & Smart, 1993, p. 46). However, when children live in an environment with immediate exposure to more than one culture, they face the challenge of apprehending supplementary cultures in addition to their native one. This complex process is termed “acculturation,” yet can more specifically can be referred to as “biculuralism,” for individuals acquiring one additional culture, or “triculturalism,” for individuals more pertinent to this analysis who are acquiring two cultures in addition to their native culture (Zea, Quezada, & Belgrave, 1994, p. 189). Acculturation, at the fullest extent of the definition, is more of an ideal than a fully-achievable prospect in the context of a minority community member. The terminology refers to the process of an individual of a minority culture successfully learning to adapt to the surrounding majority culture, both behaviorally and psychologically, while maintaining his or her own heritage and ethnic culture. Smart & Smart (1993) elaborated further upon the two components which acculturating individuals acquire from the secondary culture,

Behavioral acculturation occurs when the individual begins to gradually adopt the more advert aspects of the host culture, including language, customs, habits, dress, diet, and general lifestyle… However, it is known that acculturation is more than the simple and straightforward practice of learning new behaviors. Value or psychological acculturation involves the individual’s adaptation to and adoption of the host culture’s basic attitudes and value orientations. (p. 48).

Acculturation with the majority culture may occur abruptly or steadily and comprises both personal and psychological adaptations, including alterations in
attitudes, beliefs, values, customs, language and language use (Cuellar & Arnold, 1988, p. 35). Proposed elements that influence the acculturation process include the proportion of Hispanics to Caucasians, the developmental stage in the child’s life in which the acculturation process begins, the age of the child, and the length of time which the child receives cultural exposure (Smart & Smart, 1993, p. 46). This process is most commonly noted with immigrants and first generation Americans, as Cohen (1993) explained, “immigration is a process of acculturation—the learning of new ways of behaving. It is a slow process that unfolds over a lifetime and an anxiety-provoking process that places great strains on families” (p. 48). As critical as it may be for individuals to successfully and uniformly integrate into their family’s culture to the same extent as they acculturate to the culture of the majority, the equilibrium is unfortunately scarcely the outcome. When a third culture, such as the Deaf community, further complicates the cultural equation, the potential for a successful acculturation becomes even scarcer. Humphries (1993) elaborated on the compound demands of acculturation for an ethnic-minority member of the Deaf community:

Deaf people’s view of integration includes neither the idea of accepting a limited role nor the idea of devoting one’s life to being what they consider to be the impossible: the deaf person who isn’t… Assimilation and integration for Deaf people, therefore, is acceptable in a context in which Deaf people retain their language and their community. Then, and only then, are they able to center themselves and approach functioning the world of others. (p. 9)

Nonetheless, as Cohen (1993) defended, “deafness makes one no less a member of a racial, linguistic, or ethnic group” (p. 54). Accordingly, no one cultural community should unfairly require the DHH Hispanic to choose one single
culture over the others, but rather, respect and encourage the individual’s triplicity to the fullest extent.

Assimilation, on the other hand, is the more common experience of Hispanics in the United States. In contrast to the outdated metaphor of the United States as a “melting pot,” this integration process implies that the minority member abandons his or her heritage and culture in exchange for the perceived opportunity of better merging with and consecutively succeeding in the majority society. Consequently, the minority individual undergoes a process of deacculturation, in which he or she relinquishes their native culture in place for the more dominant, mainstream culture (Lane, 1999, pp. 97-98; Smart & Smart, 1993, p. 46). In such circumstances, the cultural development process is “unidirectional and requires value changes.” Smart & Smart (1993) compared “assimilation” and “acculturation” and concluded that the subconscious inclination toward one or the other was merely a question of “selective adaptation” (p. 47). This thesis analyzed both instances of cultural integration, acculturation and assimilation; however, the study particularly investigated and elaborated on acculturation, as it is the ideal for a DHH Hispanic and tends to produce the healthiest self-identity.

Understanding Minority Culture Identification within an Acculturating Society Context

Similar to the concept of *ethnicity*, which differs from *race* through an emphasis on an individual’s identification with a given people rather than physical attributes,
culture identification likewise is on an individual-basis and subjective perception. However, in contrast to the distinguishing concepts of race and ethnicity, cultural membership includes both race—the physical attributes of an individual in relation to a cultural community—and ethnicity (Smart & Smart, 1993, p. 47). Ethnicity, in this context, is a twofold system that depends on both the individual’s participation in and desire to be a part of the community as well as the minority culture’s acceptance of the individual. Fordham (1988) termed this dualism “fictive-kinship,” which comprehensively implies,

The particular mind set, or world view, of those persons who are considered to be [of that minority community] and is used to denote the moral judgment the group makes on its members… One can be [of a minority group], but choose not to seek membership in the fictive-kinship group. One can also be denied membership by the group because one’s behavior, attitudes, and activities are perceived as being at variance with those thought to be appropriate and group-specific, which are culturally patterned and serve to delineate “us” from “them.” (p. 56).

Nonetheless, while cultural membership to racial minority groups invariably requires familial heritage rooted within the culture, other ethnicities, such as that of the Deaf community, are not so explicit. With only ten percent of DHH children born to Deaf parents, the remaining ninety percent of DHH children are born to hearing parents. Consequently, these hearing parents have the same direct familial passage into the Deaf community and culture as Deaf parents of DHH children. Consequently, membership to the minority community requires more broadly defined standards that collectively fall under a domain termed “attitudinal deafness.”
In place of membership based on one’s personal identity, obedience to cultural norms, and the community’s perception of the individual, attitudinal deafness hinges on an individual’s compliance to two or more avenues into the community: audiological, political, linguistic and social. The first of these avenues, *audiological*, pertains to individuals who have a physical inability to hear, ranging from minor to severe hearing loss. A second avenue into the Deaf community is *political*. Through this route, both hearing and DHH individuals can qualify as members by way of active participation on local-, state-, and national-level issues that affect the DHH population. A third and more common avenue for both DHH and hearing people to join the Deaf community is *linguistic*. This avenue includes an individual’s fluency in and respect of American Sign Language as the primary communication system within the community. The fourth and final avenue into the community, *social*, pertains to any DHH or hearing individual who actively participates in the Deaf community through social events and among Deaf friends. Identification with two or more of these four avenues of attitudinal deafness typically deems membership into the community (Baker-Shenk & Cokely, 1980, pp. 55-57). In the context of the DHH Hispanic, if the individual does successfully enter the Deaf community, it will likely be through the audiological and linguistic avenues.

In turn, the Deaf community also has unspoken degrees of membership based off with how many avenues of the attitudinal deafness model an individual identifies. Fischgrund & Akamatsu (1993) explained the background of the individuals typically found within the supreme core of the Deaf community, “the
core usually is comprised of Deaf people whose parents are Deaf, who attended special schools for Deaf children, who use ASL as a native language, and whose social and political beliefs and activities revolve around the Deaf community” (p. 172). Comparably, the community also has a set of “fringe” members. These members are individuals who are less esteemed in the Deaf community and who identify with the bare minimum of attitudinal deafness avenues—“people who for various reasons come into regular contact with the Deaf community and who may participate in its social, linguistic, and political institutions to varying degrees… such as teachers, interpreters, hearing children [of Deaf parents], and spouses of Deaf people” (p. 172).

However, as subjective and intricate as fictive-kinship may seem, the contention becomes further complicated when the individual is multiculturally Deaf, such as in the instance of the DHH Hispanic. In this circumstance, three cultural communities are striving for the tricultural individual to choose priorities, each one desiring the primary status. When a DHH Hispanic child enters the public school system, the struggle becomes increasingly taxing as the demand to assimilate to mainstream American society adds an additional contender (Fischgrund & Akamatsu, 1993, p. 173). Consequently, the minority child often chooses to pursue the path which he or she perceives will provide the most opportunity for success—assimilation over acculturation—as Forham (1988) wrote: “students who assimilate seek to maximize their success potential by minimizing their relationship to the [minority] community and to the stigma attached to [it]” (p. 57). Fortunately, the commonality of this experience has
resulted in the formation of proud subsections within the Deaf community that aim to counteract this movement and preserve their multiculturalism. Such minority Deaf communities include the African American Deaf community, Asian/Pacific Islander Deaf community, Native American Deaf community, LGBT Deaf community, and, more pertinently, the Hispanic Deaf community (Fischgrund & Akamatsu, 1993, p. 173). In the contemporary understanding of its anthropology, the “Deaf community” refers to the narrowly confined culture and ASL-dialect of White DHH members who identify with two or more avenues of attitudinal deafness. As the community continues to grow and diversify, new members persist in finding others who share common experiences and backgrounds (Fischgrund & Akamatsu, 1993, p. 177). These new fictive-kinships, although scarcely located and few in population, provide multicultural DHH individuals with a supplemental option to assimilation, allowing them to preserve their culture and identity. Unfortunately, this solution is not an end-all to the issue as it confronts an additional dilemma with each supplemental cultural membership with which a DHH individual identifies. Christensen (1993a) provided finer insight into and a proposed solution to this seemingly endless quagmire,

An Afro Latino, for example, who was raised in the Dominican Republic or Panama, would be hard-pressed to identify solely with either his or her racial or linguistic identity. To deny one or the other would be to deny a vital part of the individual. By the same token, it seems unfair to expect a Deaf African American to choose a “Deaf-first” identity or vice versa. To ask for such a rank ordering of social units is to oversimplify an extremely complex issue. Cultures, like languages, can be additive. Perhaps we might come to the point of considering humanity as the broadest cultural concept within which exist a variety of diverse social units. (p. 182)
Nonetheless, Christensen’s proposal remains a movement still in the developing stages which, until its emergence, renders the multicultural Deaf communities as the optimal means for preserving community members’ cultures and identities.

Setting the Background of the DHH Hispanic

The DHH Hispanic in the United States can come from such a vast array of circumstances that it would be impossible to summarize every potential case within this thesis. However, two common backgrounds worthy of attention are those of the immigrated and generational DHH Hispanic. To begin, the immigrating DHH Hispanic can emerge from a number of backgrounds and have chosen to emigrate for a variety of reasons. Whether a baby, toddler, adolescent, or adult, immigrating DHH individuals may enter the country with the purpose of working as a skilled professional in a trade or craft, to attend a finer educational system that better fosters his or her unique needs, to escape political strife present within their own country, or as part of a family in search of a better life. Such immigrants may arrive in the country legally or illegally and with great wealth or a mere few dollars (Humphries, 1993, p. 12). After arriving, Hispanic immigrants typically settle among other Hispanics that, collectively, amount to form an independent minority community of a shared language and culture (Humphries, 1993, p. 203).

In comparison, generational DHH Hispanics are individuals born to immigrant, first-generational, and, rarely, second-generational Hispanic parents in the United States. These parents commonly still identify with their familial heritage and consequently
maintain ties to and continue the practice of Hispanic tradition and language. From birth, these persons are classified as United State citizens and are privileged to the social programs and rights that accompany this title. However, due to the demands of assimilation that augment with each subsequent generation of immigrants and offspring, the Spanish-speaking, culturally-knowledgeable DHH Hispanic does not often emerge beyond the second or third generation of Hispanic Americans. This occurs as a result of the larger society’s pressure to assimilate which overwhelmingly swallows the culture and the language of ethnically-diverse individuals.

Communication as a Factor: Linguistic Accommodation

The immediate home environment of the DHH child is particularly crucial in influencing the development of the child. One momentous component of this environment is communication. However, due to the differences in the communication modalities and abilities between a DHH child and his or her hearing parents, the linguistic development of the child can become limited depending on the parents’ approach. Furthermore, the conflicting demands for immigrant parents to learn English in order to mesh into the society of the U.S. stacked with the challenge of developing a language through which to communicate with their DHH child, renders many parents with the responsibility of having to choose one language over the other. Gerner de García (1993a) more elaborately explained this conflict,

Being immigrants creates additional stress on families with deaf children as they learn two new languages and cultures. Deaf and hearing family members must learn the English language and American culture. The need to learn the language and culture of the Deaf overwhelms many
hearing parents. Immigrant parents need additional support to facilitate their acquisition of ASL and awareness of Deaf culture, while they are also learning English. (p. 223)

Consequently, when parents are not able to balance the linguistic demands of their environments, they may resort to a negative self-efficacy. Regardless, when confronted with the decision of which language to invest most effort into acquiring, Hispanic parents most commonly choose English. Gerner de García (1993a) explained the reason behind this frequent pattern: “parents in [Hispanic families with a DHH child] have to learn English to survive, to advocate for their deaf children, as well as to learn their rights” (p. 247). Consequently, Hispanic family perceive more of a necessity to learn English, not as an absent minded decision that neglects the child’s linguistic needs, but rather one that aims to ensure the acquisition of the future support and resources he or she will need.

On the other hand, if a child receives an appropriately stimulating linguistic environment as an infant onward, he or she can develop a head start toward salient communication (Call, 2010, p. 24). Such outcomes are most common with DHH children of Deaf parents. These parents are more likely to identify their child’s deafness earlier in the child’s development than hearing parents, accept and accommodate for their child’s deafness, and provide an appropriate social-emotional environment for the child (Rodda & Grove, 1987, pp. 307-308). However, parents do not have to be Deaf in order to provide such an environment for their child. As Hoffmeister & Goodhart (1978) discovered in a dissertation study of a hearing mother who used a combination of ASL and signed English with her deaf child from 20 months to 3 years of age, DHH children of hearing parents are capable of demonstrating similar language skills and competencies as DHH children of Deaf parents. Nonetheless, success cases like the one found in the
previously mentioned study require that the decisions and adjustments of Hispanic families begin early, remain consistent, and accommodate the child’s linguistic needs.

In this context, accommodating for the linguistic needs of the child extends beyond merely learning sign language but also includes sociolinguistic aspects, such as getting the child’s attention through an appropriate visual mean, waiting for the child to divert attention before beginning a communication, moving so that the child can better see a member’s communication, and a willingness to simplify and restate information for the child (Gerner de García, 1993a, pp. 227-228). However, as Gerner de García found, the DHH Hispanic children make more accommodations for hearing members of their families than the alternative of hearing members making accommodations for the DHH child. The researchers highlighted DHH children’s adaptations, such as “using home signs, gestures, foreign signs, and oral Spanish… [as well as] their voices to get the attention of hearing family members,” aimed at initiating and conducting communication (pp. 232-233). As a result, DHH children are more apt to become frustrated with the difficulty of communicating with their families and with the lack of accommodations their family members make for their visual needs. Consequently, the DHH child is liable to develop feelings of resentment and hostility toward the family body, inevitably prompting him or her to disassociate with their Hispanic culture.

Analysis of Early Development through a Dilemma Development Model

The manner in which a DHH Hispanic responds to the challenge of their unique linguistic needs primarily depends on hereditary and environmental influences including
personality, parental, and social factors (Kaland, & Salvatore, 2002, p. 4). Fundamental to the development of the child is the level of acceptance Hispanic parents demonstrate in regard to their DHH child’s deafness. Gerner de García (1993a) explained that acceptance is a three-fold process, each stage demonstrating a different level of response and adaptation. The stages of acceptance include: 1.) acknowledging the child’s deafness, 2.) accommodating the child’s deafness, and 3.) accepting the child’s deafness (p. 225). Through an analysis of the primary stages of personality theorist Erik Erikson’s psychosocial dilemma model, the continual development of a DHH Hispanic child has shown to have significant influence from parents’ attitudes, coping strategies, parent-child relationships, and perspectives of their DHH child.

“Trust versus mistrust”

The first stage of Erikson’s outline is the dilemma of “Trust versus Mistrust.” Occurring during the first year of life, this stage is highly dependent upon the parental figures and determines how a child’s aptitudes to trust develop. For families with a recently diagnosed DHH child, the most influential component in this period is how the parents respond to the diagnosis. This reaction heavily depends upon the previous experiences and influences of the parents. For example, while Deaf parents of Deaf children often tend to be welcoming and well prepared for such diagnoses, hearing parents customarily react very differently. Hearing parents, instead, are more likely to view the diagnosis of a hearing impairment as a crisis, similar to the news of a child diagnosed with a disorder like emotional disturbance or mental retardation. Resultantly,
hearing parents commonly resort to a psychological pattern of shock, denial, guilt, depression, anger, and anxiety. Accordingly, several factors affect the severity of a family’s response to the diagnosis of hearing loss. The first is whether the onset of hearing loss occurred early in the child’s life or later. Mapp & Hudson (1997) found that the earlier the onset of a child’s hearing loss, the more a parent distanced him or herself, a coping strategy in which the parent attempts to diminish the situation to a lesser degree (p. 51). Such distancing further worsened when the Hispanic DHH child had limited signing ability and was burdened by additional stress at home, particularly when the Hispanic family was of low economic status and education.

An additional factor of this stage is the reason for the child’s hearing loss, either hereditary or environmental (Mapp & Hudson, 1997, pp. 51-52). “Parents whose child’s hearing loss was due to hereditary or congenital causes had lower coping scores than parents whose child’s hearing loss was due to disease, injury, or unspecified causes,” explained Mapp & Hudson (p. 53). Gerner de García’s (1993a) study noted a sample in which the Hispanic mother felt guilt for her child’s deafness due to convictions by her in-laws that she was a “genetic carrier of deafness” and thus responsible for the child’s diagnosis. “Additionally, [the mother] experienced prejudice in her experiences dealing with negative community and professional assumptions about the causes of her son’s deafness” (p. 226). Not only do devastated Hispanic family members employ coping strategies as a result of the child’s diagnosis, but the frequency of employment of particular strategies, including confrontive coping, distancing coping, self-control coping, social support, planful problem solving, and positive appraisal, is comparably much higher than that of African American, Caucasian, and Asian family responses (Mapp &
Nonetheless, Hispanic parents’ perceptions of the cause of a child’s deafness vary with no particular pattern. For instance, some Hispanic families manage to dismiss etiological explanations of their child’s deafness through suggestions of personal convictions, such as religion, heredity, or the initial handling of the child (p. 209). In Steinberg’s study (1997), six of nine Hispanic families with DHH children spontaneously mentioned God as a deciding factor in their child’s deafness. These responses varied from a positive outlook, in which the parents viewed the deaf child positively, as “a gift from God;” neutrally, in which the family anticipated that God would heal the child; and, negatively, in which the deafness transpired as punishment for the parents’ sins (pp. 204, 209).

Steinberg (1997) further noted differences between parents’ reactions to the diagnosis of the child. The researcher observed that fathers experience more difficulty accepting this news of their child’s diagnosis than mothers. Layered with the tendency of the father to be absent due to demanding work schedules, the father consequently runs the risk of developing a poor long-term relationship with the DHH child (Lerman, 1984, p. 46; Steinberg, 1997, pp. 204, 210). On the contrary, mothers tend to come to terms with the child’s diagnosis more quickly, consequently playing a larger role as the main communicator and caretaker in attending to the needs of the child (Lerman, 1984, pp. 46-47, 51; Steinberg, 1997, pp. 205, 210). Gerner de García (1993a) drew due attention to the necessary reassessment of the resources aimed at helping Hispanic parents arrive at a healthy acceptance of their child’s deafness:

In order for [parents] to deal with these issues, as well as the need to accommodate their deaf member, the family needed help. However, there were no programs available that addressed the needs of immigrant deaf
children and their families. The parents’ program at the school centered on teaching Sign Language, and running parents’ groups that focused on general issues such as discipline… Acknowledging deafness and accommodating a deaf child’s linguistic needs leads to acceptance of the child’s deafness. (pp. 226-227)

Parents who are unable to cope with the grief and disturbance or their child’s diagnosis, can convey emotions of stress and helplessness to their DHH child and can unconsciously affect the warmth and physical care transmitted to the child (Moores & Meadow-Orleans, 1990; p. 308). This deficiency in the child’s physical affection during these critical months can consequently affect his or hers basic attitude of trust and mistrust. Particularly in cases of DHH children with hearing parents, children may resultantly develop mistrusting qualities such as insecurity, suspicion, and the inability to relate to others (Coon & Mitterer, 2009, p. 136).

Nonetheless, as a homogeneous community, Hispanic parents’ ability to cope with their child’s diagnosis extends beyond the immediate family to also include the extended family and the Hispanic community at large. Communities with healthy acceptance of a child’s deafness commonly refer to the child with semantic endearments. For instance, many Hispanic individuals use diminutives such as “-ito” and “-ita,” linguistic suffixes that demonstrate care and affection. In contrast to other disabilities such as mental retardation, blindness, and orthopedic handicaps, this linguistic use demonstrates that the community does not view deafness as “negatively” as other conditions. This correlates well with the expectations many Hispanic parents expressed of wanting “their [DHH] child to do better in life than individuals with ‘other’ disabilities” (Steinberg, 1997, pp. 211-212).
“Autonomy versus Shame and Doubt”

The second stage of Erikson’s psychosocial dilemma outline is “Autonomy versus Shame and Doubt.” This stage occurs between one and three years of age and develops depending on how much a parent allows their child to explore and try new things (Coon & Mitterer, 2009, p. 136). During this stage, a habitual differentiating factor once again develops between Deaf and hearing parents of Deaf children. While Deaf parents understand that deafness is not a disorder, Hispanic hearing parents are often still under the impression that their child has a serious disability and, thus, react by over protectively monitoring their child’s curiosity (Moores & Meadow-Orlans, 1990; p. 312). For this reason, hearing parents, who perceive their child as defenseless and fragile, often tend to dominate and intrude on their children’s behavior rather than allowing the child to play and develop. Such parenting can lead to less confident, attentive, responsive, and compliant behavior and skills causing the child to cultivate doubtful and shameful self-identity (Coon & Mitterer, 2009, pp. 113, 136).

One particular behavioral characteristic identified in Deaf children during these formative years is impulsive behavior. This behavior closely relates with the variable of effective communication and common language within a household. Accordingly, during this stage, children’s social development shares a strong, positive correlation to the extent of parents’ sign language abilities, with Deaf parents serving as the most beneficial influences leading to competent social skills (Lieberman, Volding, & Winnick, 2004, p. 283). “Communication between hearing-impaired children and parents plays an essential role in children's linguistic, social, and cognitive development… Essentially, communication has an impact on the Deaf child's future in the areas of social-emotional
skills and academics” (p. 283). However, often afraid that embracing the use of sign language will result in complete separation of their DHH child from the Hispanic community, hearing Hispanic parents commonly choose to utilize speech and do not take the necessary measures to learn sign language. As a result of this absence of visual language, DHH children become more heavily dependent upon routine and consistency as a way of understanding the world (Austen, & Jeffery, 2007, p. 77). Therefore, when abnormalities arise in a schedule or a simple situation, a child may not know how to react in a socially acceptable manner and, consequently, resort to impulsive behavior.

“Initiative versus Guilt”

The third stage of the progressive psychosocial dilemma outline is “Initiative versus Guilt.” This stage occurs during the preschool years, around the ages of three to five, and includes the child’s formation of personal initiative. Similar to other developments, once again the parent’s personal experience and influence can create a distinctive difference in the child’s development during these years. For example, a Deaf parent of a Deaf child is commonly less anxious during their child’s preschool years and more prompt to grant independence, confident in their child’s ability to “navigate within their neighborhood independently, about environmental dangers, and generally about their ability to care for themselves” (Austen & Jeffery, 2007, p. 84). Because of the freedom that Deaf parents permit their child, the preschooler is more apt to develop into an individual who is more mature, independent, and capable of taking responsibility (Moores & Meadow-Orlans, 1990, p. 291). On the other hand, hearing parents of DHH
children are likely to view their child’s behavior merely through the “lens” of their child’s hearing impairment and, therefore, approach these years in the child’s life with much more supervision (Austen & Jeffery, 2007, p. 7). For this reason, the hearing Hispanic parents tend to feel the need to compensate for the “tragedy” of their child’s hearing loss by increasing protection and prevention of the child’s interaction with distress or hardship (p. 83). This type of parental behavior can prove detrimental to the child’s future classroom behavior, educational achievement, and social relationships. In sum, the child develops psychologist’s Hilde Schlesinger’s theory of powerlessness. This theory rationalizes that Deaf children with “intrusive” and “controlling” parents will cease efforts to take personal responsibility and resultantly develop reliance upon the hearing community for all basic needs. Such dependence can begin at birth and carry into numerous environments, as Erting (1985) explained:

For most people born to hearing parents… dependence begins at birth. Their dependence on people who hear has its roots in the emotionally powerful and influential experiences of early childhood and the parent-child relationship. Dependence continues in the spheres of education, religion, employment, and in the acquisition of goods and services provided and controlled primarily by those who infrequently confront or even think about deafness as a life experience… [DHH individuals] continue to find their fate dependent, to a large extent, on the willingness of hearing people to interact with and accommodate them. (p. 227)

As a whole, the Hispanic family’s response to the child’s disability depends on how well individual family members cope with the child's diagnosis; however, in general the family reacts with increased support (Steinberg et al., 1997, pp. 204, 210; Zea, Quezada, & Belgrave, 1994, p. 191). This support can range from the extent of overprotecting the disabled child and denying him or her any independence to the opposing extreme in which the child has equal expectations as hearing children in the
family. In Gerner de García’s (1993a) study of three Hispanic families with DHH children, parents demonstrated both extremes of expectations for their DHH child. In one family, the parents had so completely denied their child’s deafness that they held the same expectations for him as the oldest child of any traditional Hispanic family, to the extent of asking the DHH child to interpret between spoken Spanish and English and to help siblings with literacy (pp. 225-226). In the opposite extent, the mother of the same family demonstrated a double standard for her DHH child by not correcting his Spanish grammar as she did with her other children (pp. 225, 232). “By not treating him the same as her other children, she might have been setting him up for failure” contested the researcher (p. 225). In instances when the family completely seeks to alleviate the child of all responsibility, Hispanic hearing siblings are liable to have to counterbalance the responsibilities of their DHH brother or sister. Gerner de García’s (1993a) observed, for example, Hispanic families displacing expectations for the DHH child onto the shoulders of his or her hearing siblings. One mother expected her hearing children not only to interpret from English to Spanish for her, but to also interpret into sign language for their DHH sibling (pp. 230-231).

Additional factors that affect a Hispanic parent’s protectiveness during their child’s preschool years are communication and punishment. For a Deaf household, communication chiefly embraces sign language. As previously discussed, this common language between parents and child allows for effective communication as well as provides a mean for parents to clearly reprimand their child and supply constructive feedback for challenging behavior. Austen (2010) elaborated on the power of a common language and it’s correlation with challenging behavior,
Challenging behaviour occurs in social contexts and may serve the function of drawing attention or escaping attention or activity. It occurs when a more effective or appropriate form of communication is not available to the person exhibiting the behaviour… Communication difficulties are proportional to the degree of learning disability: the greater the cognitive impairment, the greater the difficulty adjusting one’s communication to find a way to express oneself, which in turn can lead to challenging behaviour. (p. 35)

In contrast, however, hearing parents who do not use sign language are less able to communicate as effectively with their child because of the modality barriers. Such a barrier makes it difficult for effective communication to take place between the Hispanic parents and the DHH child as well as affects parental supervision and punishment. Resultantly, in terms of protection, hearing parents tend to be more shielding of their Deaf child and often attempt to steer their child away from socially or emotionally awkward situations. This deprivation of assorted experiences for the child can result in passive and dependent behavior. Furthermore, hearing parents are more likely to overlook challenging behavior, perceiving the result of the child’s “disability” rather than a normal component of child development. Consequently, DHH children are six times more likely to display challenging behavior in comparison to hearing children (Austen, 2010, p. 33). However, when a hearing parent does punish challenging behavior, it is often through physical means or by removal from a situation. Parents resort to this strategy because of the communication barrier that lies between the parent and child which prohibits the parent from scolding the child or making explanatory justifications. These dismissive and punishment practices can negatively impact a child’s future behavior. Consequently, the child does not acquire a well-developed understanding of moral and social norms in either society when parents overlook their challenging behavior, and the child does not learn what exactly is wrong with their behavior when
improperly punished. For these reasons, it is likely a Deaf child will become confused when faced with new challenging situations, having limited experience and understanding, and will commonly resort to physical action or avoidance as a means of solving problems (Moores & Meadow-Orlans, 1990, p. 292). Such a fight-or-flight response can be detrimental to the Deaf Hispanic later in life who, when faced with the challenge of an unaccommodating education system, perceives dropping out as the only alternative.

Finally, communication additionally affects a Deaf child’s Theory of Mind skills. These skills include a child’s ability to understand other people’s perception and reflect upon their own thoughts and feelings. Such skills are often underdeveloped in Deaf children with hearing parents because of the deficiencies in life experiences the children have due to parental overprotection and communication barriers. This absence of skills can lead to delayed emotional understanding and deficiencies in the DHH Hispanic child’s social, behavioral, and cognitive development not only in the greater mainstream society, but also in their own cultural community (Austen, & Jeffery, 2007, p. 78).

“Industry versus Inferiority”

In transition, the fourth stage of Erikson’s model, “Industry versus Inferiority,” takes place during a child’s elementary years, between the ages of six to twelve. During this stage, the DHH Hispanic child grows or dwindles in his or hers ability and confidence to perform productive activities (Coon & Mitterer, 2009, p. 136). One of the largest decisions during this time period is in regard to which school parents elect to
enroll their child. Parents of DHH children often face two primary academic options for their child’s enrollment, either mainstream education or residential Deaf education. Each of these decisions has benefits and disadvantage, as mainstream schooling tends to promote better academic success but more personal and social problems, and Deaf education tends to promote better socialization and vocational skills but is less academically challenging (Moores & Meadow-Orlans, 1990, pp. 57, 314). Both options receive further analytical attention later in the thesis.

Nevertheless, the most dynamic component of this step in education is that, for the first time, parents are not the only primary individuals influencing the DHH Hispanic child’s psychological and psychosocial development. Rather, teachers and other students begin to play primary roles as well. Like parents, the way teachers and peers view a DHH child’s hearing loss affects the child’s psychological development, a component that often separates mainstream education from Deaf education. Comparable to parents, if a teacher sees a Deaf child only through the “lens” of the student’s impairment, then the steps the teacher takes for the child to avoid awkward or challenging situations can be detrimental to the child’s confidence. With this track of development, according to Erikson’s theory, the Deaf child will develop a sense of inferiority (Coon & Mitterer, 2009, p. 136). This feeling causes the child to form a psychology that relies heavily on the help of hearing people and that suggests that the child is incapable of taking responsibility and action for him or her own self (Erting, 1985, p. 241). It is for this reason that many Deaf parents choose to send their Deaf child to residential schools for the Deaf, where teachers have special training that prepares them to challenge students, and where students can interact with other Deaf peers. Such a pedagogical approach in
which the teachers actively challenge the DHH child, without hesitation because of his/her hearing loss, allows the child to form a sense of industry. This in turn improves the child’s feelings of adequacy and comfort with independence (Coon & Mitterer, 2009, p. 136).

“Identity versus Role Confusion”

The fifth and final stage of analysis in Erikson’s dilemma theory is “Identity versus Role Confusion.” Occurring during the child’s middle and high school years, this stage focuses on a child’s ability to develop a sense of self as well as personal talents and values (Coon & Mitterer, 2009, p. 136). During these years it is crucial for the DHH Hispanic to be able to identify personal strengths and weaknesses. To accomplish this, parents and educators should encourage DHH Hispanic children to explore who they are and to engage in the things they like and do well. Often during these years, Hispanic parents of DHH children may become conflicted with whether their child’s exploratory and challenging actions are normal behaviors or responses to hearing loss distress. Among other factors, pressure and over analysis of behavior from parents during this period can cause internal frustrations within DHH children. Internal frustration, such as anxiety and depression, may accumulate within the child and result in behavioral problems, such as hyperactivity and aggression (Kaland, & Salvatore, 2002, p. 5). However, the best manner by which parents can help their child during this period is through finding a subtle balance between overanalyzing every behavior and discounting their child's actions (Kaland & Salvatore, 2002, p. 5). This median allows the adolescent
to continue to develop in terms of understanding right from wrong but also respects the
child’s curiosity and developmental needs.

A supplemental important development during this stage is self-esteem, or
“regarding oneself as a worthwhile person [and with] a positive evaluation” (Coon &
peer socialization and identification. A study by Gallaudet University found that DHH
children who can identify with other d/Deaf, hard-of-hearing, and hearing children and
who are able to socialize well in both the Deaf and the hearing communities tend to have
a higher self-esteem (Lieberman, Volding, & Winnick, 2004, p. 283). For the DHH
Hispanic child, this equation is multifold, requiring fluency in three communities: the
mainstream hearing, Hispanic, and Deaf communities. Such a social hybrid often
requires DHH children to learn communication skills outside sign language, including
lip-reading and oralism. Nonetheless, Ladd, Munson, and Miller (1984) highlighted the
difficulty of this step for DHH children, reporting that nearly 50% of DHH mainstreamed
high schools seniors experienced struggles in making friends with hearing peers at school
and, consequently, had almost no contact with peers outside of school. Such findings
suggest that the DHH students are merely maintaining superficial relationships with
hearing peers and have a relative risk of not developing a healthy interpersonal skill set
(pp. 427-428).

Accordingly, one issue that DHH Hispanics who have migrated to the U.S. or
DHH Hispanics who are born into a family which migrated to the U.S. face is a sense of
personal identity confusion. Such DHH Hispanics are conflicted with feelings for their
“patria,” or homeland and native culture; the American society within which they live;
and the American Deaf community with which they may best relate. Gerner de García (1993a) explained one hard-of-hearing Hispanic study participant’s experience with the complexity of being trilingual and tricultural,

[The Hispanic child] was not recognized either at home or school as both trilingual and hard-of-hearing. He separated his home and school languages. [The child] was constantly choosing which language and culture to identify with. Bicultural or… multicultural individuals may have difficulty being accepted in either, or any, of their cultural groups. They experience this difficulty when they try to define themselves as one or the other. To overcome this, bicultural or multicultural individuals must see themselves as both, or all three, rather than choosing to try to function in solely one of their cultures. (p. 236)

However, as Gerner de García attended, the objective of identifying one’s self as pertaining to all three cultures relies just as heavily on the DHH Hispanic’s effort and ability to communicate and follow the cultural norms of each community as it relies on the community’s ability to perceive the DHH Hispanic as pertaining to its culture.

Consecutively, the motherland culture lives on within the DHH individual’s family and his or her home, while the media and outside environment emanate American culture and values. Within the Hispanic community, families often describe their DHH child as losing his or her individual identity within the community. In Steinberg et al.’s study (1997), families drew these conclusions from experiences in which their DHH children lost their name in the community, commonly referred to instead as “la sorda” or “el sordo” (the deaf one) and “la muda” or “el mudo” (the mute one). Additionally, parents expressed such situations as “emotionally charged” and “upsetting” resulting in upfront approaches of telling community members to use the child’s actual name (p. 211). Furthermore, the community’s understanding of deafness also seemed to be
occasionally deficient. One participant of Steinberg’s study (1997) reported that her Hispanic neighbors would not permit their children to play with her deaf son because the neighbors thought the woman’s son had an infectious disease. Another account suggested that community members thought a mother’s deaf son was mentally retarded (pp. 211-212).

Conversely, DHH Hispanics are often introduced to the American Deaf community either through Deaf schools or social events. Nonetheless, if a DHH Hispanic successfully connects with the Deaf community as an accepted member, the DHH Hispanic’s family may feel as though the individual has betrayed his or her own culture and heritage. Consequently, family perceptions and attitudes toward deafness have a profound influence on DHH Hispanics who naturally, through cultural rearing, value their families’ perspective and opinion.

Beyond discovering with which communities an individual identifies and is accepted, a large element of this stage of development relies on the social relationships a child is able to form. During this age in adolescence, a child tries passionately to fit in and conform to his or hers peers. However, these efforts can be an isolating and negative experience for children who are different communicatively. Emerton & Rothman (1978) found that hearing peers of d/Deaf students had lower perceptions of them in comparison to other hearing classmates. Such perceptions reportedly stemmed from communication difficulties and resulted in recognizing d/Deaf peers as immature, overemotional, lacking in leadership, and demonstrative of poor social skills (p. 592). Unfortunately, Deaf children are often all too familiar with this experience, rarely perceiving being different from one’s peers as a unique virtue. The DHH Hispanic is thus particularly at risk during
this stage, willing to renounce his/her Hispanic identity without recompense. Consequently, the child can emerge without any particular language competence at all. Additionally, in particular for DHH children attending mainstream schooling, adolescents also face communication difficulties and possible social skill deficiencies during this period that can present even more challenges as the DHH individual attempts to define a sense of self (Lieberman, Volding, & Winnick, 2004, p. 283). As a result of difficulties in forming relationships and a sense of self-identification, DHH children are liable to develop introversion. Deaf adolescents with this personality type tend to be reserved and have shy, quiet, and sensitive demeanors (Coon & Mitterer, 2009, p. 421). Such inner-focused personality traits arise as a result of reduced communication and stimulation from the hearing world. Withdrawn from peer interactions due to inner-focus behaviors, the culturally Hispanic, socially introverted, DHH child may become frustrated by the extra effort necessary for communicating or by the isolating feelings of "being different" (Austen, & Jeffery, 2007, p. 79).

In sum, this stage of dilemma compresses to an area that psychologists refer to as social adjustment, or a child’s ability to learn social expectations and the boundaries of socially approved behavior. A Hispanic DHH child’s social maladjustment often takes place when a Deaf child enrolls in mainstream schooling, where peers are less apt to identify with the DHH Hispanic child. As a result of this absence of commonality, the child becomes isolated and consequently suffers from role confusion. This experience can leave the child with uncertainty about who they are and who they would like to be. In contrast, DHH Hispanic children who successfully adjust into peer settings—most readily available in residential Deaf education—fruitfully define a sense of identity and
develop confidence, independence, and positive self-esteem (Coon & Mitterer, 2009, p. 136; Moores & Meadow-Orlans, 1990, p. 312). Whichever adjustment a child experiences, the psychological outcome often persists into the child’s early and middle adulthood years. However, the long-term consistency of this self-esteem depends heavily on a constant environment that provides identifiable peers and accessible communication; otherwise, the child is liable to require an entirely new set of social skills that they do not yet possess.

The Role of the Early Intervention Professional

With the varying perceptions and understandings of the Hispanic child’s deafness and communication put aside, the importance of families acting in a timely manner and taking caution as they make critical decisions for the DHH child is crucial and directly correlated with the child’s future success. Fundamental to this complex decision-making process are professional resources. These services help to steer parents in providing the DHH child with an opportune future and aid parents as they continue to cope with their feelings regarding the often-traumatizing diagnosis of their child’s deafness. Nonetheless, as beneficial and accommodating as professional resources can be, many Hispanic parents are unaware of such resources and the means by which to request them. However, even if parents do successfully stumble upon the endowed resources, such professional and programs can be detrimental to ethnically-diverse families that neither know the rights and accommodations endowed to them nor are aware of the necessity of
seeking second opinions before making final decisions (Blackwell & Fischgrund, 1984, p. 156; Gerner de García, 1993, p. 73; Gerner de García, 1993a, p. 7).

With the plentitude of services in this post-ADA era, Hispanic parents are apt to discuss a variety of crucial matters with professionals, including the potential of auditory devices, appropriate school options, pathological assistance, available community services, and children’s and parents’ rights (Steinberg et al., 1993, pp. 296-297). Lerman and Vilá (1984) divided the social services available to Hispanic parents of DHH children into three categories: social, home-related, and school related (p. 176). The first of these, social services, entitles Hispanic parents and their DHH child to a school worker. This paraprofessional seeks to offer assistance to parents with the purpose of helping them to provide a better home environment for the child. In this sense, the social worker takes a psychological analysis of the DHH child and confirms he or she is receiving appropriate medical and mental health services to ensure for an optimal development. Additional social services that early intervention professionals provide for the purpose of the developmental necessities of DHH children and their parents include appropriate language stimulation, awareness of auditory devices, and transition into the educational systems (Lerman and Vilá, 1984, p. 176). Ideally, the social worker in such contexts is Hispanic so that language and culture boundaries do not affect the parents’ comfort accepting advice from the professional or being honest with him or her.

Correspondingly, bilingual/bicultural professionals are able to actively engage DHH Hispanic children in optimal language- and modality-appropriate stimulation. This educational resource has the capacity to significantly increase a DHH child’s prospect of reaching his or her full development potential, particularly in language acquisition.
Schlesinger & Meadow (1972) found that, by as few as one-years of age, students who attended early intervention language enrichment programs demonstrated language comprehension equal to that of hearing peers. Comparably, DHH students who did not have such visually-stimulating intervention environments lacked maturity, responsibility, and independence (pp. 463-464; Austen, 2010, p. 35). In their later years, following age two, DHH Hispanic children are steadily developing their transductive reasoning, or rationalization of daily events through observation of cause-and-effect, and intellectual equilibrium, or the process of adjusting initial transductive reasoning to fit a broader range of circumstances, environments, and cultures. These cognitive problem-solving skills allow children to arrive to the understanding that multiple solutions can resolve a given problem. Such knowledge makes the DHH child more apt to linguistic variation and expansion, and, as Christensen (1993) confirmed, “rather than fearing to attempt ‘incorrect’ communication, the child might become involved in creative self-expression through written, signed, or spoken variations of his or her home and school languages” (p. 24). Utilizing Cummins’ ASL/English parallel acquisition model, Christensen (1993) also explained one manner in which early intervention benefits the language development of DHH children,

When common visual features of both languages are introduced and used consistently, among young Deaf children and their family members and teachers, the possibility for natural acquisition of both languages is enhanced. The most easily adapted common features include eye contact, facial expressions, and basic hand shapes. (p. 20)

The second set of professional services, home-related services, likewise fall on the role of the Hispanic social worker and include, “interpreting, providing transportation to the school, serving as an advocate, making referrals to out-of-school agencies when
appropriate, and providing counseling to help parents deal with problems of nutrition, child-rearing practices, behavioral management,” and short-term counseling of siblings and other family members (Lerman and Vilá, 1984, p. 176). Furthermore, the professional is capable of educating the Hispanic parents about auditory devices to supplement their DHH child’s potential oral language development. Not only are hearing aids and cochlear implants foreign to traditional Hispanic culture, but they are also not immediate possibilities for the low-income family. Nonetheless, understanding the aid that such devices can provide to the auditory language development of a child, the bilingual/bicultural professional is capable of explaining the assistive hearing devices in a culturally-appropriate manner, including the available financial plans for acquiring the device (Blackwell & Fischgrund, 1984, p. 156). Last, the early intervention professional prepares parents for the impending enrollment of their DHH child into the education system. Incorporating the challenges of “conventional learning behaviors,” the expectation of regular attendance, the concept of homework, and the expectation of parental involvement, the academic environment can be an overwhelmingly daunting element for many Hispanic families. Whether the professional-parent team decide on mainstream, Deaf, or other alternative education, the professional must ensure that parents are providing an appropriate linguistic environment for their child at home and must take steps to introduce the child and parents to the potentially foreign academic environment of the U.S. (pp. 156-158).

The last set of services to which Hispanic DHH children and their families are entitled during the child’s later years of development are school-related services. These services typically arise in a DHH Hispanic child’s adolescent years, during which he or
she may be demonstrating rebellious behavior (Lerman and Vilá, 1984, p. 176). In this context, the Hispanic social worker acts as a counselor and tries to encourage the student to behave appropriately:

[The social worker] meets with [the family] in their homes, tries to determine the problem, and develops a plan for reentry to school. Based on his relationship worth a particular family, the social worker may be asked to assist in interpersonal situations affecting the child and the family. He may act as a liaison between the child, the family, and the school staff at important meetings. (p. 76)

However, despite the plentitude of resources available to Hispanic parents of DHH children, cultural and language boundaries limit the effectiveness of resources in the decision-making process as well as constrict parents’ role in their child’s education and Individualized Education Plan (IEP) (Steinberg et al., 1997, p. 205). Regardless, as a supplement to professional support, parents also need intervention and support services in order to learn to cope with their child’s deafness and in order to make the most level-headed decisions for their child. Nonetheless, such resources can be difficult for Hispanic parents to find or attend due to work schedules, transportation restrictions, demands from other family members and children, and due to linguistic limitations (Gerner de García, 1993, p. 72).

One challenge that Hispanic parents encounter in the professional environment is communicating with the professional. While some families are fortunate to work with Spanish-speaking professionals, this opportune resource is scare and far in-between. As a result, families are left with two options: to work with a third-party interpreter or to attempt appointments using a restricted fluency in English. Steinberg et al. (2003) found that for parents who communicated through interpreters, the overall experience depended
on the interpreter’s training and dialect. In Steinberg’s study, participants complained that interpreters often took too long to arrive to the appointment, while other interpreters were not present. In some experiences, parents merely received an interpreted synopsis at the appointment provided by an attending teacher. Concisely, these circumstances limit the parents’ opportunity to ask questions and acquire the information they need to make an informed decision (p. 297). Furthermore, other participants recognized the difficulties of understanding an interpreter who was from a different country of origin, struggling to understand linguistic aspects such as the interpreter’s accent and regional vocabulary and colloquialisms. Above all, participants preferred a professionally trained interpreter who was from their same country of origin, spoke their Spanish dialect, and understood their culture (p. 297). Such expressions of preference not only demonstrate the need for interpreters to match consumers’ language preferences, but also draw attention to the role interpreters play as emotional comforts for the minority individual living in an oppressive majority culture.

Conversely, for Hispanic parents who try to manage appointments with professionals using their limited fluency in English, communication becomes a constant struggle to understand and achieve without breakdown or compromising communication goals. As Steinberg’s sample participant explained, “if [the appointment] had been in Spanish… one is free, one can ask the questions one wants to ask as he or she wishes. But it is hard when one feels trapped [by language]. In a foreign language, the words don’t come out” (Steinberg et al., 2003, p. 297). An additional resource available to Hispanic, Spanish-speaking parents are professional texts. These informational pamphlets and forms are typically originally in English and later translated into Spanish.
However, as study participants contested, such translated materials “kill” the Spanish language, to the extent of being so confusing that the parents are better off with the original English copy (pp. 297-298). A final issue that Steinberg et al. (2003) recognized in regard written materials was its cultural insensitivity. Written by mainstream, U.S.-born specialists, such literature did not recognize the prominent questions, concerns, or beliefs of Hispanic culture (p. 301). Such cultural bias can lead Hispanic parents to making decisions that may not be culturally-appropriate for their child and result in unwanted stigmas within their cultural community or a developing personal identity conflict for the DHH Hispanic child.

**Language Choices and Modalities of the DHH Hispanic**

The choice of what language Hispanic parents should use with their DHH child countered by the reality of what language the child actually develops is a complex equation that requires research into community resources, professional consultation, as well as the child’s personal needs and preferences. Neither the severity of hearing loss nor the ethnic background of DHH children determines what language is most appropriate for them nor which they will prefer as they further develop (Luetke-Stahlman & Weiner; 1984; p. 116). Instead, the development of DHH children is a twofold result of the children’s personal ability to distinguish and acquire the languages of their environment as well as the linguistic environment Hispanic parents intend on providing their DHH child. On the one hand, as Dean (1984) explained, the process depends on the
children’s ability to organize the phonologic, syntactic, and semantic cues of their environment in an appropriate manner as to stimulate a desired response:

Simply expressed, the child who is acquiring a language is receiving signals from the external world, abstracting common features in the signals, and organizing a system on the basis on these features. Language is produced according to this system. These principles apply as well to the hearing-impaired child who decodes linguistic messages received through the visual, acoustic, and tactile sensory modes. (p. 63)

Consecutively, Hispanic parents play a significant role in their DHH child’s language development through the linguistic exposure they provide within their own household.

As Dean (1984) summarized, this factor encompasses both the culturally-bounded hopes parents have for their child as well as the intervening suggestions of professionals in pathology and education:

Parental attitudes have played a large role in determining the relative success of bilingual programs developed for hearing children. In identifying the language(s) they want their child to learn, parents must ask themselves what they are prepared to do to provide the optimum language environment in the home. Their own skills in both languages must also be considered. (p. 65)

Nevertheless, because Hispanic parents are so often unaware of the services for and varying perspectives of deafness, they may receive biasedly-weighted, audist and phonocentric advice concerning what is best for their DHH child. Unfortunately, many Hispanic parents of DHH children are unaware that Deaf people have a language and culture of their own or, if they are aware, do not perceive their child’s place within said culture or fear losing their child to it. Thus, unless professionals make a timely recommendation, Hispanic families of DHH children may never take note of this beneficial avenue of communication, education, community, and identity for their child. As Steinberg et al. (2003) found, “most parents relied on the same professionals who
were treating their children to provide information and guidance about not only hearing loss but also available services, medical assistance, and children’s and parents’ rights” (p. 301). On the contrary, an ideal situation would be for the family to have a culturally-Deaf individual whom it can consult for a second opinion. Such outside support and perspective from a Deaf individual, particularly during the early stages of diagnosis, would allow parents to personally weigh what is best and most appropriate for their child. Unfortunately, as Humphries (1993) explained, ethnically diverse consultants are rare in the Deaf community: “there are few ‘models’ of White Deaf people in the lives of Deaf children, and there are even fewer African American, Hispanic, American Indian, and Asian/Pacific Island Deaf role models in the lives of Deaf children” (p. 14).

Inopportune, the lack of access to linguistically- and culturally-appropriate resources severely impairs the ability of Hispanic parents to make well-informed, analytically-weighed decisions for their child’s wellbeing. Consequently, parents are more liable to trust and comply with the recommendations of the professional treating their child rather than inquiring elsewhere for supplemental opinions (Steinberg, 1997, p. 205; Steinberg, 2003, p. 301).

*Oral Communication*

Of the options Hispanic parents have to choose from to communicate with their DHH child, the first approach they are likely to attempt is oral communication. With the initial engagement of this communication modality, parents are taking the primary steps in confronting the disappointment that their DHH child will not be able to communicate as they had originally expected. Wells (1986) explained parents’ strong desire and
expectation of oral communication from their child and what role it plays in the parent-child relationship:

Parents are delighted when they find they are able to communicate with their children through words. Together they can now begin to explore the world through talk as well as through action. They also find that they can discover more precisely the needs of their children rather than having to rely on the interpretation of cries, smiles, and other nonverbal gestures. Equally important, parents are no longer dependent on physical means to exert control over their children when this is necessary. As a result, during the next few years children in almost every home engage in a great deal of talk, much of it with their parents or other caretakers. (p. x)

Thus, upon learning that their child is deaf and as they growingly encounter more and more communication limitations, parents typically retract to a feeling of inadequacy and powerlessness (Moores & Meadow-Orlans, 1990, pp. 293-295). If parents do not learn to accept their child’s deafness and accommodate for his or her unique visually linguistic—rather than auditory—needs, they will likely extend their early rearing behaviors, such as protectiveness and control, into the later years of the DHH child’s life (Austen, 2010, p. 37; Wedell-Monnig & Lumley, 1980, p. 773). Consequently, children who perceive themselves as defective in comparison to other family members and peers will develop poor social skills, be scarce in important developmental experiences, and lack exposure to the rituals, values, and traditions and the opportunity to become a member of the family’s culture (Call, 2006, p. 13; Gerner de García, 1993a, pp. 23-24).

On the one hand, English carries considerable economic and social pressure as the language of everyday communication for the larger hearing society (Humphries, 1993, p. 8). Auditory-biased professionals who favor English-only, oralist education may suggest that Hispanic parents speak only English in the home environment. Such professionals view deafness as a defect and demonstrate little appreciation or understanding of Deaf
culture or sign language. However, this practice risks several consequences. First, an English-only approach can make the Spanish-speaking parents feel inadequate and disrupt the coping process for their child’s deafness. In fact, parents may begin to feel guilty and inept, as they are unable to fulfill the objective of providing an English-only environment. As a result, parents may become angry and mistrustful of the professional (Lane, Hoffmeister, & Bahan, 1996, p. 29). Consequently, the hostility may cause the parent-child relationship to suffer and encourage the DHH Hispanic child to abandon his family’s culture with the purpose of better connecting with the school environment and U.S. society (Call, 2010, p. 27; Levi et al., 2001, pp. 47-48).

Second, in depriving DHH children of a language that is appropriate for their communication needs, primarily visual input, they may never reach their potential in acquiring a complete first language at all (Christensen, 1993, p. 18). Furthermore, an oralist approach additionally encourages the idea that the DHH student is “broken” and must overcome a disability in order to assimilate with the rest of society (Call, 2006, p. 13; Gerner de García, 1993a, pp. 23-24). This in turn can have a negative impact on the child’s self-esteem and developmental autonomy, as previously discussed in respect to Erikson’s stages of “Identity vs. Inferiority” and “Identity vs. Role Confusion.”

Concisely, an English-only, oralist approach is a restrictive means of raising a child that can potentially produce a child with a negative self-image and without any real first language.

The debate still wages on today regarding whether English or ASL is most appropriate for the DHH individual. Nonetheless, as previously explained, acculturation, implies retaining one’s own culture first and learning a secondary and, in this case, a third
culture subsequently. Thus, in order for DHH Hispanics to be success cases of acculturation, they must acquire competency with all three of their cultures’ languages—English, ASL, and, in particular, Spanish. Despite which language and modality parents prefer for their DHH child’s education, Hispanic parents typically also desire for their DHH child to learn Spanish as a means of retaining their culture and staying in touch with the community (Lerman, 1984, p. 47). In a 2010 survey, 8,081, or 21.9% of the U.S. Deaf population, reported that their families spoke Spanish at home (GRI, p. 11). Correspondingly, Steinberg’s study (2003) reported that 63% of Hispanic parent participants desired for their child to become bilingual and retain his or her culture’s Spanish language (p. 298). However, resources such as oral training for Spanish are not only rare to find, but also are typically not covered by insurance, require the additional assistance of a cochlear implant or auditory advice, are most difficult for those Hispanics who are congenitally deaf, and become twice as hard when paired alongside English speech therapy (Call, 2006, p. 13; Call, 2010, p. 28). Regardless, professionals are commonly insensitive to such multilingual aspirations and discourage the election of additional auditory and verbal communication forms. Rarely do such professionals distinguish between speech and language, nor recognize that a focus on speech neglects other important cognitive and linguistic goals (Call, 2010, p. 27).

For most immigrant parents, the oral communication route entitles speaking Spanish to their DHH child. However, other Hispanic parents, who have acquired fluency in English or whom professionals have unwisely advised to speak Spanish to their child, may also elect to speak English from motherese through the toddler years. Lerman (1984) concluded that the DHH Hispanic child’s success at acquiring English
commonly has proven to positively correlate with a number of variable, including the following: Hispanics homes in which the mother is from a Hispanic country (other than Puerto Rico), members speak English more than any other language, the DHH child has relatively good hearing, the DHH child does not have any additional handicaps, the family has a positive view towards the school, and the DHH child scores highly on social and emotional development tests (p. 52). However, as Gerner de García (1993a) noted, several studies in addition to her own have pointed to the fact that oral approaches to communication reduce the interaction capacities between parents and their DHH child, inevitably leading to less reciprocal communication. The researcher further elaborated on some of the consequences of the oral-only communication routes which she had observed in her study: “inadequate communication between mother and deaf child… left them unable to express increasingly complex needs and ideas… Faced with inadequate communication, [the DHH Hispanic child] tended to withdraw, while [another child participant] complained, both at home and school, about the lack of communication” (p. 230).

In a study by Steinberg (1997) over the communication systems and outcomes of Hispanic families with DHH children, eight of the nine Hispanic families reported that communication with their DHH child did not present a problem, reporting being able to overcome the challenge using spoken language, gestures, and sign language, among other communication systems and modalities. Four of the participants claimed that their deaf child could understand spoken language, both Spanish and English, and could successfully separate the two in their appropriate cultural environments. Another four contested that their child could speak without difficulty (p. 212). However, as Steinberg
elaborated, some parents “seemed to interpret any evidence of comprehension or production of speech as evidence of a far broader mastery of these skills.” In other words, regardless of whether the child had a limited vocabulary and an absent command of syntax, the family often still accredited him or her for understanding speech as well as being able to talk (Steinberg, pp. 217-218). Steinberg further explained the rationale behind this exaggeration of the deaf child’s communication abilities,

Hearing parents of a deaf child commonly wish intensely for their child to function as much as possible as if he or she were hearing. Any evidence of communicative success can be interpreted as evidence of progress toward what is seen as normality. It is sometimes possible for families to deny the pervasive consequences of deafness by focusing on these small accomplishments…Perhaps [these exaggerations] result from rationalization or denial, or perhaps from lack of information about deafness, its consequences for communication, and the development of language in both deaf and hearing children. (p. 218)

Regardless, when communication did break down between the hearing family and the deaf child, mothers reported that their deaf child demonstrated behavioral difficulties associated with the child’s struggle to communicate (p. 213). This after-effect is of particular consideration for the parents and social services professional when considering the most appropriate educational placement as the DHH child is liable to become a danger to other classmates around him or her.

Alternatively, numerous professionals still emphasize the importance of oral communication and education for DHH students despite the negative outcomes it can produce. As previously explained, the oral route is not as simple as it seems. Learning spoken English at a proficient level requires that the DHH Hispanic child have access to the language through auditory means. Accordingly, the student will require hearing devices, such as hearing aids or cochlear implants, to assist his or her oral training.
Furthermore, even if the child does successfully receive a cochlear implant or auditory device, he or she will also require an extremely supportive school district throughout the continuation of his or her development in order to successfully acquire competent oral language skills. However, Hispanic families’ low-income tendencies and lower-class community living leave them with unsatisfactory community resources and educational programs that meet the needs of a child in this scenario (Call, 2010, p. 28; Call, 2006, p. 14). With 30.7% of the U.S. Hispanic population uninsured, the DHH child’s family’s fiscal standing points to the inevitable fact that many Hispanic families cannot afford to purchase or maintain the expensive route of oral training (U.S. Census Bureau, 2009). Lerman (1984) elaborated on the bind that poverty can have on the Hispanic parent,

> The parents are ill-prepared to deal with the demands that are placed on them and their children. Lack of community support and being poor force parents to expend most of their energy on survival. The factors that appear to be associated with higher English functioning are not available to many parents. (p. 53)

Even so, DHH Hispanics whose families can afford the required surgeries, devices, and follow up services have demonstrated English speech-perception skills equal to those of their hearing peers (Levi et al., 2001). This outcome does consequently prompt many professionals and parents to consider the oral route, despite its difficulty, low rate of success, and costliness.

Nonetheless, depending on the amount of hearing loss of the DHH Hispanic child, oral communication, receptive and productive, may not develop as much through the auditory sensory as much as the visual sensory. Using the visual movements and subtleties of the mouth, throat, and facial nonmanuals, speechreading permits the visual reception of an auditory language. In addition to the benefit of allowing DHH children to
communicate with unaccommodating hearing individuals, speechreading allows the DHH Hispanic to extend their speechreading abilities to acquire secondary languages, such as English, with minimal confusion (Secada, 1984, p. 88). Nonetheless, as Kopp (1984) expressed, the other half of learning an auditory language, speechreading, requires the Deaf Hispanic to use “vision to perceive a language code designed for oral/aural transmission and is, at best, difficult.” Worse, if the Hispanic family cannot provide an all-English environment, the DHH child must balance two auditory inputs and thus runs the risk of confusing the two languages (p. 73). Dean (1984) further elaborated how, although a common solution for the immediate communication boundary between DHH and hearing individuals, speechreading does not have reliable enough accuracy to serve the purposes of all communication contexts nor to aid the DHH child’s personal oral production of language:

Although speechreading is a visual representation of acoustic output, the two codes lack a one-to-one correspondence. The acoustic input code requires rapid processing of serially perceived stimuli: segmental features (phonemes, blends, syllables, transitional junctures between adjoining sounds, phonemic variations within a speaker and among speakers); and supra segmental features (inflection changes, intonation patterns, melodic patterns, phrasing, loudness, rate) which add emotional and second-order nonliteral meaning to the articulated phonemic input. When this input is distorted by being filtered through a hearing loss or hearing aid, it is only the redundancy of speech (with consequent opportunities for auditory closure) that permits intelligibility. The accompanying visual input from speechreading is coded differently and perceived serially as sequential movements of articulators and facial muscles. The listener must integrate acoustic and visual information codes that are perceived simultaneously by different organic receptors and processed through different cognitive systems. Oral/motor output, when developed, will be related to the acoustic/visual input, although it will also be monitored in part by kinesthetic feedback. (pp. 71-72)
Sign Language

On the opposite end of the communication spectrum, Hispanic parents who have Deaf family members or whom a professional with an educated understanding Deaf culture has advised may choose to use sign language as the primary form of communication with their child. For many, learning sign language, particularly ASL, is just as important as learning English in respect to the successful acculturation of the DHH child in the U.S. (Humphries, 1993, p. 9). ASL provides the DHH child with a direct connection through which to join the American Deaf community. This cultural group envelops “a body of knowledge about how to live a life as a deaf person in the United States” and can serve a fundamental role in helping the DHH individual cope with their deafness and develop a healthy identity (Humphries, 1993, p. 7). Proponents of ASL point to the overwhelming evidence that suggests that a visual language is most appropriate for a Deaf child. Such advocates use the classic example of the DHH child of Deaf parents who uses ASL versus the DHH child of hearing parents who uses a spoken language. In such studies, the DHH child of Deaf parents proves more linguistically developed and communicatively able than the DHH child of hearing parents and even comparably more linguistically advanced than the typically functioning, hearing child of hearing parents (Anderson & Reilly, 2002; Bailes et al., 2009; Morgan et al., 2008; Morgenstern, 2010; Petitto, 1987; Pizzuto, 1990; Schick, 2002; Woolfe et. al., 2010)

Furthermore, Wedell-Monning & Lumley (1980) reported that parents who take the effort to learn a visual language in order to communicate with their DHH child often see worthwhile outcomes. The researchers found that older DHH children of non-signing mothers interacted less with their mothers in comparison to younger DHH children (p.
773). In her study of three Hispanic families with DHH children, Gerner de García (1993a) similarly found that the use of sign language had a positive impact on families, resulting in improved types and quality of interactions between family members: “across the families, the amount of interactive talk between mothers and their deaf children increased with the use of Sign Language. There was significantly more interactive language and more responsive and spontaneous communication” (p. 229). On the other hand, the gradual withdrawal from having an intimate relationship with one’s parents can deter the DHH Hispanic child from acquiring and valuing their family’s culture and language. Consequently, parents must continue their pursuit of learning and using sign language beyond the infant and elementary years of their DHH child; otherwise, as Gerner de García (1993a) warned,

> When the deaf child enters school, the parents may find as their child’s communication skills in English and Sign Language improve, that they are increasingly unable to communicate about more and more complex things with their deaf child… Hearing parents’ limited Sign Language skills may soon fail to serve them as the deaf child’s language grows and they need to communicate about more complex things. (pp. 67, 47)

Gerner de García continued to recommend that parents go beyond learning merely the language of their child but to also ascertain a perspective of the deaf lifestyle, “learning to be more visually-oriented in environments that include both deaf and hearing interlocutors is an important modification that families can make in learning to include their deaf child” (p. 49). Nonetheless, in general Hispanic homes commonly do not use sign language, as Christensen (1993) suggested, either due to a deficit of information regarding the language or the unavailability of classes, especially those taught in Spanish (p. 25).
Hispanic parents who elect to use sign language to communicate with their child commonly enroll in a community class in order to gain a communicative competency with the language. However, as sign language classes are commonly taught in English, such courses can be deterring to Spanish-speaking parents. In these contexts, Hispanic parents confront the challenge of learning a novel language, ASL, through means of another simultaneously developing language, English. Consequently, as Gerner de García (1993a) explained, “until family members’ needs for learning English were met, Sign language would be secondary,” therein encouraging family members to use spoken, rather than signed, communication with their DHH child (pp. 244-245). Fortunately, syntactic similarities between ASL and Spanish, such as comparable noun-adjective agreements and inverted question forms, make the language less daunting and seemingly more acquirable (Dean, 1984, p. 65). However, explanation of such linguistic comparisons and considerations are only possible when the ASL teacher is familiar with Spanish grammar. Fittingly, concluded Gerner de García (1993a), “[Hispanic] families need Sign Language classes and communication programs that address their needs as trilingual families” (pp. 244-245).

Accordingly, Christensen’s review (1985a) contended that when classes were offered in Spanish to Hispanic parents of DHH children, the parents were more likely to grasp the rudiments of ASL—even to the extent of signing without speech—and acquired a better understanding of their child’s deafness (p. 246). In Steinberg’s study (1997), only five participants reported enrollment in a sign language course, while three of the nine mothers expressed that they perceived no reason in learning sign because their deaf child could already “understand” speech so well (p. 213).
In transition, if the DHH Hispanic child later enrolls in an educational system that uses sign as the dominant language of instruction, the student’s language vocabulary will dramatically increase. Consecutively, parents who show an active interest in learning sign language and accommodating for their DHH child’s communication style are more prone to opening their child up to the initiative of serving as a “teacher” for the family. Gerner de García (1993a) observed that DHH Hispanic students were not only willing but excited about such a role as that of functioning as the sign language teacher of the family. Comparably though, when the DHH Hispanic child did not perceive earlier attempts by the family to accommodate their linguistic needs and provide equal access to communication, the child demonstrated less willingness to serve as a teacher. This resistance transpires as a result of the child viewing any remediation that they might provide to their family as merely a short-term repair for the present communication rather than a long-term investment in the hearing family members’ language development (p. 234).

In addition to the challenge of acquiring two languages simultaneously, English and sign language, an additional hurdle Hispanic parents must overcome is the concrete mental schema they have of “language” and “communication.” Although in the reverse perspective and context, this experience provokes emotions comparable to those that the Deaf population expressed during the early oralism movement following the Conference of Milan in 1880. More specifically, hearing parents feel as though they are losing part of their identity when they suppress their speech and use solely sign language to communicate (Erting, 1985a, p. 124). Consequently, a parent is more apt to sign and speak simultaneously, if not for the DHH child to receive exposure to speechreading, so
that the parent remains in the confines of what they perceive as comfortable
communication.

On the other hand, Maxwell (1986) reported that even parents who learned sign
language often did not sign during family interaction. This neglect is a common and
repetitive experience for the DHH child of a hearing home and is commonly labeled the
“dinner table conversation” as it relentlessly deprives the DHH child of access to family
communication. Instead of signing simultaneously, parents tended only to communicate
in sign language when they were solely addressing the DHH child (pp. 215-217).
Therefore, although the DHH child appears to be able to assimilate to the language style
of his hearing family members, the opposite circumstance is more commonly true.

Total Communication

A hybrid alternative to sign language and spoken language, Total
Communication, is an increasingly popular language approach among schools for the
Deaf and a gradually more prevalent recommendation for parents to use. Total
Communication, also termed “simultaneous communication” or “sim-com,” incorporates
use of both a spoken language, in this case Spanish or English, and a contact sign
language that codes the spoken language into a visual form (Steinberg, 2003, p. 301).
Kopp (1984) summarized the communication style well, “simultaneous communication
requires the sender to process two separate motor output codes simultaneously: speech
and manual sign or fingerspelling. The DHH addressee must process acoustic and visual
input perceived simultaneously in three different codes: acoustic, manual, and speechreading” (p. 15).

Proponents of this communication form assert that it allows language models to “maintain a natural flow of communication” and helps to aid the child’s exposure to and acquisition of the spoken languages (Gerner de García, 1993a, p. 35). Christensen (1985) found that Spanish-speaking parents “were able to acquire the rudiments of ASL when signed communication was presented along with spoken Spanish. Resultantly, parents reported an increase in communication with their Deaf child and a greater understanding of the condition of deafness” (p. 246).

Nonetheless, signing and speaking simultaneously is demanding even for the most experienced signers, posing an incredible challenge to parents that are likely unequipped to handle such an undertaking. A potential consequence of Total Communication is that the Hispanic parents produce a child who is neither strong in a spoken language (English or Spanish) nor ASL. Such an outcome occurs when language users from whom DHH children acquire language, such as teachers, do not provide a competent enough language model of ASL or English. These models commonly make linguistic mistakes such as “omitting endings, functors, and entire words in their signing” (Secada, 1984, p. 85). Wilbur & Petersen (1998) more elaborately explained that signed English systems like Total Communication do not contain the universal characteristics that natural languages possess and which serve as effective foundations off of which second language learning can commence (p. 200). Accordingly, from novice parent signers to experienced professionals, when individuals use Total Communication, one language modality typically decreases in accuracy in comparison to the other (Dean, 1984, pp. 73-74;
Secada, 1984, p. 85). Even DHH Hispanic children who are bilingual in both a spoken language and sign language have demonstrated issues balancing equivalence in simultaneously producing both language modalities (Gerner de García, 1993a, pp. 242-243). Particularly for immigrant parents still learning English and sign language, this balanced use of two weaker, developing languages is incredibly taxing.

Consecutively, the final challenge to the integration of a Total Communication system into the Hispanic household similarly derives from its common English-ASL paired approach which overlooks a key component to Hispanic culture—the Spanish language—and may consequently appear as a threat to the successful passing of Hispanic culture and values to the DHH child. Consequently, as Gerner de García’s (1993a) noted in her study sample, the majority of Hispanic families typically do not use Total Communication systems. The researcher conjectured that Hispanic parents had limited exposure to models of Total Communication and that those models which parents did have, potentially at their DHH child’s school or at parent sign language classes, used spoken English and sign language, rather than a paired system of Spanish and sign language (p. 231).

Furthermore, if the DHH child’s environment does not expose him or her to a natural language, the child’s language acquisition becomes delayed. While at school the DHH Hispanic student may converse using Total Communication, the linguistic environment at home is likely to be very different. For Hispanic parents to communicate with their DHH child, they must now learn both sign language and English simultaneously, each one already a daunting task alone. Some families consequently feel the need to extract Spanish out of their household, fearing that it may hinder their child’s
language acquisition, regretfully disregarding their culture, heritage, and community ties as a result (Call, 2006, p. 15). Consequently, the parent-child relationship is severed as the Hispanic parents lament that they cannot provide their child with an adequate linguistic environment (Blackwell & Fischgrund, 1984, p. 156). Christensen (1993) elaborated on a final consequence of this linguistic education channel,

Frequently the natural, visual cultural behavior of the Deaf child is disregarded by ethnocentric hearing individuals, and the child becomes a marginal member of the culture of his or her hearing, speaking family. To superimpose on a Deaf child an unnatural cultural experience, one based on the ability to hear, is to overlook an opportunity to understand the Deaf child socially and psychologically. In other words, one must seek to understand all components of a visually oriented Deaf child’s natural behavior in order to achieve an unbiased understanding of the child’s communicative strengths and potentials. (p. 18)

If schools, professionals and families do not acknowledge the aforementioned precautions, the child may relentlessly strive to discern where he or she “fits in” in the world and further struggle to assimilate into either the hearing English-speaking society, hearing Hispanic minority, or the Deaf community, overlooking the value that all three have to offer.

*Home Sign Systems*

Nonetheless, another option that is less favorable yet highly prevalent among DHH Hispanic children of hearing parents is the formation of a home sign system. Such communication systems develop when there is a communication boundary between the parent and child and the two attempt to communicate through highly iconic gestures. Home sign communication systems can be highly developed and express a large range of
ideas, as Gerner de García (1993a) explained: “the gestural system… cannot only convey actions and attributes, but can also express a relationship among such propositions (p. 52). Regardless, these systems typically only successfully function within the family, consequently separating the child from an opportunity to communicate with DHH peers or hearing signers, and typically has limits as to how much the language system can communicate and express. Consequently, when DHH children reach a limit to what they can express with a home sign system, they may become frustrated and react emotionally or physically negatively.

_Bilingualism, Trilingualism, and Code-Switching_

Trilingualism, on the other hand, is a prestigious approach to the language development of the DHH Hispanic child that aims to successfully acculturate the child through providing a language environment that affords the child the opportunity to develop competency in English and Spanish—either orally, signed, or written—as well as ASL. Comparable to the aforementioned languages and modalities, the trilingual acquisition approach appears to be almost nonexistent among professionals. This actuality leaves one to presume that the outdated belief that too many languages can overwhelm children is still prevalent in the pathological field. However, as Gerner de García (1993a) found, multiple-language acquisition can occur without confusing the child and that in fact “ignoring [the] deaf Hispanic’s trilingual reality may impede the acquisition of Sign Language and English by the deaf children’s parents” (p. 244). Jackson-Maldonado’s comparative study (1993) of two trilingual DHH Hispanic infants
to two monolingual DHH Hispanic infants proved not only the plausibility of a child successfully developing language skills in a trilingual environment, but also the advantages to such rearing conditions in comparison to the monolingual alternative, as the study recorded:

An overview of the four children shows that Rosa [a severely to profoundly deaf child participant growing up in an environment where she receives exposure to ASL, Spanish, and English between her parents and teachers] is the best communicator. She uses all communicative intents in proportions similar to hearing children... It is significant that Rosa has made a successful linguistic adjustment. It is also interesting that she even has examples of self-correction in ASL. (p. 107)

Call (2006) further elaborated upon the steps parents should take to make trilingual acquisition possible: “the diagnosis must be found out no later than onset that the Latino child is deaf, after which ASL immersion must occur immediately. Continuous ASL immersion should be followed by early and ongoing Spanish and English literacy” (p. 7). With earlier immersion an even more realistic possibility now with the increasing development of inexpensive, yet reliable hearing screening tests, such as the Otoacoustic Emissions and Auditory Brainstem Response, tricultural children are more apt than ever to successfully be competently trilingual (Call, 2006, p. 8). Unfortunately, given the monolingual status of the majority of the U.S., English has successfully emerged at a perceivably prestigious level of power. Consequently, bilingual/trilingual individuals are liable to “suppress or deny knowledge of other languages, such as Spanish or ASL, for fear of being rejected as an outsider” (Gerner de García, 1987, p. 66). Nonetheless, if the Hispanic DHH child enrolls in a school and chooses to freely use all three languages, teachers should be cautious not to mistaken the child’s code-switching as evidence that the student lacks a full language (Grosjean, 1982, p. 244).
The unique environment of the DHH Hispanic constitutes due consideration for the possibility of the child becoming bilingual or even trilingual. Bi- and trilingualism refers to an individual’s ability to use two (bilingual) or three languages (trilingual), more specifically in the context of this study: Spanish, English, and/or, ASL. As Gerner de García (1993a) elaborated, emphasis on these two competencies “does not mean that one must be completely fluent in [all] languages” (p. 60). In fact, the phenomenon, also termed “language borrowing,” often occurs when a child actively lives among two or more languages in an environment where the domains for each language are not clearly defined and balanced (Christensen, 1993, p. 22; Saunders, 1982, p. 48). In this context, the individual’s ability to interact appropriately with interlocutors, demonstrating the aptitude to competently choose to use the interlocutor’s strongest language is what constitutes code-switching. In situations in which the interlocutor is also bilingual/trilingual, knowing the same languages as the bilingual/trilingual DHH Hispanic, code switching may occur “at the single word level, sentence level, [in] several sentences, or in the entire conversation” (Gerner de García, 1987, p. 60; Grosjean, 1982, p. 309).

Consecutively, code-switching it typically used among minority members as a means of expressing a common culture; however, other factors that influence an individual’s decision of what language to use and whether or not to code-switch include the qualities of the interlocutor, comprising his or her language proficiency, language preference, socioeconomic status, age, sex, occupation, education, ethnic background, kinship relation, intimacy, power relation, attitude toward languages, and outside pressure; the situation, incorporating the location, presence of monolinguals, and degree.
of intimacy and formality; the content of the discourse, consisting of the topic and vocabulary type; and the function of the interaction, involving whether the purpose is to raise status, create social distance, exclude someone, or make a request or demand (Grosjean, 1982, p. 136). Code-switching as a linguistic tool serves many purposes and demonstrates regularity among bilingual/trilingual individuals. Grosjean (1982) elaborated that bilingually/trilingually fluent people choose to code-switch as a means to

fill a linguistic need for lexical item, set phrase, discourse; continue the last language used; quote someone; specify addressee; qualify message [by] amplifying or emphasizing; specify speaker involvement; mark and emphasize group identity; convey confidentiality, anger, [and] annoyance; exclude someone from conversation; [and] change role of speaker, [including] to raise status, show authority, [and] show expertise. (p. 152)

In other instances when the interlocutor is not bilingual/trilingual, children from as young as the age of four have demonstrated the ability to assess the interlocutor’s language competencies and engage in conversation using the interlocutor’s strongest language (Fantini, 1987, pp. 57-60, 78, 116, 154, 193). DHH Hispanic children have similarly demonstrated a practice of code-switching “in order to facilitate communication with hearing family members” (Gerner de García, 1993a, p. 232).

In the context of the Deaf community, Deaf community members are commonly bilingual with knowledge of both ASL and English. Among other community members, Deaf individuals are apt to code-switch, given that they perceive their interlocutor as equally as bilingual. Comparably, when communicating with hearing interlocutors, Deaf bilinguals typically do not sign ASL, perceiving the hearing communicant as of a different culture and not equally as competent in ASL. Consequently, the Deaf individual is likely to use a sign contact form more consistent with English syntax and
grammar. For the DHH Hispanic, this process of evaluating and determining which language to use with a given interlocutor is even more complicated. In addition to gauging whether the communicant’s culture and strongest language favors ASL or English, the DHH Hispanic must also weigh in the possibility that the interlocutor communicates in Spanish.

**Educational Routes for the DHH Hispanic**

An additional decision parents and professionals must make on behalf of the DHH Hispanic child is in regard to education. Every parent aspires to see their child grow up to be a competent, proud, and successful individual. Therefore, parents seek to place their child in the most appropriate school to provide such an optimal outcome. However, despite parents’ aspirations, contemporary statistical demographics suggest that such a feat will be particularly more difficult for the DHH Hispanic population than other DHH populations. This actuality stems from the stacked corpus of negative dynamics, deriving both from the DHH and Hispanic student populations in the U.S., which collectively result in the DHH Hispanic population being labeled as an “at-risk” student demographic. On the one hand, the DHH Hispanic student is undeniably a member of the Hispanic community and, consequently, susceptible to the same unfavorable influences and outcomes of the U.S. Hispanic student population. Scoring far below their White peers on standardized tests, maintaining a dropout rate at a level three-times higher (15.1%) than White peers (5.1%) and nearly twice as high as African American peers (8.0%), and significantly less likely to attend college following graduation compared to their
Caucasian peers, U.S. Hispanic students begin with a grave disadvantage even before enrolling in the education system. The situation becomes once more complicated and the probability for success becomes even more dismal when the demographic of being diagnosed as deaf or hard-of-hearing is added into the equation (Gerner de García, 1993a, pp. 55-56; U.S. Department of Education, 2012).

In addition to the academic struggles of Hispanic and DHH student populations, both of these populations envelop another demand that affects their education: employment during the educational years. Consecutively, the Hispanic family often perceives the demands found outside the school environment, including family and work, as more imperative than education. A study by the Center for Assessment and Demographic Studies reported that 24% of DHH Hispanics held jobs and worked significantly more hours per week (72% working 10+ hours weekly) than White and Black DHH students (66% and 65%, respectively) while enrolled in school (Allen, Rawlings, & Schildroth, 1989, pp. 123, 128). Although, this responsibility mandates commitments that deduct time which students could be investing in their studies, such sacrifices are necessary for the financial foundation of the low-income households. While DHH Hispanic students fortunately do not demonstrate the same dropout rates as their hearing Hispanic peers, they are still at risk of becoming, as Gerner de García (1993a) described, “internal dropouts,… demonstrating their alienation by cutting classes, arriving tardy, being absent frequently, and demonstrating low achievement… not leaving school physically, but limiting their academic participation” (p. 20). A final component that contributes to the academic struggle of DHH Hispanic students includes a lack of cooperation and interaction between the Hispanic community, the educational
institution of the child, and the DHH student alongside his or her family (Bennett, 1987, pp. 46-47).

In 2010, nearly 10,000 DHH Hispanics attended school in the United States, comprising 25.3% of the entire d/Deaf and hard-of-hearing student population. Surprisingly, the West comprises 43.2% of the Hispanic DHH population, while the South encompasses 25.9%, the Midwest 11.4%, and the North 15.8% of the total Hispanic DHH student distribution (GRI, 2010, p. 2). This figure developed nearly two folds in a mere thirteen years from an earlier survey that estimated the Hispanic DHH student population to be 13.1% of the whole (Gerner de García, 1993, p. 71). Within the schools of DHH Hispanics, this percentage varies in concentration from system to system, with areas such as Boston having a Deaf student population of 40% Hispanics and Compton, California of 95% Hispanics (Gerner de García, 1993, p. 71). Options for a DHH child’s education include residential schools for the Deaf, mainstream education, day school programs, bilingual education, and trilingual education. Nonetheless, with little education or discernment as to what is the most appropriate education for their child, Hispanic parents’ decisions are primarily under the influence of a single professional. Consecutively, a primary consideration to the professional’s consideration of the optimal placement for the DHH Hispanic lies with the language assessment of the child and the concluded language strengths and weaknesses of the child.
Language Assessment of the DHH Hispanic Student

The Education of All Handicapped Children Act, Public Law 92-142, which ensures that all students receive an appropriate education in the least restrictive classroom possible, requires that school systems test children in their homes and in their native languages. This examination serves the purpose of determining what educational route and resources are most appropriate for the DHH child. While examiners have carried out previous language assessments in school, such an environment may encourage the Hispanic DHH student to suppress their actual language in an attempt to match the mental schema they have of the language use found in the school. Consequently, examiners testing in the school, rather than the home, environments are more likely to see the Hispanic DHH student stifling their knowledge of Spanish. Students demonstrate this behavior in an attempt to channel what they perceive as higher status languages, such as English and Sign Language, which they find most commonly in the academic environment (Lerman & Vila, 1984, pp. 169-172). Nonetheless, this is not to say that examiners should not also assess the DHH child’s language use in the academic environment as well. As Fischgrund (1984) explained, the “context-embedded” home environment may allow the DHH child to appear more competent in a given language than he she really is. Consequently, the child is capable of using linguistic scripts to carry out communication rather than actually producing original thoughts:

With [DHH students] from [Non-English Speaking] homes, an adequate level of interpersonal or context-embedded language and speech often misleads educators into thinking that the child is ready to learn in school; in fact the child may not have mastered the ideational function of language
and thus cannot handle the context-reduced language environment of school. (p. 99)

Thus examiners should be proactive in conducting long-term, periodic anthropological/enthographic language assessments of the Hispanic DHH child in the student’s home and school environments, both as a means of evaluating the child’s true language competency as well as the language system the family uses to communicate with the child (Gerner de García, 1993a, pp. 34, 245). This may also imply that the examiner be trilingual/tricultural or that a trilingual/tricultural interpreter aid the examiner. With older students, however, the decision of in which environment to assess the language competencies of the DHH Hispanic can depend on the amount of time the child has been in the U.S., his or her ability to discriminate between the three languages of their environment, and his or her feelings about their ethnic background (Lerman & Vila, 1984, 171).

As Blackwell & Fischgrund (1984) proposed, the need for similarly bicultural, bilingual assessors is critical to successfully completing an accurate assessment of the student’s language and development: “when properly assessed by a person native to their culture and language, even students with profound hearing losses often indicate some degree of competence in the oral language of their culture (or sign system if they have been exposed to it)” (p. 161). In her research, Gerner de García (1993a) similarly contended that a Deaf adult with a Hispanic background was most suited for assessing the DHH Hispanic child’s language use. As the researcher explained, Hispanic Deaf adults are more likely to recognize foreign sign language and common hearing Hispanic gestures. Comparably, U.S.-born Deaf and hearing evaluators may mistake such gestures for home signs or inappropriate use of a sign: “evaluators must have adequate linguistic
training to enable them to recognize whether or not the visual/gestural communication they are observing is systematic… Non-ASL signs cannot be assumed to be idiosyncratic home signs. The deaf child… may be using a foreign Sign Language” (pp. 241-242).

In sequence, as previously mentioned, examiners must be particularly cautious with the language assessment process as some Hispanic children suppress their fluency and use of Spanish as a conditioned response they learned from their parents’ differentiating linguistic behavior inside and outside the home, among and apart from non-Hispanic-looking individuals (Dean, 1984, pp. 75-76; Gerner de García, 1993, pp. 74-76; Lerman & Vila, 1984, pp. 169-172). Nonetheless, as Gerner de García (1993) emphasized,

Rather than focusing on which language the child knows better, it is more useful to gain insight into what the deaf child knows in each language… assessment should tell us what a child is capable of doing, not inform us only of his or her deficiencies. (p. 76)

This requisite may imply that the examiner or the interpreter use multiple language input styles that range from solely one language to the extent of pairing signed and one or more spoken languages together (Gerner de García, 1993, pp. 74-76). However, due to differences in cultural interpretations and variances in dialect-, word-, and sign-use between the DHH Hispanic child and the examiner, school systems are at a high risk of mislabeling DHH Hispanics as learning impaired or language deficient. Such an oversight can result in detrimental consequences, including tracking children into an inappropriate and stimulant-lacking classrooms (Gerner de García, 1993, pp. 74-75). These initial placements, which lay the groundwork for a student throughout their educational course, prevent students from entering advanced placement classes or college
prep courses and make them more likely to enter into vocational, rather than academic, programs. However, if education systems adhere to the proper protocol that the Education of All Handicapped Children Act enlists, examination of students will be ongoing, dynamic, and naturalistic and will permit ample opportunity for students to periodically test into more appropriate classrooms (Cohen, 1993, pp. 45-53; Gerner de García, 1993, p. 76). Accordingly, as Secada (1984) described in further depth, evaluators must periodically assess the DHH Hispanic child with the purpose of concluding the most accurate results possible:

In planning for either the LEP student or for the hearing-impaired student, educators too often base their decisions on what the students are missing—English skills, hearing, oral language, manual skills, or academic development. What also needs to be considered… is knowledge and ability that the student already possesses. If educational programs build on the student’s abilities, they should have an easier time coping with the students’ deficits. An initial description of the student’s abilities should include not only linguistic abilities and prior academic background, but also familial and cultural background. Considering all of these factors and the interplay among them leads to a more informed decision about which language system should be used in that students’ education. The decision should be revised periodically in light of new information about the student’s abilities and progress. (pp. 90-91)

*Residential Schools for the Deaf:*

American Deaf culture is unique in that it does not pass through family lines but rather through individuals who identify with the community (Call, 2010 p. 22). Traditionally, the Deaf community has passed on cultural elements and language to future generations through direct relationships, such as Deaf children of Deaf parents, social organizations and clubs for the Deaf, and through residential schools for the Deaf (Baker-Shenk & Cokely, 1980, p. 331; Mindess, 2006, pp. 77-78; Padden & Humphries,
2006). However, in regard to the latter, two decision-making components within the school placement equation—the tendency for the consulting professional to be associated with the public school system and the Hispanic family’s culturally homogeneous tendencies—can potentially lead to a verdict weighed with bias that results in mainstreaming (Steinberg, 2003, p. 301). Residential schools serve as direct gateways into the Deaf community, offering graduates more status in the community and a direct source of social support as individuals enter the hearing world (Fischgrund & Akamatsu, 1993, p. 173). Providing the DHH Hispanic child with the opportunity to acquire language competency in a modality that is best suited for his or her language needs and that encourages the student to develop a positive self-image, residential schools are seemingly fundamental to the success story of the trilingual, DHH Hispanic child.

A key component to the language and culture that comprises the contemporary Deaf community, residential schools are havens for DHH children where they can go to be with other students that share similar communication preferences and culture. Gerner de Garcia (1993a) summarized the important role and responsibilities of residential schools for DHH children, particularly in scope of the Hispanic DHH student,

The residential school, in a sense, replaces the family in the role of transmitter of culture. In residential schools, deaf children learn ASL from Deaf peers and Deaf adults and are encultured and socialized into the Deaf community… These experiences, additionally, must include opportunities to interact with Deaf adults from a variety of ethnic and racial backgrounds. (pp. 8, 44)

Consequently for the DHH Hispanic child to become fluent in the language and familiar with the history, values, and practices of Deaf culture, he or she must escape to such a cultural pillar where the child can be completely immersed in the Deaf community.
Thus, in comparison to the mainstream classroom, where a DHH student’s social interaction extends to the limit of those who know sign language or are willing to try to communicate with the student, residential schools for the Deaf afford DHH students the opportunity to more actively engage in the social fabric of the academic and social environment, participating in “athletics, student government, drama, and yearbook” (Cohen, 1993, p. 58; Gerner de García, 1993, p. 79). Naturally, however, Hispanic parents, particularly mothers, are very closed-minded to the idea of sending their DHH child off to a residential school. Hispanic mothers may interpret such a proposal as a suggestion that they are incompetent at raising their child and, therefore, must relinquish him or her to another institution for better care (Ramsey, 2000, p. 138). Regardless, Christensen (1993) contended that if parents continue to deprive a DHH child of a natural, primarily visual language, the child cannot proceed to succeed in learning other languages like Spanish (p. 18). If the DHH Hispanic child is truly to become tricultural and trilingual, it is essential for him or her to attend such a school which is most apt to providing the student with a full, accommodating language.

Nonetheless, where the residential school can fall short is in providing adequate support and stimulation of Hispanic culture and language. If a child is to graduate a genuinely acculturated person, the residential school must take extra effort in creating a unique program that incorporates cultural materials with all three of the child’s cultures and languages. Gerner de García (1993) further elaborated on a list of recommendations for the improvements of residential schools in order for them to properly accommodate the ethnically-diverse, DHH Hispanic student:
Schools for the Deaf can better meet the needs of the growing number of Hispanic Deaf children by doing the following: (1.) promoting a positive attitude toward diversity at all levels of the school by embracing a multicultural curriculum; (2.) providing inservice and other training opportunities for staff on topics such as bilingual education, English as a Second Language, multicultural literature, cross-cultural communication, Spanish for educators, and whole language; and (3.) working to involve and empower parents of Hispanic deaf children by providing ASL classes taught in Spanish and setting up parent groups for Spanish-speaking families. (p. 85)

In conclusion, although residential schools for the Deaf provide cultural and linguistic immersion which provide the DHH child with a supportive community and identity, unless the program incorporates a multicultural approach, including instruction of Hispanic culture and the Spanish language, this educational path can be threatening to children’s native culture, their family’s language, and their personal identities.

**Mainstream Education:**

Another popular educational route available to the DHH Hispanic student is public school mainstreaming. In the 2000-2001 school year, 17.2% of DHH Hispanics attended school in the mainstream education system (GRI, 2001). This number has since increased throughout the entirety of the DHH student population as the 1974 Education of All Handicapped Children Act, PL 94-142 continues its effect of allowing parents to choose what they think to be the best program for their child. This liberty progressively results in parents opting for an upbringing that encourages adherence to mainstream culture and an aspired grasp of the English language.
Nonetheless, one drawback to mainstream schooling is the overwhelming frequency at which the education system places Hispanic, DHH, and other minority children in focus-learning and special education classrooms. Such placements occur as a result of misdiagnosis or misclassification of the child’s needs due to differences in culture and language. In fact, Delgado (1981) found that DHH Hispanics were three to four times more likely to be diagnosed as “learning disabled,” “mentally retarded” or “emotionally disturbed” in comparison to their Caucasian counterparts (Delgado, 1981, pp. 118-121). Consequently, typically-functioning DHH Hispanic students often receive academic placements in inappropriate programs such as resource rooms, self-contained classrooms, bilingual classrooms, or bilingual special education classrooms which prevent the student from ever catching up to their equally-abled peers (Holt & Allen, 1989, p. 557). Consecutively, merely 30% of Hispanic DHH students have the opportunity to spend six or more hours a week in an integrated classroom—28% less than White peers—while an additional 61% never step into an integrated classroom, tracking instead into a self-contained education route (Holt, 1993, p. 173). Not only does this restrictive placement deprive DHH Hispanic students of curriculum and exposure to appropriately challenging content, but it also anchors the student to a nearly inescapable placement track. In the 2000-2001 school year, 16.2% of DHH Hispanics fell into a restrictive scenario such as this in which the school tracked them into a resource classroom, while another 30.7% of the student population received placement into the self-contained classroom (GRI, 2001).

An additional, yet commonly overlooked shortcoming of mainstreaming, is that it does not expose DHH children to ASL, Deaf culture, or Deaf role models (Gerner de
Garcia, 1993a, p. 9). Students in the mainstream classroom attend school in an environment of hearing peers and primarily Caucasian, female teachers, with the only linguistically or culturally similar intercessor being a classroom interpreter or transcriber (Cohen, Fischgrund, & Redding, 1990, pp. 69-70). As a result, students encounter few role models who use ASL or who are ethnically diverse and, consequently, are not developing the social interaction skills or language competency with which their peers will graduate (Woodward, Allen, & Schildroth, 1988, pp. 190-192). Even if teachers do attempt to use ASL occasionally in the classroom, the language form is rarely an accurate model of the actual language. In a study of 1,888 teachers, Woodward & Allen (1987) found that only between 6 and 25 teachers (.32%-1.3%) actually served as competent language models, while another 136 teachers unsuccessfully attempted the task and the remaining 1,748 teachers did not attempt to use ASL at all. The researchers suggested that many of the participating teachers did not understand the difference between ASL and contact sign language, rendering them incompetent to serve as adequate language models for DHH students (pp. 7-8).

However, the need for Deaf teachers and role models extends beyond solely providing a competent language model to also include communicative and pedagogical differences of which only DHH individuals will originally be aware. One example of such a deviation is “divided attention,” or the requirement for DHH people to shift their attention from their environment to a person in order to receive communication (Wood et al., 1986, pp. 22-23). For Deaf adults, skillfully diverting their own attention, gaining the attention of another DHH individual, and using eye gaze as a proficient manner of facilitating interaction is an aptitude they have acquired through a lifetime of experience
with the visual modality. Comparably, hearing teachers are not as familiar with these practices and consequently are more likely to attempt to acquire a DHH student’s attention in a culturally inappropriate manner or begin to communicate before they or the interpreter have the student’s attention (Erting, 1985a, pp. 119-120). Last, hearing teachers who are neither Deaf nor professionally trained in Deaf education are, similar to parents who fail to cope with their child’s deafness, more likely to compensate their expectations of the abilities of the DHH student (Wood, 1991, p. 250). Consequently, hearing teachers tend to ask factual, short-answer questions on the “knowledge,” “comprehension,” and “application” levels of Bloom’s Taxonomy rather than the more mentally-stimulating self-expression and higher order levels of “analysis,” “synthesis,” and “evaluation.”

In further regard to role models, following the school day, DHH Hispanic students return home to their Hispanic family and a Spanish-speaking, oral community. Accordingly, throughout the entirety of their day, the DHH Hispanic students neither receive strong exposure to ASL nor Deaf role models (Gerner de García, 1993a, p. 8). They are conflictingly surrounded by Hispanic and mainstream U.S. culture, yet are left without a single role model who can identify with their deaf experience. Consequently, the DHH Hispanics that develop through the mainstream, public school system are at risk of feeling compelled to assimilate to the hearing mainstream culture. This culture does not envelop two vital components of the child’s personal identity, being both deaf and Hispanic, and consequently results in the child abandoning his home culture and language and having insecure feelings about their identity as deaf or hard-of-hearing. Thus, upon completion of their education, DHH Hispanic graduates are apt to
successfully enter the U.S. society relatively well-equipped, competent in both the language and culture of the community. However, these individuals inevitably struggle to find a sense of belonging or personal identity within a society that lacks understanding of their “triplicity.” Accordingly, mainstream education consistently proves to be a failed attempt at making the culturally diverse and differently-abled child “normal.”

*Bilingual Education:*

One available mainstream option into which parents and professionals may place DHH Hispanic students is the bilingual classroom. In 2010, 1,374 Deaf students (17.2% of the Deaf student population) reported attending school in an environment that regularly included Spanish (GRI, 2010, p. 11). Examiners perceived these programs as an appropriate fit for the DHH Hispanic student because they appease two of the child’s three cultural and linguistic needs. The success of a DHH Hispanic student graduating as a successful bilingual and bicultural product weighs heavily on the program creating a balanced educational approach. Among the factors that make bilingual education possible, three particularly critical principles are the linguistic theory, sociolinguistic theory, and the cognitive theory.

The first of the systems crucial to the bilingual education of the multicultural student, linguistic theory, asserts that students learn English best through facilitation of their native language (Dean 1984, p. 65; Fischgrund, 1984, pp. 97, 101). Therefore, as Dean (1984) defended, in this context, the bilingual methodology encourages teachers to develop students’ language competency in ASL or Spanish as a means of later using this
language to aid the students’ acquisition of English: “the basic tenet of bilingual education is that second-language learning will occur with greater facility once the first language has been acquired” (p. 65). Nonetheless, beyond possessing competency in their native language, students must also understand the social implications and uses of the language within its respective culture. Consequently, the second principle of bilingual education, sociolinguistic theory, aspires to support the students’ personal development and identity. As Dean (1984) explained, “the sociolinguistic theory emphasizes the role that language plays in the development of the child’s self-concept and attitude toward language and culture. A bilingual program… must also be a bicultural program, helping children to appreciate their natural heritage” (p. 60). Last, the cognitive theory of bilingual education asserts that not only does having one language through which to learn another prove beneficial, but also that such first language development encourages “the expansion of conceptual powers” (p. 60). Consequently, by having acquired a well-rounded first language and the concepts that pair with the original language development process, DHH Hispanic students are more apt to apprehend the overarching concepts of the differentiating linguistic rules found in second languages such as ASL or English (Cummins, 1979, p. 222; Dean, 1984, p. 60).

Building upon and differentially integrating the aforementioned theories, bilingual pedagogy approaches education from a variety of approaches. One approach, for example, is content instruction in native language. This educational route targets Hispanic students whose first language is Spanish and whose knowledge of English is limited. Another approach, English as a second language (ESL), is commonly paired with other programs, such as the prior, and focuses on increasing the English fluency in
students with a different dominant language. A third educational route, *Spanish as a second language*, takes the same approach as ESL, but rather, aims to help students who have lost or never acquired language dominance or appreciation of their family’s Spanish language and Hispanic culture. Last, *development of home-language awareness*, is a bilingual educational approach that targets students of a similar background as the previous approach. These students, although reared speaking Spanish, have lost their family’s language as a result of the English-speaking school system. Consequently, this program aims to restore some of the students’ language through Spanish language instruction and remediation (Lerman & Vilá, 1984, p. 173).

Consecutively, one common approach to bilingual education that aims to balance the linguistic, sociolinguistic, and cognitive theories of bilingual pedagogy—although unsuccessfully so—is the transitional model. This model aspires to temporarily instruct non-English speaking students in their primary language with supplemental ESL instruction until the student is competent enough in English to join the mainstream classroom (Erickson, 1984, p. 7). However, one downfall of this model is that it encourages the DHH Hispanic child to assimilate, rather than to acculturate. Consequently, as Cummins (1979) explained, following his or her integration into the mainstream classroom after second or third grade, the DHH Hispanic student feels forced to focus solely on developing competency in English, therein suppressing the development of the his or her first language:

If in an early stage of development a minority child finds itself in a foreign-language learning environment without contemporaneously receiving the requisite support in its mother tongue, the development of its skills in the mother tongue will slow down and even cease, leaving the
child without a basis for learning the second language. (p. 33; Fischgrund, 1984, p. 97)

In respect to this educational approach, Lerman (1984) expressed that the transition model “created greater isolation and more problems in the family relationship than existed in the average DHH child’s family” due to the linguistic conflicts with which the Hispanic student must wrestle between the two environments (p. 48).

Comparably, the maintenance model more successfully balances all three theories of bilingual pedagogy over the extent of the Hispanic students’ education. Incorporating the same primary steps as the transition model, the maintenance model rather aims to instruct students in both English and their home language. Consequently, students are more apt to acculturate into the framework of their society, preserving their ethnic and linguistic roots while simultaneously acquiring the language and culture necessary for maneuvering in the larger mainstream society. Nonetheless, while preferable, this option is less frequently offered and must extend beyond the student’s elementary years to be successful (Erikson, 1984, p. 7).

Despite the plentitude of models through which to approach bilingual education, bilingual education teachers do not always possess the resources or experience to appropriately accommodate DHH students. These teachers are “often lacking training in second language acquisition… theory [which] applies to the education of all Deaf children” (Gerner de García, 1993, p. 80). Consequently, without an individualized or small-group classroom that provides support from professionals trained in speech and language or deafness, bilingual programs cannot possibly succeed in meeting the accommodations that DHH Hispanic students require (Christensen, 1993, p. 22; Erickson,
1984, p. 7; Gerner de García, 1993, p. 79). As a result, bilingual education may not be optimal for the majority of DHH Hispanic.

*Trilingual Education:*

To date, the most appropriate method of educating the DHH Hispanic is through the approach of trilingual education. Combining both the residential school experience and the maintenance model of bilingual education, trilingual education aspires to acculturate the DHH Hispanic student through an education that preserves and builds on the student’s three languages and cultures. As Gerner de García (1993) testified,

> The process of learning two new languages should not mean substituting the new languages for the original language… [however] in order to succeed with Deaf children, a radical change in philosophy of learning and teaching must occur. This philosophy must include not only providing Deaf children with a first language of ASL, but also using a “holistic” approach to educating deaf children. A holistic approach would empower them not only by using their language, ASL, but also by making learning and teaching children centered rather than teacher centered. (pp. 81-82)

Therein lies the option of trilingual education, a fairly underdeveloped field that is the rising academic approach for arguably best suiting the DHH Hispanic student’s needs. The principle of the approach began as early as the 1970’s, just after the approval of the Bilingual Education Act. However, the overdiagnosis of educable mental retardation among DHH Hispanics as well as disregard for Deaf culture and language has led to a “passing interest… [rather than] a sustained effort” toward this teaching approach (Delgado, 2000, p. 31; Mercer, 1973, p. 47). Gerner de Garcia (2000) went as far as to suggest that the neglect for trilingual education may actually stem from “political linguicism,” socially racist disdain that holds Spanish language and Hispanic culture as
less valuable than others (p. 162). Consequently, interest and funds remain invested in spoken language and foreign culture bilingual education, and, up to recently, have overlooked the tricultural student. Other factors enveloped in the limited prevalence and success of trilingual programs include biased textbooks and testing, the lack of multicultural curricula, social racism interlaced in the school system, the limited number of multilingual/multicultural role models and educators, and the failure of the school to incorporate family and community involvement (Cohen, Fischgrund, & Redding, 1990, p. 69; Erickson, 1984, p. 10).

Linguistic exposure in the three languages of the DHH Hispanic empowers the student with more of an advantage to successfully assimilate into the larger society while maintaining the language of their home community and the Deaf community (Call, 2006, p. 10). However, divergent from popular belief, knowing any language, whether natively or through second language acquisition, does not necessarily insinuate competency in all four modes of communication: speaking, listening, reading, and writing. On the contrary, fluency of communication encompasses proficiency through any one, single form of the language; as Call (2006) defended, “through the medium of literacy one can be perfectly fluent in a language without being oral” (p. 5). Christensen (1993) echoed the resistance toward the narrow definition of communication as merely oral, emphasizing that “communication is defined by the larger context of any exchange of information, rather than by the more narrow definition of information exchanged through a specific language (English) or even more narrowly through a specific language modality (speech)” (pp. 22-23).
For d/Deaf individuals, literacy is the most appropriate mode by which he or she can learn from and communicate with the dominant hearing society and their ethnic community (Call, 2010, p. 15). “Once a child knows how to decode print, that child can decode print in other languages by transferring what he or she already knows of the other language. This makes it possible for any child… to become biliterate” (Gerner de García, 1995, pp. 84-85). Fortunately, due to the Deaf community’s adoption of English as the primary means of written literacy, children do not need to worry about becoming “triliterate” (Call, 2006, p. 19). However, because language is a living organism that changes with time, both in speech and literacy, it is essential for the DHH Hispanic child to learn both the formal and informal uses of Spanish and English. This rounded approach aims to prepare the child to successfully integrate and succeed in the academic classroom, hearing society, and Spanish-speaking community (Call, 2006, p. 20; Kopp, 1984, pp. 70-71). Simple contexts of literacy exposure, such as children’s books, written conversations, and captioned television and movies, allow the DHH Hispanic student to learn the sociolinguistics and various registers in which people use both Spanish and English (Call, 2006, p. 21; Call, 2010, pp. 29-30; Cohen, 1993, p. 56). This competency in literacy can provide the DHH Hispanic with full access to their family’s Hispanic culture, history, and community as well as that of the U.S. society (Call, 2010, p. 30). Once the Hispanic child competently learns written English and Spanish, he or she has the added option of expressing him or herself through a signed system that matches English or Spanish syntax (Call, 2010, p. 27).

Unfortunately, the literacy level of minority and DHH populations is significantly below par during the children’s early elementary years, placing them at a substantial
disadvantage and within a taxing achievement gap as they continue through school (Allen, 1986, p. 197). In fact, by the time a DHH student graduates from high school, the average reading ability of the graduate is at a fourth-grade level. The reason for this decline in reading abilities following the fourth-grade is because, at this point in their education, students experience a fundamental shift in their curriculum in which they are no longer learning to read, but rather, are reading to learn (Gerner de García, 1993, p. 80).

Emerging from a twofold minority background, DHH Hispanics may have a deviated understanding of language in comparison to their hearing Caucasian counterparts and, consequently, may not be able to make the curricula transition as successfully as hearing peers. Hispanic students that fall into this scenario potentially exhibit different “expectations regarding language,” including variant understandings in respect to whether the language of his or her home matches that of the school environment, “mistaken beliefs that all hearing people speak the same language,” and a lack of recognition that their home language has a written form just like the school’s language (Gerner de García, 1993a, p. 6). Unfortunately, as a result of these ineptitudes, DHH Hispanics have an even bleaker outlooks than hearing Hispanic or DHH Caucasian peers as only 27% of students achieving a fourth-grade reading level, 14% a fifth-grade, 7% a sixth-grade, 5% a seventh-grade, and a mere 3% an eighth-grade reading level (Paul, 2003, p. 101). Trilingual programs therefore must seek to reinforce this shift in curricula with added mediation and monitoring to ensure no one child falls critically behind. Consecutively, if schools aspire for DHH Hispanics to learn languages beyond ASL, it is essential to begin with improving literacy intervention in the educational system and at the child’s home.
In regard to the first, accepting literacy as a demonstration of language fluency allows Deaf educational programs, the Hispanic family, and the larger society to embrace all aspects of a child, both linguistically and culturally. As a result, instead of oppressing the Hispanic culture and language with which DHH Hispanics identify, educational programs can take a more appropriate trilingual approach that respectively embraces the child’s heritage, visual language needs, and immediate environment. Gerner de García (1993) provided a keen example of how a teacher can convert a classroom into a trilingual environment appropriate for DHH Hispanic students on either side of the hard-of-hearing to profoundly Deaf spectrum:

One approach is to read aloud to students in English. When done with a group, one adult reads and another interprets. Students who are hard-of-hearing often choose to follow the text in a book, although some prefer to alternate between following the text and watching the signed interpretation. Deaf students follow the interpreter. Once the students understand the text after hearing or seeing it, they can use the text to find specific information to back up their answers to teacher questions. (p. 84)

Call (2010) further described the trilingual education environment as one that includes “culturally specific curricula, ethnically diverse teachers of Deaf students, role models, staff and other personnel trained in multiculturalism,… and literature, traditional stories and history from the Latino/Chicano point-of-view” (p. 30). Culturally specific curricula and resources include enrichment materials that incorporate traditional stories, poems, art, illustrations, and songs from Deaf and Hispanic culture. As Gerner de García (1993) explained, “a child’s sense of self-esteem is diminished if the child doesn’t see familiar images in books and in the school environment” (p. 83). Consequently, summarized Call (2010), the described trilingual educational environment “fosters cognitive development and academic success, increases positive self-esteem, decreases the incidence of
depression, and raises the high school graduation numbers, thereby decreasing delinquency” (p. 17).

Sneddon’s study (2007) further suggested that, when provided appropriate and accommodating educational means, trilingual students have higher levels of reading comprehension than their monolingual peers (p. 42). These findings support both Sneddon’s (2007) and Cummins’ (1988) research evidence that found that the inclusion of culture and language leads to greater academic success amongst DHH students by age 11 (p. 46; p. 225). As a conclusive, deciding voice on the issue, the American Speech-Language-Hearing Association (ASHA) declared that, through a consensus of years of research, bilingualism trumps monolingualism in its ability to more significantly develop children’s lexical organization, word-learning, cognitive control, and neural organization (Marian et al., 2009, pp. 10-13).

In respect to the second suggestion for the improvement of trilingual literacy, it is imperative that education systems make parents aware of the means by which they can supplement their DHH child’s literacy competence. The first resource parents can integrate into their home is a television decoder to provide closed captioning for TV programs. As Gerner de García (1993a) explained, “television decoders, which have been found to aid in the development of deaf children’s reading ability, are now being promoted for other English language learners” (p. 237). The researcher referenced a study by the National Captioning Institute (1990) that revealed that 7th and 8th grade Hispanic ESL students performed better on written tests when they watched captioned television in comparison to control groups. She added that not only would the captioning
aid the literacy of the DHH Hispanic student, but it would also supplement the English competency of all family members (p. 238).

An additional resource that schools should encourage parents to incorporate into their household is a TTY/TTD’s or, in this more technologically-advanced era, a mobile phone for texting. In addition to affording the Hispanic DHH child more opportunities to communicate with friends, a task that can be significantly more difficult for residential school students who come from all parts of a given region to attend school, these communication systems require the DHH child to use written language to communicate. Through engaging in conversation with hearing and DHH peers in written language, the DHH Hispanic is expanding his or her literary competencies. Last, two other supplemental, literacy-based resources that education systems can make parents aware of include everyday accommodations found within the community, including transcribers for conventions, church services, and presentations—in the case that the child does not prefer an interpreter instead—and closed-caption glasses for the movie theater.

Factors Surrounding the DHH Hispanic’s Success in Education

The educational outcome of a DHH Hispanic can be particularly challenging due to the obstacles which the students commonly confront, including “poverty, low socio-income status, lack of parental education and involvement, and languages other than English used in the house” (Gerner de García, 1993a, p. 5). In respect to the final factor, Call (2010) emphasized, “denying deaf Hispanics access to any of [their] three languages may take away important advantages by removing the very medium through which each
culture is passed on. It is curtailing their very identities” (p. 31). As a result, Deaf children begin to side with the more popular culture of their friends and larger environment and perceive their Hispanic family’s culture and home life as inferior (Fischgrund, 1984, p. 102). Evidence of this phenomenon is observable through the high number of Hispanic hearing students who begin school as monolingual Spanish-speakers or bilingual English- and Spanish-speakers but slowly lose their proficiency and graduate as monolingual English-speakers. As consequence, such DHH Hispanics become marginal members of their hearing Spanish-speaking communities and lose a significant portion of their personal identity (Call, 2006, p. 24; Christensen, 1993, p. 18). Gerner de García (1993) proposed additional concerns and considerations to preserving both the child’s minority cultures and languages while acculturating him or her to American culture and language,

A Spanish literate deaf child should continue to get support and instruction in Spanish while learning English. Such a student may learn conversational English, but his or her academic progress may depend on continued support in Spanish. Competence is ASL doesn’t eliminate the importance of reinforcing academic content in Spanish. (p. 81)

On the other hand, while some students come to school with knowledge of a second language in addition to English, including ASL, Spanish, or a foreign sign language, other students enter the education system having no complete language at all. These students derive from homes in which parents did not provide a competent language model, neither taking the steps to contact a Deaf individual to serve as a model of ASL nor personally learning sign to “sim-com” a Spanish- or English-contact language. Instead, these students commonly use a highly developed home sign system which DHH Hispanics synthesize due to the
need to communicate and derive meaning from their environment (Gerner de García, 1993a, pp. 5-6). Consequently, in order to encourage DHH Hispanic students to attain their optimal potential, education systems must recognize the linguistic abilities and language systems students already use, despite their simplicity or exclusivity, and expand upon them with the purpose of scaffolding the student to become an independent, empowered, responsible citizen (Gerner de García, 1993a, p. 246; Simmons de García, 1988, p. 48).

_{School as a Twofold Equipoise: Cultural_}

Regardless of where parents decide to enroll their DHH child, the academic success of the student depends on a twofold composition of factors: cultural and structural. First, the cultural factors consist of both the child’s Hispanic background as well as the educational system’s cultural influence. The student’s achievement and development of a healthy identity directly depend on both of these cultural institutions reaching a respectful, cooperative median in beliefs, attitudes, and demeanor as well as their aptitudes to resolve relative conflicts, misunderstandings, and confusions (Bennet, 1987, pp. 46-47; Jackson-Maldonado, 1993, p. 92).

Cohen (1993) suggested three prominent factors that influence a student’s success in the academic setting within the fold of cultural balance. The first variable, daily stress, incorporates the Hispanic community’s status in the greater society (p. 48). As immigrants in the United States, Hispanics are susceptible to the stresses of acculturation which include discrimination, poor working conditions, inadequate housing, and
insufficient access to health care and human services (Steinberg et al., 1997, p. 203). As Cohen (1993) described, “historically, individuals from racial and linguistic ethnic groups have tended to occupy low status positions in our society” (p. 46). Due to the social framework of the American society and the conflict of interests between mainstream and personal ethnic culture, Hispanic individuals often do not receive evenhanded consideration for certain positions and promotions. Consequently, parents of DHH children within the Hispanic population, 42% of whom have not graduated from high school and are twice as likely than their Caucasian counterparts to be under thirty years of age, may condition their child for an inferior role in society. This unfavorable manipulation comes as a result of popular stereotypic perceptions of the minority group and of disabilities (Cohen, 1993, pp. 46-47). Such conditioned inferiority is further exacerbated by the tendency of ethnic minority students to underperform in the academic settings.

Underachievement in the Hispanic population derives from culturally-insensitive schools that “reinforce the ambivalence and insecurity that many ethnic students tend to feel with regard to their own cultural identity” (p. 47). As Cohen (1993) further asserted, “educational courses that lead to upward mobility are viewed as unrealistic because they are believed to be beyond the child’s ability” (p. 48). Such rationale stems from subtle or even oblivious racism that transcends to impact a student’s performance and self-esteem in a variety of ways, including depriving DHH Hispanic students of the resources they need; separating students into segregated school systems; tracking DHH Hispanics into unchallenging programs that do not stimulate or match the actual abilities, interests, or potential; negative teacher attitudes and expectations toward DHH or Hispanic children;
teachers recruited from the majority group who are previously isolated from the ethnic community; hindering parent-teacher collaboration; biased standardized testing; misclassification or misperception of DHH students as disabled; and biased textbooks and curricula that recognize neither Deaf nor Hispanic culture and values (Cohen, 1993, pp. 47, 54; New York State, 1988, p. 2).

The second cultural factor of students’ achievement is teacher expectations and family values. This component includes both the teacher’s and the parents’ expectations of the DHH child and their respective perceptions of his or her abilities. First, the teacher’s influence depends on his or her respect for and understanding of the DHH child’s culture, regard for the child’s socioeconomic status, and perception of that culture’s aptitude to succeed. In fact, Delgado-Gaitan (1990) insisted that “teachers’ ignorance of home culture and social practices caused them to make inappropriate recommendations and to hold unrealistic expectations of the families” (p. 124). Thus, the overall emphasis falls on the teacher as a balancing mediator, responsible for making such accommodations as addressing Hispanic parents in their own language and using their personal cultural norms. Call (2006) reiterated this point to the extent of suggesting that without such adaptations, the DHH Hispanic child will inevitably fail (pp. 18-19). In transition, Grace (1993) expounded upon how teachers can achieve the objective of parental inclusion, suggesting that “by avoiding excessive use of jargon, actively encouraging parental input, and making use of culturally appropriate ways to enter and leave situations,” teachers enhance the potential for better communication and create a better partnership between the parents and school that relieves the stress on a child to have to choose between the two (pp. 32-33).
Conversely, the parents’ influence incorporates each parent’s occupation, perception of the child’s ability to become upwardly mobile in society, and transmission of values, particularly their definition of what it means to “do well” in school and what is “appropriate” and “inappropriate” behavior (Cohen, 1993, p. 48; Grace, 1993, p. 32). This last aspect is particularly significant and often divides the well-meaning teacher and Hispanic parent. While the teacher is working to assimilate the student into U.S. culture in order to endow him or her with the most opportunities possible for success, the parent apprehensively views the teacher and the education system as an additional threat to their family culture:

The immigrant parent who is poorly educated and isolated from American culture… often sees the school as just one more alien institution that is sometimes frightening, sometimes puzzling, and often difficult to deal with—not unlike the courts, the police, and the municipal government. Education from the immigrant parent, therefore, is not a cooperative relationship between parent and teacher… The children are at a pivotal point in the assimilation process because they are pulled in opposite directions by teacher and immigrant parent. The teacher’s gain is the parent’s loss of the ‘old ways.’ The resulting anxiety is focused mainly on the child… Education for the immigrant parent, therefore, is not a cooperative relationship between parent and teacher. (pp. 48-49)

Nonetheless, by breaking the cultural barrier that Hispanic parents perceive amid the school system through such strategies as parent-teacher conferences in the parent’s native language; taking extra care to explain due process protocol—knowledge that is commonly limited to the White, middle class parent—; and informing parents of educational advocates of their same culture, such as community support groups for Hispanic parents; schools can encourage parents to become more deeply involved in their child’s education as well as lower their
resistance toward the school’s efforts (Cohen, 1993, p. 57; Gerner de García, 1993a, pp. 58-59).

Nonetheless, in order to best aid and monitor the efficiency and effectiveness of the parent-school relationship, educational reformists push for more ethnically diverse teachers in the classroom as a supplemental approach that affords more respect for students’ cultures. The overwhelmingly White, hearing, and middle-class pool of teachers for the Deaf affords the DHH Hispanic student little opportunity to find a relatable role model and, furthermore, creates a differentiation in power between the teachers and minority parents (Gerner de García, 1993a, p. 58). While nearly 25.3% of the contemporary DHH student body is Hispanic population, only a mere 7.1% of teachers for the Deaf are of the same Hispanic ethnicity (Boser, 2011, p. 15; GRI, 2010, p. 2). Worse, while the Hispanic population continues to multiply every year, the pool of ethnically diverse teachers is scarcely increasing, further severing the disproportional ratio of ethnic students to ethnic teacher (Gerner de García, 1993, p. 71). In respect to the proportion of DHH Hispanic students to Hispanic teachers, the disparity is even more dismal. Indeed, America Deaf culture is a unique one in that it is fundamentally passed-down and preserved through non-generational lines. In other words, DHH children cannot learn and enter the Deaf community through the upbringing provided by hearing parents; however, they must acquire it from individuals already a part of the culture (Call, 2006, p. 8). Therefore, teachers who share a similar background as the DHH Hispanic students are better able to teach the student their identifiable language and culture, edify what students need to know to succeed in the greater American society, and help the student to adapt the values, traditions, and way of life of the Hispanic culture.
Nevertheless, such teachers are scarce and underemployed in the educational system, resulting in an incomplete rearing for the DHH Hispanic.

The third and final cultural factor that influences students’ achievement in the classroom is cultural values and the educational system’s regard for said values. Throughout history, educational systems have approached ethnic minorities and inner-school cultural awareness through three particular models. The first of these models is *positive hostility*, in which education systems aim schools to achieve an English-only standard with little tolerance and regard for foreign languages and cultures. Although this model is illegal in the U.S. due to its discrimination, comparable examples are undoubtedly present in the country. As a result of this model, DHH Hispanic students function in an oppressive environment that encourages them to assimilate, rather than acculturate, out of shame for their heritage and ethnic culture (Cohen, 1993, p. 55; Cohen, Fischgrund, and Redding, 1990, pp. 71-72).

A second model approach to ethnic students is *official disinterest*, in which the school system demonstrates indifference toward diversity by neither engaging nor oppressing students’ cultural backgrounds but merely disregarding them altogether. While this model does not push students to any one side of the borderline between acculturation and assimilation, it does leave ethnically-diverse children confused about their identity and where they stand in the larger scheme of the mainstream society (pp. 55-56).

A final approach to ethnically diverse students in the school system is *positive reinforcement*. Developed beyond prejudice and indifference, this model promotes
understanding of diversity in the American school system. The model rejects the melting-pot theory that encourages ethnically-diverse students to assimilate. Rather, the approach “creates a school environment in which ethnic diversity becomes acceptable and institutionalized in a positive and vibrant way” as to encourage acculturation (p. 56). In the particularly unique situation of the DHH Hispanic, Cohen (1993) recommended that school systems develop an atmosphere and curricula based on positive-reinforcement which “helps Deaf children to become aware of the ethnic and cultural differences between themselves and Deaf people of other ethnic groups or between themselves and hearing members of their own ethnic group” (p. 56). Accordingly, when school systems successfully learn to incorporate positive reinforcement at a conventional level, efficiently teaching cultural, religious, linguistic, and racial awareness, student learning will become more effective and appealing to DHH Hispanic students.

Nonetheless, in order to evade creating a “school disability” through insensitivity toward a child’s culture, teachers of Hispanic DHH students must make conscious efforts to accept the cultural values of the student and integrate such values into their curriculum (Blackwell & Fischgrund, 1984, p. 158; Christensen, 1993, p. 23). One component of this factor includes gender roles within a culture. Traditionally, Hispanic culture views the male as “driven by inborn malice and sexual energy,” while, on the other hand, the culture views the female as “helpless and needing protection” (Cohen, 1993, p. 49; Zea, Quezada, & Belgrave, 1994, p. 193). Consequently, teachers may clash with parents when the parents punish their daughter for a trivial mistake, yet neglect to discipline their son for repeated offenses. One commonality that both male and female Hispanic children share is the tendency to be very dependent on their parents, even past the age American

Consecutively, in the Hispanic family, the father fills the roles of the authority figure while the mother monitors the daily business of the family, including school. As Cohen elaborated, for a teacher to be effective, he or she must understand this division of roles within the Hispanic family:

A teacher who wishes to discuss either a problem or something good with a parent must deal with the mother. However, any major decision requires the father’s approval. The teacher who fails to understand this subtle distinction cannot communicate effectively with the family. (p. 49)

In other instances, it is common for it to seem as though neither the Hispanic father nor mother to want to be involved in their child’s education. However, contrary to the teacher’s primary perception of the parents as lethargic or apathetic, such behavior stems from a number of background and cultural factors. First, many uneducated Hispanic parents who do not possess competent literacy skills in neither Spanish nor English feel anxiety when they attempt to help their DHH child with homework. Other Spanish-speaking parents have reported feeling incompetent looking over their child’s studies, unsure of what the teacher expected from assignments (Delgado-Gaitan, 1990, p. 108).

A second factor that can portray Hispanic parents as disinterested in their DHH child’s education is a culturally-based respect parents demonstrate toward teachers. Parents practicing this custom view any involvement or inquisition in their child’s education as a suggestion of the incompetency of the teacher and his or her professional’s abilities (González Álvarez, 1998, pp. 73-77; Grace, 1993, p. 32). Yet, in other instances, Spanish-speaking parents may feel deterred from
participating in their DHH child’s education due to cultural and linguistic boundaries or due to ignorance of their legal right to do so (Bennett, 1987, pp. 46-47; Gerner de García, 1993, p. 7). In order to stimulate parents’ cooperation in their child’s education, the teacher should instigate culturally sensitive steps to establish a relationship with parents and encourage their involvement.

Christensen (1986) and Steinberg (1997) found that, when provided the opportunity, Hispanic parents will take measures to foster the education of their DHH child through steps such as learning sign language (pp. 285-287; p. 213). Delgado-Gaitan (1990) explained in further depth the additional skills and knowledge that teachers should be willing to help parents to acquire with the ultimate goal of transforming the culturally-diverse individuals into enduring aids to their child’s education,

The most important skills which the schools need to help parents acquire are those of social competence and social literacy… It is important to consider the need for parents to work collectively with each other… becoming literate about the culture of the school, including the classroom curriculum and how resources are accessed. (p. 59)

Nonetheless, Bennett (1987) warned that such steps toward educating the minority parents should not have an overarching goal of assimilating the parents to the mainstream culture and school system. Alternatively, these efforts must pay particular attention to the cultural norms of the parents and approach the task in a culturally-appropriate manner. Through equipping parents with this aptitude, “parents can mediate differences and conflicts between the school and the culture of the home and community for the child” (Gerner de García, 1993a, p. 58).
A further conflict of culture that can affect a DHH Hispanic student’s performance in the educational setting is the cultural perception of school and competition. In the mainstream schools of the U.S., competition between students for grades and academic honors serves as a motivating factor aimed at propelling students to excel and become successful. However, in difference, Hispanic culture does not value or depend upon inner-student competition nor aspire a personified image of “success.” On the contrary, Hispanic parents condition their children to aspire to learn, behave, and cooperate with their classmates in the school setting and beyond; as Jackson-Maldonado explained,

[Hispanic culture conditions children] in opposition to U.S. standards, where children are told to do their best, to be successful, maybe even to be rich. U.S. children are inherently geared to compete at a very young age. It is difficult for a teacher to understand that Hispanic children are taught to listen, not to speak out; to work, not to do their best; to do anything for a friend, and to work in a cooperative mode. (p. 93)

Similar to the difference in the value of competition, the difference in the perception of time can also be an obstacle for the DHH Hispanic student in the U.S. school system. In an education system in which performance depends substantially on the promptness of students’ arrival to school and class as well as their punctual submission of assignments and permission slips, Hispanic students confront the risks of failing and reprimand. These consequences transpire despite the students’ understanding of subjects or effort in the classroom, and, rather, are merely due to their culture’s distinct value of living in the moment and at a relaxed pace of life (Jackson-Maldonado, 1993, p. 94). A final, previously mentioned component to cultural values is the Hispanic family’s regard for the Spanish language. A school’s accommodation of interpreting and translation
services to facilitate communication may be the difference between parent support for and animosity toward the educational system (Cohen, 1993, p. 49).

Supplemental recommendations for creating a minority-friendly and culturally-inclusive environment for the ethnically-diverse student derived from the Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD) in 1989 and 1990 and include particular concern and proposals for parents, staff, curriculum changes, and culturally-considerate assessment means:

- Effort should be made to minimize parents’ feelings of difference and alienation regarding the school environment;
- Family aspirations and hopes of multicultural Deaf children should be compared with school goals and expectations;
- Parents and school should agree to mutually acceptable goals, as well as to strategies for achieving them;
- Parent participation should be encouraged through facilities such as transportation, child care, and interpreters;
- Staff should be educated to be more sensitive to multicultural values of the family. For example, in working with Hispanic families, emphasis is needed on showing respect and personal interest. It is important that the teacher present himself or herself less as a professional educator and more as a person with qualities attractive to the Hispanic parent. The educator administrator must show interest in the parent as a human being, not simply as the student’s parent;
- Culturally diverse parent advisory councils should be established to advise on formulation of school policy;
- Parents should be trained in ways of working effectively within education bureaucracies;
- A state-supported network of child advocacy groups should serve as a significant equalizer;
- Affirmative action plans should be developed for hiring multicultural faculty and administrators and recruiting ethnic trustees and other policymakers;
- Federal and state governments should sponsor teacher training institutions that specifically design teacher training programs to recruit, prepare, and train professionals from underrepresented ethnic and racial groups to work in educational programs for Deaf children;
- Mentorship programs should be developed using role models including multicultural staff, graduates, and members from the community to help White staff build stronger understanding of the needs, abilities, and realities of multicultural Deaf children;
• A national clearinghouse should be established to assist programs in recruiting qualified multicultural staff;
• Federal and state governments should award grants for the development of model in-service staff development activities, including issues such as learning styles, family and community structures, and how attitudes of members of the dominant culture may affect teacher and administrator expectations of ethnically diverse children; and
• Educators should be made aware of the need to nurture multiculturalism and bilingualism in order to foster the child’s ability to feel at home in different settings. It is important for the teacher to affirm the multiple aspects of the Hispanic child’s identity. (Gerner de García, 1993, pp. 59-60)

Additional recommendations for schools with Hispanic DHH students not included in the CEASD compilation stem from Gerner de García’s (1993a) research conclusions and include:

• Considering the whole family as a system, and include extended family, in any attempts to get information about the deaf child, including at-home language and behavior;
• Going beyond teaching Sign Language in order to facilitate and develop communication in the families. Parents should have the opportunity to interact with Deaf adults who model adult/child interaction;
• Recognizing the needs of siblings of deaf children in linguistically diverse families by considering that the entire family, hearing children included, is dealing with multiple languages and literacies;
• Recognizing the importance of English literacy for deaf and hearing family members. The usefulness of television decoders in linguistically diverse families with deaf children should be explored and promulgated;
• Providing support for parents to develop skills to help their deaf children at home with school-based tasks, such as homework;
• Empowering Spanish-speaking parents by running Sign Language classes in Spanish and consider innovative approaches for other linguistically diverse families;
• Providing support for immigrant families, recognizing the needs of all family members, including the deaf child, in their adjustment to new cultures and languages;
• Recognizing and validating the home languages of deaf children in the school environment;
• Viewing home language as an issue for profoundly deaf children as well as hard-of-hearing children, while expanding the view of home language diversity to include non-ASL visual/gestural language;
• Viewing all deaf children as coming to school with something, rather than viewing them having “no language;”
• Providing for naturalistic assessment of deaf children, in and out of school, especially multicultural deaf children. Assessments in school should include the participation of Deaf adults who share the cultural and linguistic backgrounds of the children. Out of school assessments should include a home visit to observe the child with the family;
• Promoting awareness of the multiculturalism and multilingualism of deaf children from diverse homes through inclusionary curriculum throughout the school;
• Providing school-based programs for Hispanic deaf children that address their linguistic and cultural heritage. Reinforce knowledge of the home language for those children who have a base. Teach Spanish to those children who have little or no knowledge of their families’ language;
• And promoting home-school links that help linguistically diverse parents help their deaf child with school-related issues. (pp. 248-252)

School as a Twofold Equipoise: Structural

The second influential component of a DHH Hispanic child’s academic success includes influential structures. This component consists of the unfixed variables of the Hispanic family including economic status, previous education, and availability of multilingual approaches. The first of these factors, monetary status, directly correlates with Hispanic students’ achievement. Understandably, well-off Hispanic families are able to provide more opportunities and resources for their DHH child that supplement his or her growth and development. Therefore, although a minute margin amongst the Hispanic community, Hispanic families with higher incomes tend to produce more academically successful children (Jackson-Maldonado, 1993, p. 93). Correspondingly, educational systems receiving more funding have greater fiscal means for supporting children with special language and cultural needs and thus are more likely to produce successful students than financially struggling school systems. Nonetheless, placement into such financially-strong programs often requires residency within the respective
school district. This requisite serves as a double standard as, once again, only wealthy Hispanic families will be able to afford housing in such districts. Thus, the DHH Hispanic child of a lower, working-class family is destined to enter a school system that resembles their economic status—providing a resource-deficient education that affords little opportunity for the DHH Hispanic to advance in the class system.

In turn, previous education concerns whether the DHH Hispanic student has attended other academic programs within or outside the U.S. In Spain and Latin America, particularly Mexico, Puerto Rico, and the Dominican Republic, education for the d/Deaf students particularly relies on oral/auditory programs, also termed “multisensory methods” (Gerner de García, 1993, p. 73; Gerner de García, 1993a, p. 22; Jackson-Maldonado, 1993, p. 95). Few teachers in these contexts are properly trained and many utilize outdated teaching approaches for the d/Deaf while others lack so much as the local sign language. DHH children enrolled in such programs often did not receive diagnosis of their deafness until after the critical age of language acquisition, four years of age. This places the children at a greater risk of failure, given that a child’s primary years are the most fundamental to their language basis. Children who do not excel in oral programs, often labeled “oral failures,” may enroll in Total Communication programs, if they are available. Found in Puerto Rico, the Dominican Republic, Mexico City, and, as of recently, Chile, Total Communication programs use simultaneous speech and a contact sign language to teach students, with no particular precision or attention to accuracy of either language (Gerner de García, 1993a, pp. 22-23).

Another common background of DHH Hispanic students is one with no previous education. Due to a lack of programs, limited funding, or cumbersome distance, not all
DHH Hispanics are able to attend an appropriate education program (Jackson-Maldonado, 1993, p. 95). Hauland & Allen (2009) summarized the limitations well,

A lack of recognition of sign language, lack of bilingual education, limited availability of sign language interpreting services and widespread lack of awareness and knowledge about the situation of Deaf people deprive most Deaf people of access to large sections of society. Thus they are not able to truly enjoy even basic human rights. (p. 7)

Call (2010) further explained the familial outcomes of this all-too-common scenario, “immigrants arrive to the U.S. with outdated beliefs that deafness is an ailment, deaf people are mutes, signing is not a language, and that use of sign language will hamper speech abilities” (p. 21). As consequence of both derivative backgrounds, respective DHH Hispanics are likely to develop a limited vocabulary, unintelligible speech, and impoverished language abilities that produce an academically delayed student, ill-equipped to enter a classroom of native-born DHH peers (Jackson-Maldonado, 1993, p. 95). Nonetheless, some DHH Hispanics do arrive to the U.S. with a competent language background. Exemplary programs, such as Venezuela’s, approach Deaf education with a bilingual curriculum, incorporating separate instruction in both Spanish and sign language through the instruction of both Deaf and hearing teachers. Such programs have a high potential to prepare students to competently communicate as well as to excel further upon immigration to the U.S. and transition into an unfamiliar educational system (Gerner de García, 1993a, p. 22-23).

A final factor linked to the academic structure of education is language. A fundamental tool which the DHH Hispanic child needs in order to learn, language is often an incremental variable in the child’s success or failure as a student in the U.S. school system. DHH Hispanic children who immigrate to the U.S. come with the sensitive
hurdle of having to learn one or more new languages in order to assimilate. If the student enrolls in Deaf education, he or she faces the challenge of acquiring ASL in order to learn and to communicate with his or her DHH peers. However, ASL is neither the language of the DHH Hispanic student’s family nor the larger society. Consequently, while incremental for the DHH student’s optimal education, this new language may communicatively separate the DHH Hispanic from his or her Spanish-speaking family and the greater hearing society (Call, 2006, p. 10; Call, 2010, p. 26). Cummins (1989) and Omark & Erickson (1983) found that students who come from families whose home language is not the same as that used in the child’s school are more likely to be at an academic disadvantage (pp. 112-113; p. 38; Jackson-Maldonado, 1993, p. 95).

Alternatively, a great benefit comes when parents embrace ASL as their child’s first language. In such circumstances, the child is more apt to emerge as an individual who the greater hearing society understands and perceives as “deaf” rather than as “special needs” (Call, 2006, p. 11).

**Vocational Rehabilitation Services for the DHH Hispanic**

Vocational rehabilitation (VR) services which counsel; assess to determine employment potential; and assist in job training, orientation, and maintenance—as defended in the Rehabilitation Act Amendments of 1992—are necessary in helping DHH individuals to becoming integral, productive citizens of society (Humphries, 1993, p. 13). Humphries (1993) resonated the necessity of this resource for the DHH population, attesting, “there must be an advocacy and counseling programs in the community that
help with community integration” for a DHH Hispanic to successfully acculturate to mainstream U.S. society. Accordingly, VR services are so elemental in post-secondary job attainment that nearly 65-70% of DHH residential school graduates enroll in such support (Boutin & Wilson, 2008, pp. 156-157). However, as essential as VR services are to the career success of a DHH individual, such resources are deficient in qualified vocational rehabilitations counselors (VRCs), include biased services and placements, and often result in status code 28, or unsuccessful case closures. Consequently, VR services across the demographics of the Deaf community exhibit a biasedly-skewed variance among ethnically-diverse DHH individuals. This deviation maintains that as few as 70.3% of DHH Latinos have successful VR case closures (status 26), while the Caucasian DHH counterpart closes cases as status code 26 at a rate 3.1% higher (73.4%; Moore, 2001, p. 19). Although seemingly minimal, the disparity between the two populations is nonetheless noteworthy as other minorities, such as DHH African Americans, likewise trail Caucasian success rates.

The first issue facing VR services for the DHH Hispanic is the disproportional statistics that suggest that DHH Hispanics are becoming more and more likely to be labeled ineligible for VR services in comparison to other underrepresented minority and Caucasian counterparts (Alston & Mngadi, 1992, pp. 12-16; Atkins & Wright, 1980, pp. 42-46; Herbert & Cheatham, 1988, pp. 50-54; Herbert & Martinez, 1992, pp. 14-15). One theory that aims to explain this variation in outcomes suggests that the critical variable lies not with VR services, but rather with DHH clients themselves. Success of a DHH Hispanic’s job placement has proven to correlate with clients’ age, favoring DHH Hispanics 31 years and older; completed education level, benefiting those of twelve years
of education or more; school attended, with best results inclined for residential school graduates; consumer financial support, favoring those DHH Hispanic clients who were financially independent; extent of hearing loss, with preference of hard-of-hearing rather than Deaf Hispanics; and communication mode, with favoritism for individuals with oral-verbal skills (Bradley, 2006, pp. 96-102; Rogers, Bishop, & Crystal, 2005, pp. 9-10; Walls, Mirsa, & Majumder, 2002, pp. 9-10). An additional significant variable linked not only with the success of DHH Hispanic’s job placement but also to his or her primary endowment of VR services is the applicant’s complexion and ethnic identity. Bradley (2006) and Wilson (2005) found that Hispanic applicants who identified as Caucasian were more likely than those who identified as Black Hispanic to receive approval for VR services (p. 115; p. 8). Similarly, Herbert, & Martinez (1992) observed that the skin color of the DHH Hispanic also plays a determining factor, with more favorable outcomes for DHH Hispanics of fairer skin (pp. 14-15). Thus, the pressure for the DHH Hispanic to assimilate to both the image and identity of the mainstream U.S. Caucasian, rather than to acculturate and preserve pride in their own individuality, has proven to relentlessly wage onward past the primary years of education into the business and commercial environment as well.

Another proposition aimed at explaining the phenomenon of high status 26 DHH Hispanic case closures is the differentiation in services that DHH Hispanics receive once approved for VR services. Feist-Price (1995) and Moore (2001) found that DHH Hispanics were considerably less likely to receive services such as diagnosis, restoration, university training, business and vocational training, on-the-job training, transportation, and maintenance in comparison to their Caucasian counterparts (pp. 119-129; p. 19).
Comparably, Bradley (2006) reported that Hispanics were significantly less likely (21%) to receive Individualized Plans for Employment (IPE) in comparison to Caucasians (26%) and African-Americans (26%; p. 65). However, such services are crucial to attaining status 26 closures, as Moore (2001a) found, “a greater proportion of consumers who received assessment (74.4%), counseling and guidance (73.3%), restoration (80.6%), and job placement (84%) achieved successful closure” (p. 19). This retention of services is comparably more dismal for female DHH Hispanics who have proven to receive significantly fewer job-placement services in comparison to DHH Hispanic males (Moore, 2002, p. 237).

Additional services that Feist-Price did not include in the study but that remain a pertinent affront to DHH VR consumers are language and culture services as well as field-trained counselors. Initially, many VR clients lack appropriate, culturally- and linguistically-accommodating VR counseling. As dictated in the 1978 Rehabilitation Act amendment, VR clients have the right to receive services in their native language and mode, whether it is English, Spanish, speechreading, signed English, signed Spanish, ASL, or a foreign sign language. As consequence, VR meetings and field experience may require the intervention of an interpreter, as the lack of bilingual, bicultural personnel prevents the counselor and client from communicating directly with one another. Additionally, without training and knowledge of the Deaf community, VRCs are liable to have a negative attitude toward deafness. These surfacing obstacles once again stem from the overlying issue of the insufficient number and availability of field-specific VRCs for the Hispanic and DHH communities. Such an extreme deficit of fitting professionals in the discipline results in nearly 30% of DHH clients being paired
with a counselor who neither knows the consumer’s language nor understands his or her culture (Allen, Rawlings, & Schildroth, 1989, p. 200). As Van Cleve (1987) elaborated,

The primary barrier to providing effective counseling services to deaf people is communication. The second major issue in counseling deaf people is one of attitude – the attitude of the counselor toward people with disabilities in general and deaf people in particular, and the attitude of the deaf client toward hearing people. The third issue that a counselor for deaf people faces is the need to have a thorough understanding of the culture of deaf people, of the special circumstances experienced by deaf people living in the hearing world, as well as in a deaf world. The fourth issue of importance to counseling of deaf clients is an awareness and understanding on the part of the counselor of the conceptual limitations and experiential deprivation resulting from the disability of deafness. The first issue that a counselor must be aware of is the situational barriers that deaf people encounter in a hearing world. The sixth issue that counselors must be concerned about is the deaf individual’s privacy and confidentiality. Last, counselors with deaf people must often be information givers and referral agents. (p. 389)

Yet another proposal intended to explain the success gap between the two consumer demographics is the lack of qualified VR counselors assigned to cases. Counselors who are primarily Caucasian rather than Hispanic (92% vs. 4%), not fluent in sign language, nor knowledgeable about Hispanic or Deaf culture prevent counselors from connecting with and accommodating DHH Hispanic VR clients. Additionally, underlying assumptions about the abilities of individuals with hearing loss, biased acuities concerning the discipline of Hispanics in the workplace, perceptions of the value of the time-consuming and costly assessment of DHH Hispanic clients, as well as depreciation and unawareness for DHH Hispanics’ preference of a “racially/culturally diverse work environment” may constrain the VRC’s expectations for and job placement of the DHH client (Boutin, 2000, p. 45; Moore, 2001a, pp. 19-20; Whitney-Thomas et al., 1992, p. 34). Danek (1992) further contested to the shortcomings of the general VR
counselor that prevent him or her from serving the DHH Hispanic client to an optimal degree,

Professionals who work with people who have hearing loss must understand the shades of distinction among people with a hearing loss and the meanings these distinctions have for the individual. They must also possess knowledge about the ramifications of this loss--personal, social, educational, and vocational--information about assistive devices, community resources, and appropriate technology, as well as have the skill to conduct valid assessments and utilize adequate interventions. And, increasingly, the professional must understand the self-definition and identity of the person with a hearing loss: Deaf (with capital "D" for culturally deaf),' deaf (small "d" for audiologically deaf),' hard-of-hearing, or, less frequently, "hearing impaired." They must also understand how these identifications may shape the entirety of the person's existence. (p. 12)

Comparably, the ideal arrangement that proves most beneficial for DHH consumers of VR services is that in which a Rehabilitation Counselor for the Deaf (RCD) is directly involved. RCDs are VR trained counselors who have received special, graduate-level training for working with d/Deaf, late-deafened, and hard-of-hearing consumers. As a result of their understanding and positive attitude of Deaf culture, typical fluency in sign language, concern for confidentiality and privacy, and knowledge of DHH services and hearing devices, RCDs prove more qualified and competent when working with the DHH population (Bat-Chava, Deignan, & Martin, 2002, pp. 33-44; Bradley, 2006, p. 41). Accordingly, RCDs assigned to DHH clients produce more status 26 successes compared to traditional VRCs. Such outcomes stem from the aforementioned direct communication between the RCD and DHH that encourages the façade of increased confidentiality—particularly without the intervention of the third-party interpreter—and results in the DHH consumer confiding further in the RCD, more confidently trusting his or her input and valuing the VR services more genuinely (Danek, 1987, pp. 8-14; Hurwitz, 1991, pp. 1-7; Joyce & Mathay, 1986, pp. 5-13).
Regardless of the percentage of status 26 case closures, those DHH individuals who do successfully manage to find a work placement are often times assigned unskilled, semiskilled, or manual-labor jobs on an entry-level position with little job security and opportunity for advancement. Furthermore, the DHH Hispanic population that falls into these circumstances is persistently underpaid in comparison to the hearing counterpart, earning only 64% as much as the average hearing individual (Walter, 2010, p. 28). This disparity draws attention to the question of considering what requisites are necessary in order for the DHH Hispanic to achieve status 26 case closure, long-term employment, and financial independence, as I further expand upon in the “Implications” portion of this thesis.

**Employment and Career Success of the DHH Hispanic**

The outcomes of an individual’s vocational rehabilitation contrasts by several demographics inside the DHH population, including differentiations in income, underemployment, unemployment, and career field. To begin, within the U.S. DHH community, DHH males have shown to earn a consistently higher level of income than DHH females (Moore, 2002, p. 237). In the context of DHH Hispanics, this datum presents less of a socio-cultural gaffe as Hispanic males are already perceived as the traditional breadwinner. An additional dynamic that has resulted in more advantageous income among the DHH population is college and university education as well as business and vocational training (p. 237). However, due in part to their economic status and educational background, Hispanics are more two times more likely to receive
vocational and on-the-job training than enroll in higher education (Allen, Rawlings, & Schildroth, 1989, p. 97). Comparably, this career-preparation choice is a less profitable alternative in contrast to college and university enrollment. Unfortunately, the latter, more beneficial option significantly favors Caucasian VR clients rather than ethnically-diverse clients, consequently restraining its availability to the DHH Hispanic (62%; Allen, Rawlings, & Schildroth, 1989, p. 104).

While income levels within the U.S. DHH community differ by race, gender, and prior education, career fields on the other hand have proven to deviate based on the extent of one’s hearing loss and status as “hard-of-hearing” versus “deaf.” Two studies (Boutin & Wilson, 2009; Boutin, 2010) found that individuals who are hard-of-hearing are more likely to acquire professional and managerial positions (22.4% vs. 5.8% respectively); service jobs (14.7% vs. 6.5%); sales and office placements (19.7% vs. 7.0%); natural resources, construction, and maintenance positions (7.0% vs. 1.9%); and production, transportation, and material moving jobs (11.3% vs. 4.8%) than “deaf” individuals (pp. 36-40; pp. 43-45). While reasons remain ambiguous for this disparity, VRCs’ and employers’ varying perceptions of d/Deaf and hard-of-hearing individuals’ ability to communicate and code switch may explain why hard-of-hearing applicants receive the most favorable placements. Accordingly, such clients appear to be more apt to employ oral- and written-forms of English to communicate than their Deaf counterparts (Boutin, 2010, pp. 43-44). These findings correlated with the results of a similar study by Berkay et al. (1994) which found that teachers’ perceptions of students who had “deaf speech” were significantly lower in comparison to those students who had “hard-of-hearing speech” (p. 111).
DHH Hispanics’ job-placement suitability is another variable that lacks appropriate qualification proportion. Of the estimated 80% of the DHH individuals who completed twelve or more years of education, a large fraction occupy positions for which they are overqualified (Boutin, 2010, p. 44). Even 15% of Deaf college graduates proved to be underemployed after as many as fifteen years following higher education (Schroedel & Geyer, 2000, p. 309). Explanations for this phenomenon stem from theories regarding hearing parents’ rearing of congenitally Deaf children. Due to delays in diagnosis and inappropriate intervention, DHH children are at risk for linguistic deficits. Such dearth results in restrictive academics placements and amounting isolation from DHH peers and sign language (Marschark, 1998, pp. 21-23). In turn, these delays and deficiencies can leave students unprepared for the demands of higher education and an adequate work placement. Such faulty groundwork manifests itself in the 36% dropout rate of DHH Hispanics from secondary programs, 70% dropout rate of d/Deaf students from postsecondary programs, and a 27% job termination rate related to difficulties with supervisors, presumably due to poor communication (Allen, Rawlings & Schildroth, 1989, pp. 85, 135; Schroedel & Geyer, 2000, pp. 310-311).

In transition, unemployment remains the primary outcome that predominantly threatens the DHH Hispanic. In addition to being deaf or hard-of-hearing—a commonly negatively-viewed attribute through the hearing perspective as being crippling to an individual’s ability to communicate efficiently and function competently—being Hispanic contributes an added set of social stereotypes including the stigma of being uneducated, an illegal immigrant, or fluent in English. Consequently, this twofold, overlapping set of stigmas significantly decreases the DHH Hispanic’s potential to
acquire and maintain a job, resulting in inevitable unemployment. Nonetheless, one variable that has proven to influence a DHH individual’s ability to acquire a job is a college degree. Further investigation has shown that not only does the degree-holding DHH population experience as little as one-eighth the unemployment as the non-degree-holding DHH population (2.9% vs. 23.9%), but such graduates also receive higher incomes (116%) and have notably more opportunities to advance their socioeconomic status (Welsh & Walter, 1988, pp. 19-20). Comparably, other studies (Boutin & Wilson, 2009; Moore, 2001; Moore, 2001a) have found that a degree may not necessarily be essential for the success of the DHH Hispanic. Such studies concluded that postsecondary education, on-the-job training, job placement services, rehabilitation technology, transportation services, VR assessment, and VR counseling and guidance proved to be enough to provide DHH individuals with competitive employment (pp. 161-163; pp. 148-149; pp. 17-19). Concisely, one conclusion on which these studies coincide is that vocational training, higher education, and job placement services lead to increased employment and larger incomes for the DHH Hispanic individual.

The Field of Trilingual Interpreting

An additional factor that affects a DHH Hispanic’s ability to successfully acculturate to U.S. society is the availability of interpreters. The language needs and cultural differences of the DHH Hispanic determine which kind of interpreter will be most appropriate for the client. For a DHH Hispanic who was born in or arrived to the United States at an early age and who received a mainstream, public education, a typical,
bilingual-bicultural interpreter may suffice. Comparably, in the same scenario in which the DHH Hispanic child attends a residential school for the Deaf, the student may not have acquired as strong of fluency in English as he or she did in Spanish and/or ASL. As a result, the DHH Hispanic may require a trilingual/tricultural interpreter who can integrate the client’s potential tricultural fluencies and cultural norms appropriately when interpreting. A third background of the DHH Hispanic is one in which the immigrant arrives to the U.S. with varying levels of education. The individual may use a home sign system, a foreign sign language, or have no fully-developed language whatsoever. In such a circumstance, a Deaf Interpreter (DI) would be the most appropriate match for the language needs of the client while an additional qualified cultural mediator would monitor potential conflicts and misunderstandings.

Nonetheless, even the most acculturated Deaf Hispanic may struggle to request an interpreter. Particularly following the Deaf President Now (DPN) movement in 1988, while the U.S. Deaf community has been relatively adamant and active in requesting the services it deserves, DHH Hispanics are comparably less inclined to request accommodation services due to their cultural perceptions and humility (Call, 2010, p. 23). Another cultural element that affects the DHH Hispanic’s experience with accommodation services, more specifically interpreting services, is the tendency of Hispanic individuals to rely on interpreters as advisors. In this context, “the Deaf [Hispanic] person may anticipate that the interpreter will relate not only what has been said but also what needs to be done in a situation” (Mindess, 2006, p. 179). However, this conflictingly places the interpreter in a position to potentially violate the Professional Code of Conduct (CPC) and leads the client to expect the same treatment from all
interpreters in the field. Nonetheless, despite the cultural tendencies that may strain a DHH Hispanic’s experience with interpreters, the foremost challenge to this population in regard to interpreting services is the deficiency and asymmetry of trilingual interpreters in the United States. With the highest concentrations of trilingual interpreters developing around the Mexican-American border, California, Texas, and Florida, the DHH Hispanic living in the northern regions of the country may not receive the appropriate accommodations to which he or she is entitled (Call, 2010, p. 23). Furthermore, with the limited availability of trilingual interpreting training programs and mentorships, the field is slowly expanding and consequently unable to meet the escalating demand of the DHH Hispanic community. Fortunately, new organizations, such as Mano a Mano, are forming partnerships with RID to expand the awareness and development of this unique field, resulting in initiatives to more regularly train and certify trilingual interpreters.

Consecutively, an interpreter is an individual who receives a signed or spoken message in a source language, analyzes the message for its meaning, and converts the message into the target language and target culture with processing time and in real time (Frishberg, 1990, p. 18; Humphrey & Alcorn, 2007, 164). More elaborately, Humphrey and Alcorn (2007) explained that,

The process of interpreting includes taking a source language message, identifying meaning and speaker intent by analyzing the linguistic and paralinguistic elements of the message, then making a cultural and linguistic transition and producing the message into the target language… Thus, an interpreter takes the message expressed in the source language and, after working through a complex mental process, expresses that same message into the target language. (pp. 149-150)

The mental process to which Humphrey & Alcorn alluded is referred to as “Source Message Management” for which there are three models: Cokely’s Sociolinguistically-
Sensitive Theoretical Process Model of Interpreting (1984), Colonomos’ Pedagogical Model of the Interpreting Process (1989), and Seleskovitch’s Experiential Practical Mental Process Model of Interpreting (2001; see Appendix A). All three of these models aim to describe the primary stages of the interpreting process and accordingly overlap in their frameworks and approach.

The first overarching stage of the three models includes the process of receiving the source message through the visual or auditory modalities and stripping the language of its linguistic components with the purpose of identifying the speaker’s communication goals and intent. In Cokely’s model, the interpreter completes the process in three stages: “Message Reception,” in which the interpreter receives a complete thought expressed by the speaker; “Preliminary Processing,” in which the interpreter begins the process of analyzing the message for overall communication goals, intent; and cultural items; and “Short-Term Memory Retention,” through which the interpreter balances the incoming information and the actively processing message chunk. Comparably, Colonomos’ and Seleskovitch’s models holistically compress these three steps into one stage called “Concentration” and “Perception,” respectively.

Following the processing of the speaker’s message for intent and communication goals, the interpreter arrives at the “light bulb moment” (also termed “pure form moment”). At this stage, the interpreter has complete comprehension of the speaker’s message in a form absent of all linguistic features, likely conceptualized as a picture, graphic, or other kinesthetic form. Cokely labeled this stage “Semantic Intent Realized,” while Colonomos called it “Representation,” and Seleskovitch referred to it as “Comprehension.”
At this point in the interpretation process, the source message management process comes to an end and the interpreter can proceed to the next step of formulating a linguistic- and culturally-accurate equivalent of the source message in the audience’s target language and culture. This target message aims to envelop the same communication goals, intent, emotions, and affect as the source message, however, in a linguistic and organizational structure that is appropriate for the target language and culture. In Cokely’s model, this process occurs over the course of three stages, including: “Semantic Equivalent Determined,” in which the interpreter structures an ideal sequence through which to present the communicator’s details and all-encompassing message goals in the target language; “Syntactic Message Formulation,” in which the interpreter structures the linguistic framework for delivering the source message in the target language; and “Message Production,” during which the interpreter delivers the target message through the visual or spoken modality. Similarly, in Colonomos’ model, this stage is termed “Planning,” and in Seleskovitch’s model it is termed “Expression.”

While the fact that these three models may be slightly different for the trilingual interpreter—who potentially may utilize his or her third language as a crutch for processing and structuring the other two—the models remain a structured outline by which to understand the basic mental process of interpreting. Consecutively, the work of a trilingual interpreter is not simple. As professional trilingual interpreters Claire Ramsey and Sergio Peña explained (2010), “[trilingual] interpreters must be experts in the details and variations of the languages they use… they must also be able to move between cultures with skill” (p. 15). However, such professionals must excel beyond merely knowing three languages and cultures to include proficiencies in the nuances of
each respective population. These specific competences boil down to such specifics, for example, as the gestures and nonmanual markers of each population. This paralinguistic aspect is essential to the knowledge repertoire of the interpreter as Deaf individuals often include the gestures and facial affects of the local hearing population in their signed communication. This practice extends throughout the Americas to include Deaf communities of Hispanic countries where such gestures are commonly a component of the local sign languages, as noted in the example of Dominican Sign Language (Gerner de García, 1990, pp. 270-271).

Suitably, trilingual interpreters must understand how certain signs and hearing-originated gestures differentiate in meaning among various Hispanic communities. Accordingly, some gestures can carry negative connotations or derogatory meanings in context of different Deaf communities (Gerner de García, 1993a, p. 51). An interpreter who does not possess this knowledge is liable to sever the communicating parties’ relationship and cause a communication breakdown from a minor to a critical degree. On the minor scale, for example, the Central American hearing gesture commonly associated with the Spanish word “tacuño” (a stingy person) is seemingly equivalent to the ASL sign “CRACKER.” In this instance, had a trilingual interpreter been unaware of this distinction and, consequently, incorrectly interpreted the DHH Hispanic’s sign as “cracker” in the target message, the interpreter would have been liable to skew communication—but not pass a reparable extent. In the opposite extreme, for example, a common hearing Argentine gesture associated with a lack of knowledge and one which may or may not be accompanied by the expression “ni idea” (I have no idea) is the ASL sign “SCREW-OFF.” In this context, had the trilingual interpreter failed to recognize the
distinction between the regional uses of the signs, he or she would have been liable to cause such a dramatic breakdown in the parties’ communication that repair would have been potentially unachievable. Consequently, trilingual interpreters have the ongoing responsibility of familiarizing themselves with previous, current, and emerging signs and gestures in both the hearing and Deaf communities of the U.S. and Latin America in order to assure the most accurate and faithful interpreted communication possible.

In addition to the complexity of the cultural and linguistic knowledge trilingual interpreters must balance, such interpreters also find themselves conflictingly trapped between two different professions and codes of ethics. On the one hand, the trilingual interpreter is a sign language interpreter who is expected to adhere to the code of professional conduct set forth by the Registry of Interpreters for the Deaf (RID). These standards developed as products of the most recent approach to the field of interpreting—the multilingual/multicultural model of interpreting. With this template, the interpreter is capable of taking the steps necessary to facilitate the flow of communication and to evade conflicts of culture and misunderstanding. Comparably though, the trilingual interpreter is also undeniably a professional in the field of spoken-to-spoken language interpreting.

This field of interpreting has a larger variety of organizations and, resultantly, a more substantial pool of ethical practices to choose from—some so precise as to pertain to the context of the interpreting assignment (medical, judicial, educational, etc.). Nonetheless, this field traditionally supports the conduit model of interpreting, in which the interpreter acts as a phone line by relaying a message from one party to another, seemingly invisible to the communication. While the latter aspect is ideal, this practice overlooks potential needs for monitoring each party’s culture, the consideration of body
language and paralinguistic features, and the demand to conduct crucial intervention to evade conflict or breakdown. Consequently, given these two sets of standards and professional conduct, trilingual interpreters are conflictingly wedged between two sets of expectations with little room for a potential middle ground. Fortunately, a joint, ongoing effort by the National Consortium of Interpreter Education Centers (NCIEC) and the Trilingual SPP Task Force aims to publish educational and certification paradigms as well as standard practice papers—both scheduled to release later this year—to better define the role and conduct of the trilingual interpreter (RID, 2011; Treviño, 2012, p. 28).
CHAPTER II

METHOD

Participant

I, the Senior Study student, was one of three participants in this self-improvement project. At the time of the study, I was a twenty-one year old, gender queer undergraduate student at Maryville College. I was completing a double major in American Sign Language – English Interpreting (AEI) and Spanish Language and Literature with a Secondary Teaching Licensure in Spanish. At the time of the conclusion of this project, I had completed all of the major requirements for the AEI major, was in the process of completing my student teaching practicum for the Spanish Language and Literature major, had successfully passed the National Interpreting Certification (NIC) written examination, and was in the process of completing comprehensive exams for both majors. Additionally, I had four years of experience learning and using sign language and eight years of experience learning and conversing in Spanish. Some critical experiences that supplemented my language knowledge include an interpreting internship of approximately four hundred hours with Empire Interpreting
Services in Syracuse, NY and with Helen Keller National Center for the Deaf-Blind in Sands Point, NY, a mentorship with two certified, experienced interpreters, an English-Spanish interpreting practicum of approximately one hundred hours at the Blount County Health Clinic, and five months of studying abroad in Buenos Aires, Argentina. Up to this point, my interpreting experience had included both observation and linguistic production in environments ranging from educational, platform and presentational, religious, medical, community, intimate/family occasions, vocational rehabilitation services, Deaf-Blind, and job and life-skills training.

The second and third participants in my Senior Study are a mentoring team composed of two certified interpreters. These individuals served a dual purpose of both mentoring me through the process of improving my interpreting skills as well as evaluating video samples as mile markers throughout the Senior Study. The mentoring team included two interpreters, each from unique backgrounds, who together were able to provide well-rounded, constructive feedback and support. The team comprised a child of a Deaf adult (CODA), who also is in the process of pursuing a Master’s degree in teaching interpreting, and a trilingual interpreter, fluent in ASL, English, and Spanish. Both individuals hold a National Interpreting Certificate (NIC) and have over twenty years of experience in the interpreting field. In accordance with the National Institute of Health (NIH) and Institutional Review Board of Maryville College (IRB), I have made the participants aware that their feedback and personal identities will remain anonymous through the entirety of this project and following it (see Appendix B). Last, for the purpose of potential reduplication of this project and as a means of recording my
progress, I maintained a journal of the activities I completed and the progress that I demonstrated during my mentoring sessions (see Appendix C).

Materials

The materials necessary for completing this Senior Study self-improvement project included a Flip camcorder, a computer with an audio recorder, eight analysis forms (see Appendix D), and the following YouTube videos, which are listed in the order that I interpreted them during the course of the project:

**Spanish – ASL (Voice to Sign) Videos:**

- *Buenos Aires (2) Argentina* by MuchoViaje.com  
  http://www.youtube.com/watch?v=zj6zOX69jCA;

- *Neuquén, Andes Argentina* by MuchoViaje.com  
  http://www.youtube.com/watch?v=40ktDj39BFU

- *5 Secretos [Spanish Vlog]* by Natalie  
  http://www.youtube.com/watch?v=1gqZC0Hvp3U

- *Educación: Hablo Cristina Kirchner (Parte 1)* by Cristina Kirchner and premiered on C5N  
  http://www.youtube.com/watch?v=z2UzsoatJ6A

**ASL – Spanish (Sign to Voice) Videos:**

- *Be Understanding Please* by Daniel Durant:  
  http://www.youtube.com/watch?v=4R0ccaJhLZ4

- *Will the World End on December 21, 2012?* by Daniel Durant  
  http://www.youtube.com/watch?v=4EXkDqH3JPM
- *The Parallels between Spiritual Perspective and Deaf Perspective* by Josh Swiller in conjunction with TEDxTalks
  http://www.youtube.com/watch?v=6jlcZ_lbbhM

- *Deaf Lens* by Wayne Betts Jr. in conjunction with TEDxTalks
  http://www.youtube.com/watch?v=ocbyS9-3jjM

For this project, I developed two analysis sheets, one to evaluate voice-to-sign interpreting and another to assess sign-to-voice interpreting. The evaluation team used the analysis sheets as an assessment tool for evaluating my interpreting videos with the additional option of adding written notes at the bottom of the instrument.

**Procedure**

For this Senior Study self-improvement project the evaluators were two certified interpreters, one trilingual and one natively bilingual, who both had over twenty years of interpreting experience. I, the Senior Study student, recorded four samples of both ASL-to-Spanish interpreting and Spanish-to-ASL interpreting using YouTube videos that included at least one formal, one informal, and one consultative register sample for each modality. The videos spanned a variety of topics ranging from travel, personal experiences, scientific theories, career development, spirituality and minority oppression. I staggered the recordings over the course of a year with the purpose of incorporating two samples from both before and after substantial language-learning experiences, including two ASL-English interpreting internships and a semester of study abroad in a Spanish-speaking country. After completing the recordings, I sent the interpretation sample to the
evaluators who, therein, used the developed analysis sheet to assess the accuracy and skill demonstrated in the interpreting sample. In particular, for voice-to-sign interpreting samples, the analysis sheet guided the evaluating team in assessing the target message’s prosody, grammatical accuracy, sign choices, use of role shifting and expansion, portrayal of the speaker’s affect, potential omission of message meaning, and prospective need for cultural adjustment. Similarly, for sign-to-voice interpreting samples, the assessment tool led the evaluators to analyze the target message’s prosody, grammatical accuracy, word choice, portrayal of the speaker’s affect, potential omission of message meaning, and prospective need for cultural adjustment. After the evaluators had successfully analyzed all eight videos, I created a composite appraisal of my interpreting skill development over the course of a year and drew conclusions in regard to what components and skills I must concentrate on developing hereafter.
CHAPTER III

RESULTS AND DISCUSSION

For the analysis of my trilingual skill development, I will separately review the sample results of Spanish-to-ASL and ASL-to-Spanish interpreting, beginning with the first. The evaluation results of this study’s interpretation samples stem from two third-party professionals who conferred together to rank the components of concentration found on the analysis sheets (see Appendix D) and who provided supplemental notes as exemplars of the samples’ strengths and weaknesses of each sample as well as to suggest areas of further development for the Senior Study student.

Spanish–to–American Sign Language Interpreting Review

*Spoken-to-Sign Baseline:*

The first Spanish-to-ASL interpreting sample and comparative baseline for this project, *Buenos Aires (2) Argentina*, was a brief travel documentary about the Argentine
city of Buenos Aires. The register of this piece was consultative, delivered with distinct enunciation and prosody, and incorporated information in respect to locations, dates, times, historical figures, prices, monuments, description of landscape, interviews, and recommendations. One challenge of this piece was the source speaker’s Spanish accent. A native of Spain, the speaker’s word choices and pronunciations were different than what I have heard and used in the Hispanic community in the U.S and Argentina. Consequently, message processing and acknowledgement of the speaker’s goal were slightly delayed.

An additional challenge in regard to this sample was the initial choice to interpret it consecutively. Working between my second and third languages, memory retention of the source language while concentrating on the production of an equivalent in the target language became an amounting obstacle. Consequently, twice throughout the sample, I had to rewind and repeat an audio segment in order to recall specific facts, such as names and numbers, so as to not omit them from the interpretation. Presumably, the interpretation from the interpreter’s perspective was very frustrating and felt relatively unnatural, as matching of the speaker’s affect, message prosody, and opportunities for target language expansion were compromised on behalf of the focus concentrated into retaining the source message. The sample interpretation evaluators expressed censure regarding the ineffectiveness of the consecutive interpretation mode in this context and for the purpose of this Senior Study. One evaluator commented, “you, [the Senior Study student], cannot develop prosody in working in a consecutive manner. [More so] the Deaf community does not expect a consecutive interpretation.” Regardless, the evaluators did provide valuably constructive feedback. The evaluators’ feedback
regarding this interpreting sample particularly focused on the following: the interpreter’s flagging strategy and fingerspelling.

For one, the team noted that my flagging strategy was unclear and indistinct. They referenced an example from the beginning of the sample in which I attempted to flag Buenos Aires through the strategy of fingerspelling the word followed by my intended flagger—“B-A.” The two evaluators first recognized trouble with this technique when they later became confused seeing the “B-A” signed independently in a separate sentence. When they rewound the sample back to the initial flagging, the assessors explained that the indistinctness of my fingerspelling and poorly-announced introduction of the abbreviated flag are what led to the inevitable confusion thereafter. They explained that my fingerspelling in this sample was hard to read and commonly did not incorporate full completion of letters. Furthermore, the team advised that the introduction of the flagging sign must be more distinct and attention-drawing, such as by leaving the eyebrows raised and using a slight body shift.

The results of the analysis tool’s components of concentration concluded a mean score of 6.5, a reasonable baseline to which to compare subsequent interpreting samples. However, it should be noted that in the two consecutive pieces of this study, the evaluators and I decided to eliminate the analysis tool’s component which aimed to measure omission of meaning. We drew this conclusion based on the unrealistic approach of consecutive interpreting in this study which afforded limitless opportunity to back up the source message sample, as I did on occasion during my target message production. Consequentially, this option is not always a realistic possibility during an interpreting assignment and, particularly in the context of this study, nearly eradicates
any possibility for omission. Comparatively, later samples of simultaneous interpreting, in which the interpreter is not able to backtrack, contain a viable risk of meaning and message omission and, therefore, were evaluated with this analysis component.

Spoken-to-Sign Sample of Development 2:

The second interpreting sample for this Senior Study, Neuquén, Andes Argentina, was an additional travel documentary, this time over a region of Argentina called Neuquen. The sample recording followed two sessions with my mentors since the time of the last sample as well as additional experiences acquired in AEI class during the spring semester of 2012 (see Appendix D). Similar to the baseline, this text was consultative, delivered with a comfortable, well-enunciated prosody, and recorded by a native Spaniard. Comparative to the baseline, this text included more facts, including names of places and people, dates, figures, and sizes, as well as more descriptions, including scenery, geography, the course of rivers and mountains, and the placement of landforms in relation to other land masses. Consequently, this sample was more demanding than the previous and required more use of physical space and classifiers. Nonetheless, the piece was less frustrating than the previous, requiring me to backtrack only once during the consecutive interpretation, and included evidence of better target message retention exemplified in the increased prosody of the target message production. The evaluators provided feedback in regard to the following areas of the sample: use of visual space, classifier choices and use, and sign choice.
For one, the team provided advice regarding how to demonstrate the division of boundaries between areas. This strategy included establishing the layout of an area, using the verb “DIVIDE” to clarify that the landscape has boundaries, and then using the identifier “AREA” followed by the adjective “DIFFERENT++” to emphasize the distinction between the sections. Later in the sample during when the speaker is explaining the fishing practices of an indigenous group, the mentors explained the importance of taking the time to utilize clear classifiers with the purpose of delivering a less ambiguous message. They suggested using the C-Classifier (CL:C) to represent the fish’s mouth and the X-Classifier (CL:X) to represent the hook. The evaluating pair added that the use of space when describing the action of the fishing practice was particularly critical. They emphasized the need of signing the verb-phrase with sufficient space away from the body to avoid the misconception of the fish catching the fisherman rather than the intended contrary. Last, the mentors drew due attention to the misuse of the adjective “CURIOUS,” inappropriately signed during the description of a forest. They expanded upon the proper use of the adjective and conjunction for my own personal insight (see Appendix D).

Concisely, this interpreting sample scored a 7, an overall advancement of .5 from the previous sample. Notable gains (increases of two or more component ratings) in respect to this sample include improvement of grammatical structures and matching the speaker’s affect. Once again, I excluded the component measuring meaning omission due to the consecutive interpreting approach.
Spoken-to-Sign Sample of Development 3:

The third interpreting sample for this portion, 5 Secretos, was a vlog by a bilingual Spanish speaker discussing five secrets which people do not know about her. I chose this video as an attempt to balance both portions of this Senior Study, the spoken-to-sign and sign-to-spoken, by using a text in which the presenter talks at an informal register. I interpreted this video following two internships and five months studying abroad. I signed the target message “cold” (without prior exposure or practice), simultaneously, and with processing time. Challenges for this video included following the speaker’s unclear train of thought, predicting the setup for how she would deliver the five secrets, understanding the speaker when she murmured, expressing compound ideas such as “I hate when people don’t do the things they promise me they would do,” and keeping up with the fast-paced delivery of the speaker. The evaluators’ feedback for this video centered around three primary areas of improvement: matching affect, proper sign production, and prosody and processing.

In regard to the first, the speaker of the text is quite animated and erratic. She speaks at an excited rate and clearly has enthusiasm in her voice. However, my target interpretation did not match this affect. Consequently, the target audience receives the wrong impression of how the presenter delivered her message, affecting their perception of the speaker and her intended communication goals. Accordingly, as I continue to
develop, I must focus on “becoming” the speaker and, to the best of my ability, embody their affect in my body language, signing style, and nonmanuals.

The second area of suggested development, proper signing production, refers to a malformation of one or more of the five parameters that compose a sign. In the context of this interpreting sample, I made two formation errors. The first occurred when signing “DRUNK,” which, due to the poor formation of my handshape, appeared as “PUNCH.” The evaluators suggested investing more attention into the parameter of handshapes, in particular with this instance, ensuring the extension of the thumb. An additional sign that caused confusion due to production errors was “CHAT.” In contrast to the former, the error that I made with this sign was in regard to the hand-movement. In the interpreting sample I signed the verb with only one of the sign’s two C-handshapes shaking. Instead, the assessors contended that both hands should shake, creating a clearer production of the verb that is less likely to be misconstrued as “MOTOR.”

The final area of refinement, prosody and processing, comprised a twofold issue. On one hand, I struggled to deliver the message at a prosody comparable to that of the presenter’s. As quickly as the speaker delivered her message and with as infrequently as she paused, I struggled to maintain a consistent delivery of the target message. Consequently, I encountered times when I completely lost track of the presenter’s message details and had to pause a moment in order to acquire the subsequent portion. On the other hand, an additional challenge I incurred in respect to prosody was leaking the source message management and processing activity occurring in my head into the expression of my body language and nonmanuals. Not only does this not match the speaker’s affect and misconstrue her message, but it also explicitly draws attention to the
struggle of the interpreter and places doubt in the minds of the target audience regarding the competency of the interpreter. Alternatively, the mentors suggested that I worry less about the details that the speaker quickly presented and more regarding her message goals. By using techniques such as compression and summarization, I can more effectively capture the communication intentions of the speaker while compensating the amount of strain I put on myself as the interpreter. Accordingly, increased practice and experience will lead to better competency with both of these components.

Compositely, this interpreting sample had a mean score of 7.0. In comparison to the previous sample, instead of making significant gains, this analysis showed that I actually made considerable regressions in the components of affect and prosody. Although I recorded this interpreting sample following two internships, it also trailed five months living in a foreign country in which I rarely used sign language. This hypothesis may explain why, as I later note, I managed to make considerable gains in the components of the sign-to-spoken interpreting modality following my time living abroad, with the exception of matching the signer’s affect, but not the spoken-to-sign modality. Had I recorded this sample immediately following my two internships and prior to my time abroad, the analysis scores may have turned out differently.

*Spoken-to-Sign Post-Baseline:*

The final video I recorded and the post-baseline for the spoken-to-sign portion of this Senior Study, *Educación: Hablo Cristina Kirchner (Parte 1)*, was an ambitiously challenging speech that the current president of Argentina, Cristina Kirchner, delivered
discussing the educational reform and future in the country. The speaker presented the speech on a formal level, in a platform context, and with clear enunciation and natural pauses. I recorded my simultaneous interpretation of this sample following the five months I spent studying abroad and succeeding two sessions with my mentors since the recoding of the last interpreting sample. Challenges in the target message included references to Argentine history and political figures—knowledge that I fortunately acquired while abroad—, the notoriously sporadic discourse style of the speaker, and the speaker’s use of metaphors and analogies as details to support her communication goals. Fortunately, the time I spent immersed in the Argentine culture, dialect, and lunfardo (slang) afforded me the advantage of more easily understanding the speaker in comparison to the previous samples who had Spanish dialects. As a result of the context of the text, I often found myself making cultural adjustments when producing the target interpretation with the intended purpose of delivering an equally-understood message as that which audience members of the source language received. Without making these cultural adjustments, such as expanding on the speaker’s references to previous presidents or to the country’s popular political agendas, the target audience would be confounded by the cultural allusions and consequently not receive the same message goals that the speaker intended. The professional evaluators provided a substantial amount of feedback that reflected both on constructive criticism for further development, including introduction of countries and sign parameter production, as well as the strengths of this interpreting sample, including the utilization of space and strategic use of eye gaze.
In regard to areas of improvement, the assessors suggested that interpreters should first fingerspell the name of less-commonly seen country signs before using the country sign alone. Particularly with Argentina whose sign name is identical to “GUITAR” in ASL, primarily fingerspelling the country’s name and then following it up with the appropriate name sign would have evaded the confusion that transpired as a result of signing the country’s sign name without an explicit context accompanying it.

Subsequently, the evaluators recommended that I monitor my use of sign production and consistency. They explained that particularly for this text, in which the speaker presented at a formal, platform register, the use of larger, clearer signs and more dramatic paralinguistic features, particularly leaning, were necessary. The team advised that I envision the potential poor placement of a DHH consumer in a given facility and the ensuing need for me, the interpreter, to sign large and clearly in order for the individual to acquire the speaker’s message. Such techniques to accomplish this goal include focusing on slower pacing when fingerspelling and forming larger, more clear-cut signs that fall outside my traditional signing space, as previously explained.

Additionally, the evaluators advised me to take caution in my production of the different parameters of signs, pointing to three examples as evidence of this need. First, the team touched on palm orientation, using the example of “CONFRONT” which, in my interpretation, had a momentary resemblance to “BARK” due to a tilted palm orientation. Following, the evaluators drew attention to the need for careful spatial location of signs. For this aspect, the two referenced three different signs. Initially, they referred to the sign “LOVE,” otherwise known as “KISS-FIST,” which they had temporarily misconceived as “OLD” during their analysis because I did not sign it close enough to my mouth. A
second example was the sign “RESPECT” which, as a locative verb, can convey implicit
differences in status, such as superiority, equality, or inferiority. In particular, when
interpreting the message segment in which the speaker explained the need for teachers to
respect students and students to respect students, the mentors advised that I use the
locative verb directionally. In such a manner, after role shifting to the perspective of the
teacher I could sign “RESPECT” out and down to show the inferiority of the students,
and vice versa for the role shift into the students, signing “RESPECT” upward and
outward. The last example the assessors drew my attention to in regard to location was a
complex idea I signed that involved laying out education as a tiered system. In this
segment of the interpreting, I aimed to set up “ELEMENTARY SCHOOL,”
“HIGHSCHOOL,” and “COLLEGE” on different spatial levels to demonstrate the
advanced stages of each; however, from the perspective of the target audience,
“HIGHSCHOOL” and “COLLEGE” appeared to be on the same level, because I had
already extended my arms to a considerable point when first signing “HIGH SCHOOL.”
The team suggested that in such cases where I find myself running out of spatial room
when showing a “stacked” concept I utilize diagonal space off to the left or right to
distinguish boundaries. Last, the final parameter which the evaluators addressed in
respect to sign production was handshape. The team only came across this issue once
with the sign “DEGREE.” The mentors advised me to use the F-handshape (CL:F),
rather than the C-handshape (CL:C), as the proper production of the sign.

Positive feedback of the post-baseline included increased confidence in the
demeanor and processing time of the interpreter; better use of space, including classifiers,
role shifting, and eye gaze; and improved prosody and target message acquisition. The
assessors expanded upon the latter component, explaining that I demonstrated better use of eye gaze as an interpreter. As I took natural pauses in sequence with those of the speaker as a means of acquiring the target, I commonly broke eye-contact with the target audience. In general, this practice serves as a clear indicator that the interpreter is waiting to receive the source message from the speaker rather than experiencing complications with understanding the speaker. Breaking eye contact also signals to the audience that it is an opportune time to look toward the source message speaker perhaps to gauge his or her body language or to reference any visual instruments he or she may be using.

This final post-baseline scored an even 8.5, a remarkable gain of 2 points from the initial baseline. From beginning to end, I have demonstrated improvement in all the components of concentration, with the most dramatic advancements found in grammatical sentence formation, use of non-manual, and matching of the speaker’s affect. Concisely, this portion of the Senior Study has been a success, yielding notable improvements in my trilingual skills of interpreting from spoken Spanish to ASL. Areas of further development are plentiful and include, but are not limited to, extra attention to the formation of all five sign parameters, appropriate use of sign space and size in correlation to the respective register, and additional practice with increasing the length of time I can accurately interpret in the Spanish-to-ASL mode.

American Sign Language–to–Spanish Interpreting Review

*Sign-to-Spoken Baseline:*
The first Spanish-to-ASL interpreting sample and comparative baseline I recorded for the second portion of my senior thesis, *Be Understanding Please*, was a video-blog (vlog) addressing the oppression and religious and social persecution of the LGBT community. The speaker was a congenitally deaf, fluent signer of ASL who, in the passion of his message, signed rapidly and continuously. The signer addressed the audience in a register that transitions between consultative and familiar and used a great number of details to support his message goals, including personal stories and analogies. I interpreted the piece simultaneously with processing time. In evaluating the interpreting sample, the mentors cited several examples of weakness that, concisely, fell under four categories: prosody, omission, affect, and word choice.

In regard to the first, the prosody at which I interpreted the text was choppy and unnatural. I commonly paused to acquire a segment of the source message and then proceeded with the target interpretation. This characteristic leads into the following feedback which the assessors provided—further development of message retention to avoid omission. By avoiding an on-off, consecutive approach that overlooks imperative chunks of message information while producing the target equivalent, I can better deliver a more accurate, faithful interpretation of the source message. The mentors suggested that I needed to work on improving my memory skills so that I could simultaneously retain information for processing while producing a target message.

The third addressed area in need of improvement was affect. Due to the incredible amount of energy and concentration it took to interpret when I first began the challenge of trilingual interpreting, the target message came across monotone and emotionless. The evaluators added that this was an easy area of improvement that would
develop with additional practice and confidence with interpreting between the two languages and modalities. Final feedback in regard to the interpreting sample was in respect to my Spanish word choices and syntax. One evaluator drew attention to one sentence, for example, that was syntactically awkward and unnatural. Aiming to express a target equivalent of “WOMAN SHE ME TWO-US DATE SINCE 3-YEARS TOGETHER,” I voiced “hemos estado saliendo por tres años.” Although understandable, this target message is not idiomatic. Instead, the mentor suggested I voice, “mi novia y yo llevamos tres años juntos…” This interpretation more faithfully delivers the source message in a natural manner and promotes a greater respect of the speaker and his message.

This interpreting sample scored a 4.43 out of 10, with significantly poor ratings falling under the prosody at with I delivered the target interpretation, matching the signer’s affect, and omitting meaning and details.

*Sign-to-Spoken Sample of Development 2:*

The second interpreting sample, *Will the World End on December 21, 2012,* continues the pattern of using the same speaker for both the first and second interpreting sample, as I likewise used in the spoken-to-sign portion of this Senior Study. This text discussed research that the signer has examined regarding the theories surrounding whether the world will end in 2012 as well as provided insight on the speaker’s own speculations of the theory. The signer addressed the viewer, once again, in an interchanging mix of consultative and familiar registers and uses jargon specific to
astrology and the various fields of science. In comparison to the prior sample, in this vlog the signer utilized more classifiers, expansion, and visual space. Additionally, he signed at a slower pace and used a more straightforward outline of points that afforded an increased opportunity for the interpreter to predict where the speaker was heading. After evaluating this interpreting sample, the assessors granted less feedback and criticism than I had originally expected. Once again, feedback pointed to two aforementioned areas of improvement: affect and omission.

In respect to the first, affect was one aspect of the signer that was especially strong in this text. The signer vibrantly described the various ways the Earth might be destroyed with notable expression and nonmanuals. Nonetheless, my interpretation of the signer’s excited affect fell short in the Spanish interpretation. Secondly, in regard to the omission of meaning and details, omission escalated most toward the end of the interpretation while the starting few minutes contained no omissions whatsoever. However, as I became more fatigued with the message processing of interpreting stacked with the challenge of putting into words the described actions and events which ASL can so easily produce in seconds, my lag time increasingly dragged further behind. Consequently, the omission of message details and facts became inevitable as I struggled to keep up with merely the message goals of the signer. The final feedback the mentors provided was once again in regard to creating a natural sounding target message. Although the issue occurred less frequently than the previous interpreting sample, one example in which it did occur was merely an over extension of the present progressive: “lo que están diciendo.” The mentors advised against over applying the use of this tense when the present indicative would have sufficed: “lo que dicen.”
Overall, this interpreting sample had a mean score of 7 out of 10. It demonstrated notable improvement (two points or more) from the baseline in the analysis components of prosody, grammatical sentences, matching the signer’s affect, and avoidance of message omission.

Sign-to-Spoken Sample of Development 3:

The third interpreting sample that I recorded for the sign-to-spoken portion of the Senior Study, The Parallels between Spiritual Perspective and Deaf Perspective, followed two interpreting internships and five months living abroad in Buenos Aires, Argentina. The presenter delivered this text in a formal register in a platform context. Content of the sample varied from personal experiences traveling to Africa, reflection upon time spent working in hospice, and medical terminology and treatments, particularly in the frame of cancer. I interpreted this video simultaneously, occasionally pausing the speaker in order to appropriately expand upon concepts with due detail. Feedback from the evaluators for this sample pertained to five particular issues: message skewing, idiomaticity, prosody, verb tense, and consistent monitoring of gender agreement.

In regard to message skewing, there was one instance in the text in which I misinterpreted what the signer was explaining, consequently altering the target audience’s understanding and perception of the speaker. In this instance, the signer was explaining the background of a patient who played basketball and who had developed cancer in his leg. However, with little pausing between the explanation of the two facts
and through the manner in which the signer demonstrated the pain in the man’s leg, I mistakenly understood that the patient was playing basketball, suffered a leg injury, and later acquired cancer in the leg. Nonetheless, as the assessors confirmed, the background history of basketball and cancer in fact have no correspondence and merely created confusion because of their closely-chained introduction. Better use of closure and reasoning skills can prevent this mistake in the future.

The next issue I incurred in interpreting this text, idiomaticity, once again stemmed from sticking too closely to the signs of the presenter and coding his message. Phrases such as “15 años antes” or “¿hasta cuando sabemos que hemos nosotros vivido suficiente?” sound unnatural to the native Spanish-speaker and, both to the benefit of the interpreter and audience, have shorter, simpler forms of expression: “hace 15 años” and “¿hasta cuando vale la pena?”

Another issue that the evaluators noted in this interpreting sample was the tendency I have to try to speak quickly in an effort to catch up with the speaker when I find myself falling behind. In contrast to my baseline video, rather than the prosody seeming choppy and segmental, this habit makes the message sound rushed, the speaker seem eager, and the target language less enunciated and clear to the ear. In order to avoid this issue in the future, the assessors suggested that I continue to practice my prosody and particularly concentrate on using compression techniques, rather than rushed message production, as a strategy for catching up to the speaker when I fall behind.

A fourth issue the evaluators touched on was the need to be conscious of verb tense. This error only occurred once in the interpretation, however, deserves attention for
the benefit of this study and my trilingual skills improvement. In the context of this sample, I improperly used the Spanish imperfect when the past preterite was more fitting. For the ASL sentence “15 YEARS AGO, ME TRAVEL-around AFRICA,” I interpreted, “quince años antes, yo viajaba por Africa.” However, because the speaker only traveled through the continent once, the preterite, “viajé,” would have been more grammatically appropriate. Nonetheless, the error I made stemmed from a misanalysis of the direction in which the speaker was headed. The way I perceived the course of the message, the speaker was indicating that he was establishing a background in order to tell a story. Consequently, I felt more inclined to use the imperfect tense, as this is the tense most commonly used when describing the background of stories in the past tense. Nonetheless, due to the additional detail and account that followed—as is a cultural tendency of the Deaf community to elaborate in depth when storytelling—the use of the imperfect was ungrammatical and, rather, the preterite would have been more appropriate.

Last, monitoring gender agreement, seems to be more of a struggle in this sample than any of the other three. From using the inappropriate article with a noun, “la cancer” vs. “el cancer,” to referring back to an earlier noun using an inappropriate adjective form, “el autobus…fue incómoda” vs. “…fue incómodo,” gender disagreement was a popular mistakes in this interpreting sample. Fortunately, these mistakes are grammatical errors that do not immediately impede on the target audience’s understanding of the source message and can easily be overcome with continued practice in this interpreting modality.
Concisely, this sample scored a mean rating of 7.0. This score surpassed the rankings of my baseline, with notable gains in omitting less information. Unfortunately, just like in my third voice-to-sign sample, the scored tied that of my second interpreting sample. This may be a result of the outlier of matching the signer’s affect which considerably decreased the overall score.

Sign-to-Spoken Post-Baseline:

The final interpreting sample and the post-baseline for the sign-to-spoken portion of this Senior Study, *Deaf Lens*, followed the most development I had to this point in the project, including two interpreting internships, five months living abroad, and two additional sessions with my mentors since my last interpreting sample. The signer of this text was a congenitally deaf, fluent ASL signer who presented on his interest and development in the field of cinematography. Challenges of this sample particularly centered around the field-specific vocabulary for which I had to research Spanish equivalents, such as “close-up shots” and “panoramic shots,” in addition to the timely need to expand on the signer’s concepts, which the speaker more easily and quickly conveyed in ASL than I could produce in spoken language. The evaluators’ feedback for this interpreting sample once again coupled to fit the following interconnected areas of refinement: idiomaticity and grammatical accuracy.

In regard to idiomaticity, the assessors recorded two sets of unidiomatic phrasing. The first set pertained to the placement of the direct object in the target language. In Spanish, the direct object typically precedes the verb, with occasional instances of
interchangeability or use after the verb. Nonetheless, even when the option is available, fluent Spanish-speakers nonetheless tend to place the direct object before the verb. Comparatively, second language learners, such as myself, tend to place the direct object after the verb in such undefined instances, because it more closely follows the syntactical structure to which they are accustomed in English. In the interpretation sample, one example of this English-influenced syntactic structure occurred when I interpreted the concept of, “we cannot understand this clearly,” as, “no podemos entenderlo bien.” The trilingual assessor suggested that, instead, a more idiomatic way to have phrased this sentence would have been, “no lo podemos entender bien.” Additional examples from the sample in respect to idiomaticity included replacing “como un jovén” with “cuando era jovén” and using the word “público” or “gente” instead of the less-common word “audiencia.” These subtle switches can make the target interpretation sound more natural and idiomatic, increasing the target audience’s perception of the presenter and his message.

The second area of needed enhancement, grammatical accuracy, did not record near as many mistakes as it has in previous samples. With this post-baseline, the only grammatical error to which the assessors drew my attention was a run-on sentence using “porque” (because).

Holistically, the sign-to-spoken post-baseline scored a 7.7 out of 10. This result demonstrates a gain of 3.37 points, a near two folds better than my original baseline. In the long-term analysis, significant gains were present in seven of the nine components of analysis. Avoiding coding the target message was the only component that did not alter; however, this interpreting error has rarely been one with which I struggle. On the other hand, the largest overall developments I made from beginning to end were in improving
the natural nature of my interpreting prosody, matching the signer’s affect, and forming grammatical sentences.

Implications and Recommendations: Influences on the Success of the DHH Hispanic

This thesis has aimed to serve a twofold purpose: 1.) to elaborate on the acculturation experience of congenitally Deaf Hispanics in the U.S. and 2.) to investigate the field of trilingual interpreting and develop my, the Senior Study student’s, skills and competencies of the task. As the literary analysis of this study demonstrates, the acculturation experience of the DHH Hispanic is one in need of due attention. From birth to becoming an independently-functioning citizen of society, the dual minority member faces overwhelming pressure to assimilate to the cultural and linguistic norms of the U.S. fabric. Nonetheless, such a route deprives the DHH Hispanic of an identity that uniquely incorporates his or her ethnic background and diagnosis as deaf or hard-of-hearing. Despite the obstacles the individual must overcome to emerge a successfully acculturated individual, the U.S. does possess resources that can improve the frequency and likelihood of the success of acculturation. Three particular resources, including the early intervention team, school teachers and faculty, and vocational rehabilitation services, are exceptionally dynamic in the outcome of the DHH Hispanic that, with increased awareness and training, could improve their efficiency and effectiveness in working with this at-risk population.

First, in respect to the early intervention team, the incorporation of equal representation of both cultures is imperative to covering all the developmental
considerations of the DHH Hispanic, whether it involves a single trilingual/tricultural advisor or two bilingual/bicultural consultants—one on behalf of the Deaf community and the other the Hispanic community. The team should also incorporate an interpreter to provide the Hispanic parents a full-communication channel through which to understand the professionals’ opinions and concerns. The bilingual/bicultural or trilingual/tricultural counselor of the team should seek to provide counseling services to Hispanic parents and family members to ensure healthy coping in respect to the child’s diagnosis as deaf or hard-of-hearing. The counselor should explain visually-considerate strategies for interacting with their child, such as attention getting behavior and initiating communication with the child, as well as encourage the family to use a visual language, preferably ASL. Consecutively, the counselor should recommend community ASL classes for the Hispanic parents, in particular classes that are available in Spanish. Last, the early intervention team must assess the child’s language competencies through the means of a qualified, trilingual/tricultural evaluator or, though less preferable, through the paired aid of a trilingual/tricultural interpreter.

Second, the academic placement and environment of the DHH Hispanic is likewise an influential factor in his or her acculturation. While bilingual and residential education programs prove beneficial for this student population, the optimal placement of the DHH Hispanic student lies within a trilingual education program that particularly emphasizes competency in English and Spanish literacy. Only this type of academic environment effectively stimulates all three of the student’s languages and encourages the development a positive personal identity. In addition to focusing on literacy and using ASL as the language through which to educate second language acquisition, the trilingual
academic program should also include Deaf Hispanic role models and teachers. Serving as mentors for DHH Hispanic students, Deaf Hispanic staff demonstrate how to successfully balance three cultures and languages. Furthermore, the role models provide a physical, cultural, and linguistic exemplar with which DHH Hispanic students can personally identify. This personal connection helps the students to overcome feelings of isolation and identity confusion and aids in developing a positive self-esteem as students. Last, it is imperative that the school system and the teachers work cooperatively with the student’s Hispanic parents to introduce them to parental support groups, help them better understand the intimidating bureaucracy of the educational system, learn what steps they can take at home for the benefit of the DHH Hispanic student, and encourage active involvement in the child’s IEP and long-term educational journey.

Last, the vocational rehabilitation services available to the DHH Hispanic population must improve in inclusiveness and effectiveness, increase the training and awareness of VR counselors, and augment the availability of RCD oversight of DHH cases. In regard to the first, vocational rehabilitation must minimize the emerging bias that is developing in the profession that favors white, Caucasian males. VRCs should receive added training for working with minority populations as well as welcome increased insight in regard to deafness. For one, VRCs must increase their knowledge of Hispanic culture. They should recognize the heterogeneous tendencies of the population and the common preference to work among other minority individuals, placing the client accordingly. Additionally, further training must aim to veer VRCs away from viewing deafness as a disability and more toward the perspective of the DHH individual as an equally-able individual. Consequently, VRCs must be less rash when originally
assigning work placements or when opting to close out cases as status 26. Instead, VRCs must provide clients the due opportunity to prove their aptitude and potential in all assignments for which a hearing individual with the same educational and experiential backgrounds would be qualified. Last, RCDs must be more readily available for advising cases with DHH clients. Although the potential of assigning a RCD to all DHH clients is impossible given the current shortage of such professionals, VR services should consider placing RCDs as supervisors and advisors to the VRCs with DHH clients. Such a mentorship cultivates the RCDs into becoming more qualified professionals and can potentially result in increased status 28 case closures due to the ensuing growth in awareness and training.

Implications and Further Development: The Field of Interpreting and the Senior Study Student

Beyond the scope of the early intervention team, educational environment, and vocational rehabilitation services, this Senior Study also serves to benefit the field of trilingual interpreters, students pursuing the field, as well as me, the Senior Study student. First, in regard to the field of trilingual interpreting, this thesis aims to expand upon one of the primary clientele backgrounds which a trilingual interpreter might encounter in the field: the congenitally Deaf Hispanic raised in the U.S. Through understanding the personal history of a Hispanic DHH client, the trilingual interpreter is more apt and prepared to accurately interpret for the individual. Such considerations may include, but are not limited to, the possible weakness of the client’s sign language due to a poor
educational or home environment, the potential skew of syntax due to a contact sign system with influence from Spanish grammar, the use of lexicalized Spanish words, the possibility of mouthing or simultaneously vocalizing Spanish words, the potential for occasional or complete use of a foreign sign language, and the presence of hearing gestures from either U.S. or Hispanic hearing communities. Accordingly, trilingual interpreters should actively pursue further education in respect to the aforementioned elements and continue researching said aspects for the benefit of the trilingual interpreting clientele and service providers.

For other students pursuing the field of trilingual interpreting, this study serves as a model suitable for reduplication. In addition to preparing for the previously mentioned unique linguistic components of the addressed DHH Hispanic population, students are capable of reproducing the study for their own trilingual skill development using similar or the same materials. Imperative to the student’s success of reduplicating the skills portion of this study is language immersion in both ASL and Spanish through internships, participation in the communities’ cultural events, and through travel. Students should permit considerable time for carrying out the skill improvement portion of the study and find experienced mentors of bilingual and trilingual interpreting in the community to aid their development. Concisely, results for duplications of this study will vary student to student; however, with extensive practice, analysis, and reflection, students should certainly witness an increase in their trilingual interpreting competency.

The final set of implications for this Senior Study project is for me, the Senior Study student. This thesis has helped me to become more familiar with the language and developmental background of the target population with which I will be working in the
future as a trilingual interpreter. Additionally, the study has drawn my attention to the insufficiencies present in the rearing of a DDH Hispanic from birth through adulthood. With this knowledge, I am able to become a more proactive ally for the minority community, both inside and outside the role of an interpreter. Last, the skills improvement portion of this study has helped me to reflect upon how much my trilingual interpreting skills have developed over the past year and what particular aspects remain in need of further refinement. Proceeding beyond this study, I will continue to invest exceptional attention and practice into the following interpreting components: matching the speakers affect, speaking at a prosodic pace, awareness and incorporation of idioms, and proper use of grammar and syntax in both ASL and Spanish.
APPENDIX A
Dennis Cokely’s *Sociolinguistically-Sensitive Theoretical Process Model of Interpreting* (1984)

Danica Seleskovitch’s *Experiential Practical Mental Process Model of Interpreting* (2001)
# HUMAN PARTICIPANTS RESEARCH PROPOSAL FORM

## 1. Protocol

<table>
<thead>
<tr>
<th>Title: THE ACCULTURATION EXPERIENCE OF CONGENITALLY DEAF HISPANICS IN THE UNITED STATES AND THE FIELD OF TRILINGUAL INTERPRETING</th>
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<tbody>
<tr>
<td>Intended Start Date: Recordings: April 4, 2012; Analysis: April 7, 2013</td>
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## 2. Principal Investigator (PI)

<table>
<thead>
<tr>
<th>Name: Tyler Herron</th>
<th>Division: Behavioral Sciences</th>
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<tbody>
<tr>
<td>Email: <a href="mailto:tyler.herron@my.maryvillecollege.edu">tyler.herron@my.maryvillecollege.edu</a></td>
<td>NIH Training Cert. ☒ Attached ☐ On File</td>
</tr>
<tr>
<td>☒ I am a student. If so, please provide information about your (thesis) faculty supervisor below.</td>
<td></td>
</tr>
<tr>
<td>(Thesis) Faculty Supervisor: Peggy Maher</td>
<td></td>
</tr>
<tr>
<td>(Thesis) Faculty Supervisor Email: <a href="mailto:peggy.maher@maryvillecollege.edu">peggy.maher@maryvillecollege.edu</a></td>
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</table>

*If the student is the PI, the faculty supervisor must complete and submit a Faculty Supervisor Assurance Form.*

## 3. Co-investigators

<table>
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<th>Name:</th>
<th>Email:</th>
<th>Training Cert. ☐ Attached ☐ On File</th>
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## 4. Funding

- ☒ Unfunded research
- ☐ External funding
- ☐ Internal (MC) funding

Grant title:

## 5. Protocol Description

Provide a summary of your proposed study as outlined below. You may attach the protocol to this form if you like.

*Purpose and objectives of the study.* The purpose of this study is to assess how the student develops in his trilingual interpreting skills while monitoring feedback from professional interpreters on areas needing improvements as well as areas of competency.

Describe the research method (description of data collection and analysis, including what will be required of participants).

**Senior Study Development:** The student will record a baseline of five minutes of ASL to Spanish interpreting and another baseline of five minutes of Spanish to ASL interpreting. The student and his mentors will analyze the baselines and identify areas needing improvement. Over a 12-month time period, the mentors and the student will work on developing the student’s skills. The student will maintain a journal of the drills and practices he does to help his development as well as demonstrative signs of progress. Periodically throughout the 12-month interim, the student will record three supplemental five-minute long samples of both voice-to-sign and sign-to-voice in order to assess progress and areas in need of additional attention. Toward the end of the study, the student will record two follow-up baselines to which to compare the original baselines. The mentors will evaluate the samples and draw conclusions as to areas of improvement and areas still requiring additional work.

**Permission and Informed Consent:** The student will provide the mentors/evaluators the attached letter of informed consent, acknowledging that upon completion of the analysis forms, the evaluators give permission as to the use of their feedback for the purpose of the student’s Senior Study project as well as recognize that their identities will remain confidential throughout and upon the conclusion of the project.

**Evaluations:** The evaluators will be responsible for watching the student’s ten video samples and completing an evaluation of each, following the outline of the attached assessment form while also providing feedback on additional areas of potential improvement.
6. Participant Information

<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Who will be asked to participate?</td>
<td>□ Current MC students/faculty/staff only  □ Other: Professionals in the field</td>
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<td>How many participants are needed for the study?</td>
<td>2</td>
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<tr>
<td>What is the age range of participants in the proposed study?</td>
<td>38-46</td>
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<tr>
<td>Describe how participants will be recruited to the study. Selection: The Senior Study student chose the evaluators for this study based off their qualifications, one as a trilingual interpreter and the other as a native signer of ASL. Additionally, the mentors are nationally certified interpreters with over twenty years of experience in the field of interpreting. Responsibilities: Participants will include two primary mentors who the student will consult twice a month during a two-hour session. The mentors will be responsible for recording their feedback, suggestions, and recommended drills for improvement in addition to completing a skills analysis sheet to assess specific aspects of the student’s interpreting abilities.</td>
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7. Risks and Benefits

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<td>Please attach any recruiting materials you plan to use, including the introductory script and text of any email or web-based solicitations you will use.</td>
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<tr>
<td>Describe the anticipated benefits to participants of participation in the study. As mentors, the participants will be compensated for their time.</td>
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</tr>
<tr>
<td>Describe the anticipated risks to participants of participation in the study. There is no immediate risk to the participants in this study.</td>
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<tr>
<td>Discuss how any risks will be managed and/or minimized. Confidentiality: The two mentors will be advised not to include their names on any of their evaluation forms and will be assured that their identity will remain confidential throughout the process of composing and publishing the Senior Study.</td>
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<td>If deception is involved, please explain. Not applicable.</td>
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8. Confidentiality and Data Security

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<th>Question</th>
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<tr>
<td>Will identifying information be collected? □ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Will identifiers be translated into a code? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Will recordings be made (audio, video)? If yes, please describe. The student will record a baseline of five minutes of ASL to Spanish interpreting and another baseline of five minutes of Spanish to ASL interpreting. Following the baseline, the student will record three milemarkers</td>
<td></td>
</tr>
<tr>
<td>Who will have access to data (surveys, questionnaires, interview records, etc.)? Solely the Senior Study student, the Senior Study advisor (Peggy Maher), and the two mentors will have access to the data.</td>
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</tr>
<tr>
<td>Describe how you will protect participant confidentiality and secure research records (e.g. Will they be stored on a secure computer, locked cabinet, etc.?). Storage of Evaluations: The student will store the evaluation forms in a designated binder which remains within the possession of the Senior Study student at all times. For the purpose of the study and the study’s records, the student will not dispose of evaluation forms. Rather, the student will ensure all forms contain no trace back to the evaluators in order for the analysis tools to be published as part of the appendix of the final Senior Study project.</td>
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9. Cooperating Institutions

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<th>Question</th>
<th>Answer</th>
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<tr>
<td>Is this research being done in cooperation with any institutions, individuals, or organizations not affiliated with MC? □ Yes □ No</td>
<td></td>
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<tr>
<td>Have you received IRB approval from another IRB for this study? □ Yes □ No □ Pending</td>
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<tr>
<td>If yes, please attach a copy of the IRB approval.</td>
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Principal Investigator’s Assurance Statement for Using Human Participants in Research
I certify that the information provided in this IRB application is complete and accurate.

I understand that as the Principal Investigator, I have ultimate responsibility for the conduct of IRB approved studies, the ethical performance of protocols, the protection of the rights and welfare of human participants, and strict adherence to the studies protocol and any stipulations imposed by the Maryville College Institutional Review Board.

I will submit modifications and/or changes to the IRB as necessary.

I agree to comply with all Maryville College policies and procedures, as well as with all applicable federal, state, and local laws, regarding the protection of human participants in research, including, but not limited to:

- Ensuring all investigators and key study personnel have completed the NIH training program;
- Ensuring protocols are conducted by qualified personnel following the approved IRB application;
- Implementing no changes in approved IRB applications without prior IRB approval;
- Promptly reporting to the IRB any changes involving risks to research participants;
- Promptly and completely complying with IRB decisions to suspend or withdraw approval; and
- Obtaining continuing review approval prior to the date the approval for a study expires.

Tyler Herron _______________________________ 28 March 2013
Principal Investigator Signature Date

Note: If e-mailed from the PI’s MC email account, a handwritten signature is not required. Please type in name and date. If the PI is a student, the (thesis) faculty supervisor must submit a Faculty Supervisor Assurance Form.

Please email all documents to irb.review@maryvillecollege.edu.

Comments:
Letter to Participants:
Dear Participant,

Thank you for your willingness to participate in my interpreting skills project. I have selected you as a participant based on your qualifications and experience in the field. With your consent, I would like to use your feedback of my voice-to-sign and sign-to-voice interpreting samples as a constructive means of improving my interpreting skills.

My project consists of collecting feedback through guidance of a provided analysis tool. Through the course of this 12-month project, I will record a total of ten videos: 4 Spanish-to-ASL videos and 4 ASL-to-Spanish videos. With each video, you will use the analysis tool to assess the skills surround, for voice-to-sign interpreting samples, the target message’s prosody, grammatical accuracy, sign choices, the use of role shifting and expansion, portrayal of the speaker’s affect, potential omission of message meaning, and whether cultural adjustment is needed and included; and, for sign-to-voice interpreting samples, the target message’s prosody, grammatical accuracy, word choice, portrayal of the speaker’s affect, potential omission of message meaning, and whether cultural adjustment is needed and included. Additionally, you are encouraged, but not required, to record your initial impressions of the interpreting sample as well as additional comments in regard to the piece and areas for future improvement.

Upon completion of the analysis tools, you can return the forms to me at our next mentoring session.

Please do not include your name or any personal information on the evaluation forms as I will be publishing them as part of the final product of my Senior Study.

Your completion of any evaluation form for this project indicates your consent to participate. However, your participation is optional and you may withdraw from the study at any time without penalty. At the end of the semester I will inform you of my results and conclusions.

If you would like further information concerning my skills project, please contact me at Tyler.Herron@my.maryvillecollege.edu or (614) 260-3384. Also, feel free to contact my Senior Study advisor, Peggy Maher at Peggy.Maher@maryvillecollege.edu for further information.

I greatly appreciate your contribution to my Senior Study and look forward to your participation and feedback!

Sincerely,

Tyler Herron
Principal Researcher: Tyler Herron

Faculty Supervisor: Peggy Maher

Division: Behavioral Sciences

Title: “The Acculturation Experience of Congenitally Deaf Hispanics in the United States and the Field of Trilingual Interpreting”

Protocol#: 28.03.13.01

Approval Status: APPROVED

April 1, 2013

Dear Tyler:

The Maryville College Institutional Review Board (IRB) has carefully considered your proposal referenced above. The proposed procedures afford reasonable protection to the human participants involved and therefore you are granted approval for the study.

Your approval is effective April 1, 2013 and will expire one year from this date. Thereafter, continued approval is contingent upon submission of a progress report that must be reviewed and approved prior to the expiration date.

Approval is contingent upon your agreement to obtain informed consent from your participants, to abide by the protocol summarized in the approved IRB application, and to keep appropriate records concerning your participants.

You are required to submit to the Maryville College IRB for review any changes in procedures involving human participants prior to the implementation of such changes.

If you have any questions concerning this approval or regulations governing human participant activities, please contact Dr. Crystal Colter, Chair of the Maryville College IRB, by e-mail at crystal.colter@maryvillecollege.edu or by phone at 865.981.8269.

Sincerely,

Dr. Geoff Mitchell

Institutional Review Board

Maryville College Institutional Review Board
OHRP IRB#: IRB00007383
FWA Assurance #: FWA00015150

502 E. Lamar Alexander Parkway, Maryville, Tennessee 37804-5907
Voice 865.981.8000 | Fax 865.981.8010 | maryvillecollege.edu
Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that Tyler Herron successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 03/28/2013

Certification Number: 1152591
Mentorship Journal

Saturday, February 18th, 2012: 2 p.m.-5 p.m. with Established Hands

Materials Used: Bonnie Kraft’s Tomorrow Dad Will Still Be Deaf, Linguistics of American Sign Language CD “Snowmobile,” and personal recordings

This meeting served as the baseline for the beginning of my mentorship in which the goal of the evaluation was to obtain a clear picture of my current skill level, the skill areas that I need to address and develop, and to identify a plan to improve my overall skill level. During this meeting, I recorded a baseline going from ASL to English and from English into ASL. From the initial review, the Heather, Will, and I decided that the area in which I need the most development is monitoring the source message while delivering it in the target language. I expressed anxiety particularly when going from ASL to English in the fear that when I focused on composing grammatically-correct English interpretations, I would overlook information coming in from the signer. I demonstrated more comfort going from English to ASL, although I occasionally transcended into CASE. Last, we recorded an interview that incorporated going from both ASL-English and English-ASL. This interpretation also went relatively well; however, the one issue I repeatedly encountered was the video tape’s pressure to work faster. Requiring simultaneous interpreting, the video often started the hearing person talking while I was still voicing what the Deaf person was signing and vice versa. While this was frustrating and left me overlooking a lot of information from both party’s messages, it was good practice for the RID certification test which likewise does not pause on pace for the interpreter.

Saturday, March 3rd, 2012 2:00-5:00 p.m. with Established Hands

Materials Used: Bonnie Kraft’s Tomorrow Dad Will Still Be Deaf

For the beginning of this meeting, the mentors and I reviewed my homework which consisted of: practicing fingerspelling at aslpro.com, “Google Your Mind” on the term “medical,” voicing two vlogs, making a list of 5 things you do well, and attending one deaf event. First, we discussed my experience with the fingerspelling practice which was positive and developmental. Next, we went through my list of medical terms and reviewed which signs I knew and which signs I didn’t know. Subsequently, we watched the vlogs I chose and analyzed my voice recordings. Positive feedbacks for these recordings included: good matching of the speaker’s affect, not coding signs, and using a good lag time and prosody. Constructive feedback included: missing one fingerspelling of “P-A-T-I-O” and taking into consideration the sign “ENTER” in the context of its use to occasionally mean “approach” rather than “enter.” Next, we reviewed my self-analysis
Saturday, April 1st, 2012 2:00-5:00 p.m. with Established Hands

Materials Used: YouTube video “The Sweet Smell of Victory for ASL, “Last Lecture” Speech

For the beginning of this meeting, the mentors and I reviewed my homework which consisted of: “Google Your Mind” on the term “education,” voicing one vlog, making a list of 5 things I can improve on. First, we watched the YouTube video entitled “The Sweet Smell of Victory for ASL!” while simultaneously listening to my voice interpretation. Feedback on the interpretation included: good use of vocabulary, attempt to match the signer’s affect better, work on maintaining a longer processing time, and good incorporation of everything the signer said. Next, the mentors and I watched my signed interpretation of the “Last Lecture.” Feedback on the interpretation included: good representation of idioms, need for more nonmanuals to match the speaker’s affect, corrections on a few signs, and suggestions of other ways to sign certain concepts. After reviewing the Google Your Mind, the mentors and I worked on my anticipation skills. I watched a signed monologue and periodically Will and Heather would stop the video and ask me to guess what I thought the signer would sign next based off the information I had already gotten. This activity helped me to appreciate my ability to anticipate people’s tendencies when they are speaking, including both their sign choices and the direction in which they take a communication.

Saturday, April 15th, 2012 2:00-5:00 p.m. with Established Hands


For the beginning of this meeting, the mentors and I reviewed my homework which consisted of: “Google Your Mind” on the term “business,” voicing one vlog into Spanish, creating a story out of classifiers, interpret a song, record daily uses of prediction skills, record instances of people’s daily emotions, and interpret a lecture two
times, once cold and once after. To begin, the mentors and I watched my recorded classifier story about a recent white water rafting trip. Feedback from the video included: good setup of scenery, ensure to fully carry out the formation of signs, use more facial affects, and good use of space, good description of objects, and good role shifting. Next, we watched my song interpretation of the song “What Matters Most.” The mentors enjoyed the interpretation and provided the following feedback: good, clear formation of signs, good use of space, and creative expansions. Following, we watched my two recorded interpretations of a science lecture and compared the two. The first video was done on-the-spot without knowledge of the topic, presentation style, or use of videos. After the class, I reinterpreted the class using audio from the original presentation. The aim of the assignment was to see how even the slightest addition of information can help with anticipation skills and improve an interpretation. Feedback from the mentors on the second video included: good use of classifiers to represent oil, need more practice with numbers, good management of the message and not becoming overwhelmed, and good use of directional classifiers to establish areas in space. After the review of the “google your mind” on business, the mentors recorded me interpreting an Amway YouTube video. Afterwards, the mentors and I discussed the challenges I encountered in the interpretation, primarily that it was done cold and without context. The mentors explained the goal of the speaker was to convince people that his business was the best. The interpreter’s job is thus to match the speaker and produce a message that is equally as convincing and confident as the source message. For homework, I will practice interpreting another Amway video. After the meeting, the mentors reviewed my voice interpretation into Spanish of the YouTube video “Please be understanding. Feedback for the video included: to avoid “ummm” when processing, work on prosody, a more idiomatic rephrasing of a concept, and good accent.

Saturday, May 5th, 2012 4:00-6:00 p.m. with Established Hands

Materials Used: YouTube videos “Spanish Monologue,” “Amway Interview,” “Be Brave,” and “Can a deaf person deliver pizzas?”

At the beginning of this meeting the mentors and I began by reviewing my Amway video interpretations that I recorded as part of my homework. The assignment was to simultaneously interpret an Amway video cold and an Amway video having listened and practiced once through it. Feedback on my videos included: ensure to rest hands more, make sure to keep titles in the direct sign order as they are in English, correction on the signs PAY, RICH, FISH, ON-THE-FENCE, and MENTAL, work to include more discourse markers, be careful getting too far behind the speaker, avoid losing details using a large lag time, good examples of compression, and good use of role shifting. After reviewing this assignment and the Google Your Mind over morning and
night routines, the mentors and I discussed my ASL-to-Spanish voicing assignment using the YouTube video “Be Strong.” Feedback for the video focused around what parts I skimmed in overlooking details and what Spanish words would be more appropriate substitutes in various areas. Heather and Will discussed with me the goal I must aim toward of taking English out of the interpreting equation and work solely between Spanish and ASL. I explained that after warming up, I can go fluidly from Spanish to ASL, but ASL-to-Spanish still required me to transition to English before interpreting to Spanish. Following, Will and Heather played a YouTube video “Spanish Monologue.” I signed 3 minutes of the video cold going from Spanish to ASL. Feedback included a clarification of the story details that I misunderstood and which consequently threw off the interpretation and a correction on a sign choice. The mentors and I discussed how I felt doing the activity. I explained that such a cold activity working from my L-2 to my L-3 was comparatively much more difficult, required more and longer processing, and presented more opportunity for skewing and errors. Last, the mentors played the YouTube video “Can a deaf person deliver pizzas.” I attempted to voice the video from ASL into Spanish. As the mentors and I noted during my feedback voicing homework, the added complexity of the interpreting and having to monitor my Spanish output means I am missing more details in the ASL.

Saturday, January 19th, 2013 2:00-4:00 p.m. with Established Hands

Materials Used: YouTube Videos: “Can a deaf person deliver pizzas?,” “My First ASL vlog,” and video on one girl’s battle with depression and difficult life circumstances.

During this session, the mentors and I worked to reassess the standing of my skills following a six-month break since our last session. Thus, I completed an additional baseline to reevaluate the areas in need of the most development. I began interpreting sign to English for a Deaf woman using a contact sign language. The woman spoke about her recent experiences, life changes, career development, and future hopes for her blog. Of the entire assessment, this is the area in which I demonstrated the most difficulties. As the mentors confirmed, the majority of the message was lost and other parts were often skewed. Reasons for this poor performance are uncertain; however, a potential lack of familiarity with the signer’s language form or the absence of a warm up may have contributed to the interpreting outcome. Next, the mentors asked me to interpret from English to ASL a vlog produced by an individual detailing her struggles with life and depression. This interpretation was more optimistic, more successfully capturing the communication goals with less omission and skewing. The mentors noticed a change in my prosody since out last meeting, suggesting that I demonstrate less of the cognitive aspect of the interpreting process (stress to keep up, message retention,
deciphering idioms, etc.) in my body language. Nonetheless, they encouraged me to work harder on matching the speaker’s affect and resting my hands more often. The last video I interpreted was from sign to spoken Spanish and detailed a Deaf man’s experience getting a speeding ticket. I was already vaguely familiar with this video from the previous year. This background knowledge helped me to make closures in ambiguous areas of the story and, ultimately, to produce a better interpretation than I would have had I not seen it before. The mentors’ feedback included good capturing of the communication goals and Spanish grammar. Areas for improvement included staying closer to the signer in prosody, increased focus on affect, and a calmer, prosodic delivery.

Wednesday, February 6th, 2013 7:30-9:30 p.m. with Established Hands

During this session, the mentors and I further evaluated my newly established baseline and reassessed my development goals for the future. We began the session reviewing my homework which included a tally of times in which I naturally rested my hands during my everyday routine, giving a speech on a personal interest, and a “google your mind” over education. The first activity aimed to help me become mindful of the necessity and natural-tendency of resting my hands. By being conscious of this aspect, I can more successfully incorporate it into my interpreting. The second assignment had the goal of helping me become more prosodic and enunciated when interpreting into the spoken modality. The hope is that by improving this competency, I will be more apt to match signers’ affects and deliver their messages at a natural, comfortable pace. The final assignment of “google your mind” on the topic of education expanded my knowledge and familiarity with academically-related signs. By the end of the session, the mentors and I established that my new goals of improvement include affect and source message management in sign-to-spoken interpreting.
APPENDIX D
### Spanish-to-ASL Interpreting Analysis

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**Additional Notes:**

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## Spanish-to-ASL Interpreting Analysis (Baseline)

**Title of Work:** Buenos Aires (2) Argentina by MuchoViaje.com  
**Mean Score:** 6.5/10

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**Additional Notes:**

Your original fagging of Buenos Aires as B-S was too subtle and unclear.

Your fingerspelling was hard to read— you occasionally did not form the entire letter.

*Role shifting and expansion were not applicable to this text.

**Omission of meaning was not assessed because the consecutive interpreting approach does not allow for the Senior Study student to develop this component in a consistently measurable manner.
Spanish-to-ASL Interpreting Analysis

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Additional Notes: After dividing up an area, we recommend you use an identifier to clarify what the products of the division are; i.e. “SPACE DIVIDE+, LOCAL AREA++.” Good choice of classifiers for fishing segment, just be clearer regarding the actions done with the classifiers- fisher captures fish not vice versa. Careful on your use of “curious”- ASL does not use it in the same way as English does.

*Role shifting and expansion were not applicable to this text.

**Omission of meaning was not assessed because the consecutive interpreting approach does not allow for the Senior Study student to develop this component in a consistently measurable manner.
## Spanish-to-ASL Interpreting Analysis

**Title of Work:** 5 Secretos [Spanish Vlog] by Natalie  
**Mean Score:** 7/10

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**Additional Notes:** Not matching affect of speaker - she is very animated. Sign for drunk not clear, looks like a punch. Chatting uses a double-hand motion not one stationary and one moving. Big chunks, at times it seems like you are struggling to make sense of the message. Can see the processing occurring on your face. Good use of directionality for AWARD. When talking about searching, good body shift.

*Cultural adjustments were not applicable to this text.*
### Title of Work: **Educación: Hablo Cristina Kirchner**

Mean Score: **8.5/10**

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Additional Notes: Fingerspell less popular country names and then introduce the sign. Be careful of your palm orientation of signs- CONFRONT looked like BARK. This is a formal stage context- you need to increase your signing size and production clarity, i.e.: LOVE looked like OLD. RESPECT is a directional verb. You could have used space and direction to show the lower status of students to their teachers and vice versa. Degree is made with F-handshape, not C. You ran out of space when you signed HS then COLLEGE, feel free to resort to diagonal space in these moments. Great use of eye break and engagement to demonstrate natural pauses in the message and interpreter processing.
Figure 1: Long-Term Development of Analysis Components: Spanish-ASL Interpreting

Components:
- Mean Score
- Prosody
- Culturally Adjusted
- Not Coded
- No Omissions
- Not Skewed
- Matching Affect
- Accurate Sign Choices
- Proper Nonmanuals
- Grammatically Correct
- Role Shifting & Expansion

Post-Baseline, Sample 3, Sample 2, Baseline scores are shown.
Figures 2-9:
### ASL-to-Spanish Interpreting Analysis

**Title of Work:**

**“Sample Analysis Sheet”**

**Mean Score:**

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**Prosody is natural:**

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**Sentences are grammatically correct:**

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**Word choices are accurate:**

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**Signer's affect is matched:**

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**Meaning is not skewed:**

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**Message lacks omissions:**

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**Message is not coded:**

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**Additional Notes:**

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### ASL-to-Spanish Interpreting Analysis (Baseline)

**Title of Work:** Be Understanding Please by Daniel Durant  
**Mean Score:** 4.43/10

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Additional Notes: Very poor affect- monotone and emotionless. Your voicing was not wrong; however, another option you could have used in place of “nacer” is “dar a luz.” Watch sticking too close to English syntax and coding, i.e.: “hemos estado saliendo…” This sounds unnatural and unidiomatic.

*Cultural adjustments were not applicable to this text.*
**ASL-to-Spanish Interpreting Analysis**

Title of Work: *Will the World End on December 21, 2012? by Daniel Durant*  
Mean Score: 7/10

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Additional Notes: Aim for more idiomatic sentences, i.e.: “lo que dicen…” rather than “lo que están diciendo…”

*Cultural adjustments were not applicable to this text.*
### ASL-to-Spanish Interpreting Analysis

**Title of Work:** _The Parallels between Spiritual Perspective and Deaf Perspective by Josh Swiller_

**Mean Score:** 7/10

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### Additional Notes:

Aim for more idiomatic sentences, i.e.: “hace 15 años...” rather than “15 años antes...” Be cautious of your choice of tenses in telling a story- a greater lag time can solve this issue.

You switched agreement with “autobus” from masculine to feminine. “Cancer” is masculine, not feminine.

“¿Hasta cuando vale la pena?” - a great idiomatic expression to stand in for the speaker’s rhetorical question, “¿hasta cuando hemos vivido suficiente?” You skewed the patient’s story about contracting cancer- it was not due to a basketball injury but rather persistently ignoring the issue. Mind you prosody when you fall behind- your message becomes rushed and less understandable when you rush to catch up.

*Cultural adjustments were not applicable to this text.*
| Prosody is natural: |   |   |   |   |   |   | X |   |   |   |
| Sentences are grammatically correct: |   |   |   |   |   |   | X |   |   |   |
| Word choices are accurate: |   |   |   |   |   |   | X |   |   |   |
| Signer's affect is matched: |   |   |   |   |   |   | X |   |   |   |
| Meaning is not skewed: |   |   |   |   |   |   |   | X |   |   |
| Message lacks omissions: |   |   |   |   |   |   | X |   |   |   |
| Message is not coded: |   |   |   |   |   |   | X |   |   |   |

Additional Notes: Mind where you place the direct object (lo/la/los/las) in conjunction with the participle phrase- when the option is available, always place it before the verb. We recommend “recordar” rather than “impactar” in this context. Careful of run-on sentences; you got a little carried away using “porque” as a conjunction. Other idiomatic word/phrase changes: “cuando era jovén” rather than “como un jovén” and “la gente” or “el público” in place of “la audiencia.”

*Cultural adjustments were not applicable to this text.
Figure 10:

Long-Term Development of Analysis Components: ASL-Spanish Interpreting

- ASL-to-Spanish Overall Development
- Not Coded
- No Omissions
- Not Skewed
- Affect is Matched
- Accurate Word Choices
- Grammatical Sentences
- Natural Prosody

- Post-Baseline
- Sample 3
- Sample 2
- Baseline
Figures 11-21:

- Development of Grammatical Accuracy
- Development of Proper Nonmanuals
- Development of Matching Affect
- Development of Minimizing Omissions
- Development of Accurate Sign Choices
- Development of Minimizing Skewing
- Development of Minimizing Coding
Figure 22:
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