

# ADDRESSING COMMUNICATION BARRIERS AMONG DEAF POPULATIONS WHO USE AMERICAN SIGN LANGUAGE IN HEARING-CENTRIC SOCIAL WORK SETTINGS

YUNHE BAI AND DAVID “DT” BRUNO

## ABSTRACT

*The primary mission of social workers is to provide services to meet the needs of vulnerable populations, including people who are deaf and use American Sign Language (ASL). It is imperative for social workers to conduct culturally and linguistically competent practices to address deaf clients' unique requirements. However, due to a shortage of competent social workers specializing in the deaf population, deaf people are likely to interact with hearing social workers who have insufficient knowledge of ASL, Deaf culture, and proper accommodations for deaf people. This paper explores core issues that impact deaf people's access to social work services and urges that hearing social workers become familiar with the policies that protect the rights of clients with disabilities. Critical recommendations are offered to enhance access for deaf clients using ASL to more comprehensive social work services.*

*Note: Throughout this document, “deaf” will be used in an all-inclusive manner to refer to the population with hearing loss, regardless of their languages or community affiliations, including those who identify as D/deaf, hard-hearing, and late-deafened. When discussing Deaf culture and the Deaf community, a capitalized “Deaf” will be used.*

## INTRODUCTION

The United States Census Bureau estimates that there are nearly 11 million people who are deaf in the United States (Mitchell, 2006). While it is difficult to determine the exact number of deaf people who use American Sign Language (ASL), as many national surveys do not investigate the use of ASL, it is estimated that five percent of the deaf population in the United States are ASL users, approximately 500,000 people (Mitchell et al., 2006). A significant portion of the deaf population who use ASL identify ASL as their primary or preferred language (Hoang, LaHousse, Nakaji & Sadler, 2010). Since the deaf population is relatively small in the United States, many social workers may not regularly interact with deaf people.

Throughout history, deaf individuals have faced many challenges in using sign language due to hearing people's exclusionary practices (Greenwald & Van Cleve, 2015). In the 19th century, the Second International Congress on the Education of the Deaf, commonly known as the Milan Conference of 1880, stripped deaf children of their access to

sign language (Monaghan, 2016). As a result of declaring that oral education was better than sign language education, many deaf children experienced language deprivation. Language deprivation occurs when deaf children lack linguistic stimuli necessary for appropriate language acquisition during the first five years of life, known as the critical period. Language deprivation has been a significant and prevalent issue among the deaf population, as it has been associated with negative outcomes in cognitive and learning development processes (Ryan & Johnson, 2019). Given the hearing-centric environment across the United States, deaf individuals encounter a variety of obstacles due to inaccessibility and ineffective communication (Steinberg et al., 1998). Since deaf people tend to rely on their sense of sight and touch, including those who use ASL, hearing social workers need to consider the importance of ASL in how it enhances equitable access to communication and professional services for deaf people (Ulloa, 2014).

Just like hearing individuals, deaf individuals are referred to social work services for a variety of reasons including, but not limited to, healthcare, mental health, vocational services, and education (Glickman, 2013). Due to the limited number of social workers who are able to provide culturally and linguistically competent services, deaf individuals are often left at a disadvantage with barriers to communication (Sheridan et al., 2010). In working with deaf clients, both cultural and linguistic competencies are important to foster effective and appropriate interactions. These competencies include having empathy towards those who are deaf and a familiarity with the intricacies of ASL. Currently, many deaf clients are overlooked by social work services that are exclusively catered towards the hearing community. Hearing social workers generally lack training opportunities to learn about Deaf culture and the Deaf community and are often unfamiliar with the legal requirements for accommodating deaf clients (Harmer, 1999; Meador & Zazove, 2005).

ASL interpreting services have emerged as the most preferred communication approach among deaf people who use ASL or have limited literacy in English. Apart from ASL interpreters, Video Remote Interpreting and Video Relay Services have been proposed as new technologies that enable deaf people to communicate with hearing people remotely. However, research on these technologies is still limited. This article presents current policies that address communication barriers between deaf clients and hearing social workers, as well as proper accommodations for deaf clients in hearing-centric settings, including the relatively recent technologies of Video Remote Interpreting and Video Relay Services. The information provided may bring the social work profession closer towards the goal of providing comprehensive and appropriate services to the Deaf community, consistent with ethical guidelines.

## **SOCIAL WORK ETHICS AND PRACTICE STANDARDS**

The National Association of Social Workers (NASW) Code of Ethics declares that social workers are bound, legally and ethically, not to

discriminate against clients on the basis of mental and physical disability (National Association of Social Workers, 2008). Standard 9 in the *NASW Standards and Indicators for Cultural Competence in Social Work Practice* states that,

“Social workers shall provide and advocate for effective communication with clients of all cultural groups, including people of limited English proficiency or low literacy skills, people who are blind or have low vision, people who are deaf or hard of hearing, and people with disabilities.” (Bonner et al., 2015)

Standard 9 further specifies that both social workers and organizations are required to evaluate each client’s preferred language and provide suitable assistance to ensure effective communication (Bonner et al., 2015).

In other words, social workers must be able to communicate respectfully and effectively with clients from diverse cultural and linguistic backgrounds. This depth of communication requires proficiency in the client’s preferred language as well as proper knowledge of the client’s cultural values and identities (Simmons et al., 2008). When working with deaf clients, social workers would address this need by providing various accommodations, including professional sign language interpreters. Professional sign language interpreters should be treated as members of the social work service team and familiarize themselves with the types of settings and services that are being provided, such as legal services, mental health services, and child welfare services (National Association of Social Workers, 2007).

## **AMERICANS WITH DISABILITIES ACT REQUIREMENTS**

Social workers are required by the Americans with Disabilities Act (ADA) (1990) to provide deaf people with equal access to various forms of services, along with necessary considerations on local and state laws that may have stronger regulations (Morgan & Polowy, 2009). The ADA prohibits discrimination against people with disabilities, including deaf people. It requires covered entities from both public and private sectors, including social work services, to provide reasonable accommodations for people with disabilities to have equitable opportunities to participate in and enjoy the benefits of their programs and services (Americans with Disabilities Act, 1990b). In 2008, the United States Congress amended the ADA by updating the definition of “disability,” thereby broadening the scope of who would be protected and increasing the number of people protected under the law (Georgetown University Law Library, 2020).

According to Title III of the ADA for Public Accommodations and Commercial Facilities, it is the responsibility of both public and private entities to provide necessary auxiliary aids and services to ensure effective communication with people with disabilities (Americans with Disabilities Act, 1990a). Entities are only exempt from providing accommodations if

they can prove that it would impose an undue burden on the operation of their business. Nonetheless, exempt entities are still strongly encouraged to make every effort to provide proper accommodations for deaf people. These accommodations include, but are not limited to, qualified interpreters, written materials, telecommunication devices, videotext displays, open and closed captioning, and other methods of making aurally delivered materials available to deaf people. It is important to note that denying deaf clients these accommodations and, in some instances, requiring Deaf people to pay for accommodations, is an unlawful form of discrimination (Americans with Disabilities Act, 1990a).<sup>1</sup> Research on the effectiveness of the ADA is limited, as employers are not required to monitor and report their ADA compliance efforts. However, the accommodations that the ADA advocates support have been proven to benefit deaf individuals who seek support for their communication (United States Department of Justice, 1994).

### **ACCOMMODATIONS FOR IMPROVED COMMUNICATION WITH DEAF CLIENTS**

Recurring findings indicate that many deaf people experience limited access to social work services due to communication barriers (Steinberg et al., 1998; Mueller, 2006). Those communication barriers, which are the result of inadequate knowledge of ASL and Deaf culture among hearing social workers, leave deaf people vulnerable to isolation, poor service delivery, and place an unnecessary burden on their lives (Cabral et al., 2013; Fellinger et al., 2012). In order to determine which communication approaches are most appropriate for deaf clients, social workers must evaluate the preferences of the clients and identify the needed services. Stewart (1986) does this by identifying “...strengths and limitations of the disabled individuals as well as the strengths and limitations of the disabled person’s environment and to assist the individual to realize his or her potentials through an enhancement of the environment or ecological circumstances” (p. 11). When deaf clients disclose their preferred accommodations, social workers need to familiarize themselves with these accommodations and incorporate them into their practices. This section discusses recommendations on accommodations for deaf people, including ASL interpreters, Video Remote Interpreting, and Video Relay Services. All are discussed in relation to the communication barriers faced regularly by deaf clients.

### **AMERICAN SIGN LANGUAGE INTERPRETERS**

American Sign Language interpreters make communication possible between deaf people who use ASL and people who hear by interpreting both ASL and spoken English (Olson & Swabey, 2016). ASL has its own grammatical rules, sentence structure, and cultural implications, thereby making interpretation between ASL and spoken English a complex process that requires a high degree of cognitive, linguistic, and technical skill.

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<sup>1</sup>The terms “auxiliary aids and services” and “accommodations” are used interchangeably in this paper to represent the available services for deaf people as required by the ADA

Long sentences of spoken English can be interpreted into equivalent signs conveying the meaning of an English sentence (Professional Standards Committee, 2007). Interpreters enhance real-time communication by providing both simultaneous and consecutive interpretations. Simultaneous interpretation is one-way communication where ASL is interpreted at the same time as spoken English is delivered. Consecutive interpretation is a one-on-one conversation where ASL is interpreted after a hearing person speaks and pauses, which affords deaf people more time to comprehend the interpreted message (Janzen, 2005). ASL interpreters should have adequate knowledge of Deaf culture and possess sign language certifications such as the National Interpretation Certificate (NIC) from the Registry Interpreters for the Deaf (RID) (Landa & Clark, 2019).

Due to different linguistic and sociocultural contexts among the deaf population because of racial and regionalized signs, including Black American Sign Language and other variations, deaf individuals vary in their experience acquiring proficiency in ASL and have their own preferred communication style (National Institute on Deafness and Other Communication Disorders, 2019). For example, deaf people in the Northeastern region of the U.S. tend to use one-handed variants of signs, whereas deaf people in the Southern and Western regions favor more traditional two-handed variations (Lucas & Bailey, 2011). While some social work professionals are familiar with arranging ASL interpreters, there are too many social workers who have not made regular contact with deaf people (O’Hearn, 2006). When it comes to working with deaf clients, social workers without adequate ASL skills and experience with deaf clients commonly utilize improper communication approaches that lead to potential misunderstandings and misconceptions of information conveyed between the parties, such as lip-reading, speaking, and written communication (Hommes, Borash, Hartwig & Degracia, 2018).

Deaf clients have a better chance of receiving comprehensive services when social workers are able to take a role in accommodating the preferences of the clients and understand the logistics of working with ASL interpreters. It would likewise be beneficial if ASL interpreters have experience with social workers and are familiar with social work terminologies. When deaf clients request ASL interpreters, social workers should book ASL interpreters through interpreting agencies or contracts with ASL interpreters. When ASL interpreters are provided, the following suggestions should be made to ensure effective communication between deaf clients and social workers. The social worker should speak directly to the client and maintain eye contact with the client instead of the ASL interpreter. The social worker should pay attention to the client’s facial expression, body language, and behaviors, while the ASL interpreter is interpreting for the client. The social worker should also be close to the ASL interpreter and face towards the client together and should not begin speaking until either the deaf client finishes signing or the interpreter

finishes interpreting (Chapple, 2019).

There are some circumstances where deaf clients may not understand interpreters using ASL driven by English-based word order because the interpreters acquired ASL as a second language after English. Likewise, there may be times where ASL interpreters may not understand the signing of deaf clients because of limited exposure to different signing styles among the deaf population. When deaf clients and ASL interpreters struggle to understand each other, Deaf interpreters may facilitate a more effective conversation among all parties (Metzger et al., 2014). Deaf interpreters are native or near-native users of ASL and have profound knowledge of Deaf culture (Guardino, 2018). Although deaf interpreting services are not relatively new, it did not obtain professional status until the 1980s. Therefore, deaf clients and hearing social workers are often unaware of the option to request a Deaf interpreter (Boudreault, 2016).

Deaf interpreters are used to assisting deaf people who use home signs or non-standard signs, who experienced a delay in language acquisition, or who use ethnic or regionalized signs (Professional Standards Committee, 2007). When a hearing person speaks, a hearing ASL-English interpreter interprets the message to a Deaf interpreter. The Deaf interpreter is responsible for interpreting the message to a deaf client in ASL, along with more visual gestures. Once the deaf client comprehends and responds, the Deaf interpreter interprets the deaf client's signed message back to the ASL interpreter, and the ASL interpreter interprets the message in spoken English back to the hearing person.

When a deaf client requests a Deaf interpreter, social workers must arrange a Deaf interpreter and an ASL interpreter as a team, understanding that the interpreting process requires a slight delay in the delivery of messages. ASL and deaf interpreting are the most common and favorable choice of accommodation because, while ASL interpreters assist deaf clients to receive information from hearing social workers, Deaf interpreters bring additional value in supporting deaf clients with limited literacy to comprehend the context.

## **VIDEO REMOTE INTERPRETING**

Video Remote Interpreting (VRI) is a video conferencing technology that brings ASL and spoken English interpreting services to deaf and hearing people when a local or nearby interpreter is unavailable (Steinberg et al., 2006). Due to rapid development in technology, VRI has emerged as a popular tool for hearing people to communicate with deaf people using ASL (Kashar, 2009). VRI is used through a desktop or monitor with a camera live-streaming an ASL interpreter from a remote site who assists the communication between deaf and hearing individuals who are in the same room (Alley, 2012). The deaf person and the ASL interpreter communicate in ASL through the camera while the conversation between the interpreter and the hearing person is aurally delivered. VRI may be mounted on an

adjustable rolling stand for convenient relocation, oftentimes in medical settings (Kushalnagar et al., 2019). For instance, when VRI is brought to where a deaf client is present, a social worker connects to a remote ASL interpreter on the tablet who will appear on the screen, and the video of the deaf client is also shown on the screen. VRI is identified by many hearing people as an effective solution towards deaf clients' access to communication and professional services for a variety of reasons (Power & Power, 2010).

VRI is not only cost-effective but more flexible when it comes to scheduling compared to the use of in-person interpreters, which generally require booking several weeks in advance and entail travel time (Masland et al., 2010). VRI also has a wider geographical reach, which is beneficial for deaf clients who live in regional or rural areas. VRI providers also employ a larger pool of interpreters who have expertise in specialized settings related to social work, including hospitals and schools (Stratus Video, 2018a). VRI is useful not only because it is more convenient to book a remote interpreter, but it also reduces the need for proximity and waiting for an in-person interpreter to arrive (Lightfoot, 2006). For example, VRI can quickly assist deaf clients with communication needs in emergency situations, even as a temporary solution while waiting for an in-person interpreter to arrive at the site if requested (Stratus Video, 2018b).

Nevertheless, VRI is unable to produce the same quality of in-person interpreters in many situations (Kashar, 2009; Garrett & Maryland, 2012). Since VRI equipment usually depends on a wireless connection, poor network connection and limited bandwidth can affect the effectiveness of interpreting service and the quality of video screens such as blurriness, freezing, and disconnection (Kushalnagar et al., 2019). When the deaf client and the interpreter struggle to see each other clearly through the video screen, the accuracy and completeness of conveyed messages can be negatively impacted. Consequently, deaf clients are denied access to full information and experience lower satisfaction with VRI.

Compared to in-person interpreters, VRI services have significant limitations for all parties in terms of mobility and visibility (Kashar, 2009). While the VRI interpreter attends remotely on the video screen, they neither have a broader view of their surroundings or are able to wholly focus on the signing and body language of deaf clients and social workers. It may also be difficult for VRI interpreters to filter the environment and background noises while listening to the social worker who speaks. As for in-person interpreters, they are able to independently move and easily focus on the deaf client and the social worker. (Kushalnagar et al., 2019). Moreover, VRI might not be fully accessible to deaf clients who have visual, cognitive, psychiatric, and linguistic difficulties (National Association of the Deaf, 2018).

A clear and uninterrupted video screen with a qualified interpreter through VRI is required to foster communication between deaf clients and social workers. The National Association of the Deaf (2018) suggests that hearing people provide qualified in-person ASL interpreters and consider

the use of VRI as an alternative option when an in-person interpreter is not available. There are several recommendations for utilizing requested VRI services to enhance communication access for deaf clients. Social workers need to ensure that the internet connection is in good condition when connecting to a VRI interpreter. In addition, a video screen for VRI should be at least 16 inches, which enables deaf clients to see interpreters more easily. Social workers should adjust the position of the camera, allowing an interpreter to have a broader view of surroundings outside the potentially limited angle in order to ensure the accuracy of information being interpreted. A 360-degree camera is ideal as it improves the visibility of the signing of deaf clients and the entire setting where they are presented.

### **VIDEO RELAY SERVICES**

Video Relay Services (VRS) is a telecommunication service that allows a deaf person who uses ASL and a hearing person who uses spoken English to communicate by phone. VRS makes a real-time interpretation possible by using a videophone application with a VRS phone number designated by telecommunication companies (Steinberg et al., 2006; Sorenson Communications, LLC, 2017). Popular companies that offer VRS for the deaf population in the United States include Sorenson, Convo, and ZVRS/Purple (Bravin, 2016). To use VRS, deaf individuals need to either have a VRS application installed on their electronic device, obtain particular VRS products, or both, which enable them to connect to an ASL interpreter through a video relay call (Video Relay Service, n.d.). Once the deaf individual is connected to the ASL interpreter by using a hearing person's telephone number, the interpreter will then place a call to the hearing person. The hearing individual will receive a phone call and speak to the interpreter over the phone. As the hearing person talks, the interpreter interprets the message in ASL over the video screen on the VRS application to the deaf person and vice versa. A hearing person can make a direct call to a deaf person without needing VRS equipment simply by calling a deaf person's VRS phone number. Upon calling the VRS phone number, the call will be automatically routed to an ASL interpreter, who then places a video call to the deaf person (Caserta, 2008). While telecommunication is rather straightforward, VRS requires a high-speed internet connection and a clear video phone screen on the deaf individual's end, to avoid blurriness, freezing, and disconnections.

Deaf clients may decide to use VRS when they do not plan to come to the office. In addition to texts, emails, and online written communication, hearing social workers have the option to contact deaf clients through VRS to follow up on treatment results or additional information. Deaf clients with limited literacy in English may find VRS more convenient compared to written communication, which hinders their ability to communicate in ASL. VRS is funded and managed by the Federal Communications Commission (FCC); this comes with several eligibility requirements for deaf consumers

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using VRS. For example, VRS is limited to calls between deaf and hearing people in different locations, as it is a violation of the federal law to use VRS for calls between individuals in the same room (Sorenson Relay, 2020). For deaf clients who need Deaf interpreters to interpret their signs, social workers cannot consider VRS as it does not offer deaf interpreting services. Social workers are encouraged to keep both text and VRS numbers of deaf clients when future contact through text or call is needed.

The aforementioned types of interpreting services allow interpretation of messages between spoken and visual languages to promote accessible interactions. They each address the cultural and linguistic communication needs of deaf clients who use ASL, especially those who have limited literacy in written English. Hearing social workers are encouraged to consult with their deaf clients regarding their preferred procedures and processes of the requested interpreting services. Hearing social workers who are familiar with accommodations can build up a trusting relationship with deaf clients, though it would be ideal if they are able to sign or understand basic ASL from their deaf clients, especially including the common terms related to their work settings.

## RECOMMENDATIONS

Social workers with ASL skills and knowledge of Deaf culture are essential to offer more comprehensive service to deaf clients. Social workers with this particular expertise should educate hearing practitioners about working with deaf clients, especially ASL interpreters and other accommodations that are necessary to provide equal communication access. Those without this expertise are strongly encouraged to participate in continuing education and training programs to advance their cultural competence on deaf clients. Social workers should work with deaf and ASL interpreting practitioners, institutions, and organizations to implement training and workshops to improve their knowledge of accommodations to work with deaf clients. Moreover, those who are well versed in working with the deaf population should demonstrate their leadership by raising awareness about the ADA and NASW policies, the cultural and social experience of being deaf, and accommodations available for working with deaf people. For example, through leadership, social workers may encourage hearing providers who work with deaf clients to be familiar with policies for people with disabilities and identify key components of project design and service delivery that meet the various needs and preferences of deaf clients. Lastly, in order to produce more social work students who are capable of working with deaf clients in their future careers, schools of social work and other allied professions should incorporate Deaf culture and disability policies into their educational curriculums and accreditations.

## CONCLUSION

As the Deaf community is considered a vulnerable and underrepresented population due to continuous communication barriers, they generally require the accommodations to facilitate their communication. Hearing social workers who are not familiar with ADA-required accommodations could fail to work with deaf clients. Often, hearing social workers tend to consider a deaf client as someone living with a pathological condition rather than a cultural characteristic, and as a result, deaf clients may lose confidence in social work services. Knowing that there are not enough culturally and linguistically competent social workers, deaf people may feel uncertain, oppressed, and undervalued when seeking further social work services in the future (Jeffrey & Austen, 2005; Steinberg et al., 2006). Therefore, it is important for hearing social workers to incorporate the recommendations discussed in this paper into their practices with deaf clients, which would ultimately lead to a more positive and beneficial impact on the overall well-being of deaf clients under the care of hearing social workers.

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## ABOUT THE AUTHORS

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**DAVID “DT” BRUNO** was born to a deaf and signing family and grew up navigating the hearing-centric world, which forever shaped his experience as a disabled person. In 2018, DT graduated from Gallaudet University with a Bachelor’s degree in Social Work with minors in Family Studies and Public Health. DT previously presented at NASW-NYS statewide conference in 2018, discussing best practices for deaf/hard of hearing people in social work settings. At Columbia School of Social Work, DT is on the Advanced Clinical Practice track and is specializing in Health/Mental Health and Disabilities. DT’s field placement is at Partners Deaf Services, where DT offers behavioral health services for Deaf and Hard of Hearing individuals in Pennsylvania

**YUNHE BAI** grew up navigating the roles of deaf person and person of color. Through this experience, he has been exposed to various forms of oppression against the deaf population, mostly related to access to communication and opportunities for participation in public services. Yunhe graduated from Gallaudet University in 2019 with a bachelor’s degree in business administration. Yunhe’s degree was awarded with University Honors, and he was the undergraduate speaker at commencement. At Columbia School of Social Work, Yunhe is on the Social Enterprise Administration track. Yunhe’s field placement is with the New York Center for Law and Justice.

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