Deaf Interpreters' Ethics: Reflections on Training and Decision-Making

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ABSTRACT

This study provides an exploration in how a Deaf interpreters' ethical decision-making process is impacted by the amount of training they receive and identifies influential factors on their ethical decision-making process. In 2013 the Registry of Interpreters for the Deaf (RID) updated the Certified Deaf Interpreter (CDI) written examination on the Code of Ethics to match current ethical guidelines, which are now called the RID-NAD Code of Professional Conduct (CPC). The videotaped interview data includes reflections shared by 13 Deaf interpreters who were tested by the certifying body. The interview data was analyzed using a grounded theory approach. Due to the amount of data received, Mendoza's Typology (2010) based on high-context vs. low-context and collectivistic vs. individualistic continua was utilized to categorize recurring themes for this paper. Results indicate that information sharing, providing optimal services to Deaf consumers, and cultural mediation are all common ethical choices that Deaf interpreters make. Their decisions are mainly collectivistic due to their shared experiences as Deaf people. Yet the level of training Deaf interpreters obtain determines whether they are high- or low-context in their ethical decision-making abilities. Currently, the minimum of ethical decision-making training available by RID is not sufficient for Deaf interpreters to reach a high-context end of the continuum.

INTRODUCTION

Deaf interpreters, like their hearing colleagues, obtain their professional interpreting credentials from the Registry of Interpreters for the Deaf (RID), a certifying body in the United States. Both hearing and Deaf interpreters are put through certification testing in somewhat similar formats via written and performance examinations. Deaf interpreters provide interpreting services that may include transliteration, interpretation, visual and tactile communication to Deaf consumers fluent in American Sign Language (ASL), Deaf-blind consumers, or to Deaf consumers who are not fluent in ASL and/or written English (Deaf Interpreter Institute, 2016c). They may work alone or with hearing interpreters in providing interpreting services.

Deaf interpreters provide services to those within their own Deaf community. Unlike hearing interpreters, Deaf interpreters possess extra-linguistic knowledge based on their own Deaf experiences that may influence the interpreting process (Beldon, Forestal, Garcia, & Peterson, 2009). The Deaf extra-linguistic knowledge (DELK) is used as a cultural mediation tool in the interpreting process as Deaf interpreters find the best way to offer supplementary access to information being uttered through the description of visual information, use of visual aids, or gestural communication (Beldon et al., 2009). Professional accountability is still

expected of Deaf interpreters even though they have a shared sense of "Deaf World" experience with the Deaf consumers (Deaf Interpreter Institute, 2016b & RID, 2015). Professional accountability means being in compliance with the requirements set forth by RID in certification testing and maintenance as well as abiding by the profession's code of conduct. A gap remains in research regarding Deaf interpreters' ethics, ethical training, and decision-making process. This study addresses that gap here by providing an exploration into the Deaf interpreters' ethics and decision-making process. Data from videotaped interviews with 13 Deaf interpreters offer a closer look at their own personal reflections of their ethical training and decisions-making skills.

BACKGROUND INFORMATION

Expectations imposed on certified hearing interpreters have been consistently applied to Deaf interpreters in terms of maintaining their credentials in two areas within RID since the organization began offering credentials to Deaf interpreters in 1998 (RID, 2016b): The Certification Maintenance Program (CMP) and the Ethical Practices System (EPS). The EPS is in place to ensure that interpreters are in compliance with the Code of Professional Conduct (CPC). The CPC was developed by a combined group of individuals from the National Association of the Deaf (NAD) and RID with input from various stakeholders across the country. The updated ethical guidelines for the sign language interpreting profession was finalized in 2005 (RID, 2005).

Written examinations for hearing interpreters include testing their knowledge of the CPC (CASLI, 2016b). However, there is no mention of the Deaf interpreters being tested for their knowledge of the CPC (CASLI, 2016a). Instead the knowledge exam details for Deaf interpreters include the mention of Code of Ethics (CASLI, 2016a). The common practice of preparing for examinations, in which the process is cram, memorize, regurgitate, and forget (Kaufman, 2012). Similarly, Mendoza's 2010 study indicates that the same practice occurs especially with novice interpreters who perhaps quote the CPC without understanding it; whereas experienced interpreters take a holistic approach and consider differing angles before reaching an ethical decision.

Most hearing interpreters take RID certification examinations after completing interpreter education programs. However, hearing interpreters before the year of 2008 were not required to supply proof of training in interpreting topics prior to taking the examinations. Conversely, Deaf interpreters were required to submit proof of completion of a 16-hour training program along with an audiogram or a letter from a doctor/ audiologist proving their deafness before they would be allowed to take the CDI examinations. The 16-hour training program included two parts: 1) eight hours focused on the work of a Deaf interpreter, and 2) eight hours on the CPC (RID, 2013; RID CDI Task Force, Summer 2012). Hearing interpreters were required to supply proof of completion of an associate's degree program after the year of 2008 and a bachelor's degree program after 2012 in any major or fulfill the alternative pathway requirements in order to sit for the certification examinations (RID, 2016c). Similarly, Deaf interpreters were required to have a minimum of an associate degree as of 2012 and they will be required to have a minimum of a bachelor degree in any major as of January 1, 2019 (RID, 2016b) on top of the additional training pre-requisites. Additionally, the new requirements established in 2013 states that Deaf interpreters must complete 40-hours of training in different topic areas related to interpreting and provide proof of completion. The minimum number of hours in ethics-related training remains the same at eight hours (RID, 2016b & RID, 2015). Despite the new degree requirements,

hearing interpreters are not expected to supply proof of training in specific interpreting topics (RID, 2016d) like their Deaf colleagues.

Prior to 2013, the last update to the CDI written examination was in 1998 (RID, 2013). That verison had questions focusing on an older version of RID's Code of Ethics. Thus, the eight-hour ethical training typically covered the Code of Ethics. The focus on the Code of Ethics in training of prospective Deaf interpreters continued despite the fact that the new CPC was put into effect in 2005. The CDI test was not updated with questions pertaining to the CPC until 2013 (RID, 2013). This is eight years that Deaf interpreters were being trained and tested under the older ethical guidelines. The outdated CDI Written Test Outline emphasized that one of the professional roles and responsibilities of a CDI was to "abide by the RID Code of Ethics" (Registry of Interpreters for the Deaf, n.d., p. 1). For eight crucial years the CDI written examination was not updated, nor was it in alignment with the newer CPC until 2013. The Deaf interpreters who took the written examination between the years 2005 and 2013 were tested on outdated information.

Currently, it is difficult to determine whether the ethical training curriculum was based on the older Code of Ethics or the newer CPC. Each presenter develops their own training materials and as long as these materials cover the specific topic areas to comply with RID's general requirements. Based on informal conversations with Deaf interpreters who went through the 16-hour training offered by various trainers across the country, most of them reported that the focus of their training was on the older version of the RID Code of Ethics. On the other hand, those who attended an interpreter education program were trained on the current CPC. These interpreters were waived from the 16-hour training requirement because their academic study exceeded the minimum required. Participants in my study reported that some trainers do cover both the Code of Ethics to prepare them for the written test as well as provide linkages with the CPC while some other trainers do not. One participant reported that she felt she was well versed in the CPC and when it was time for her to take the CDI written examination, she was dismayed by the test questions that referred to the older Code of Ethics. The original Code of Ethics had eight specific tenets (Stewart, Schein & Cartwright, 2004); whereas the newer CPC has seven general tenets along with guiding principles and illustrative behaviors (RID, 2005).

The minimum requirement prior to sitting for the certificate examination before the year of 2013 was the 16-hour training (RID CDI Task Force, Summer 2012). There are no continuing education requirements imposed on Deaf interpreters specifically related to the work they do. However, Deaf interpreters, like their hearing colleagues, are required to accumulate a total of 80 hours or 8.0 CEU units of professional development to maintain their certification (RID, 2016a). A maximum of 2.0 CEUs can be in general studies. Those with specialized certifications such as the SC:L are required to have a minimum of 2.0 CEUs of the 6.0 Professional Studies CEUs in their area of specialization (RID, 2016a). Deaf interpreters are described as language and cultural specialists (Deaf Interpreter Institute, 2016c) but RID categorizes them as generalists like their hearing peers. However the credential is labeled there is still no way of keeping track of Deaf interpreters' professional development training to determine if they are receiving the specialized training they need in their vocation along with sufficient ethical training.

REVIEW OF THE LITERATURE

This study explores how training and various factors impact Deaf interpreters' ethical decision-making process. Unfortunately, there is no existing literature that focuses solely on Deaf interpreters and their ethical decision-making process. Current, although limited, literature supports the premise that Deaf interpreters need additional ethical training (RID CDI Task Force, Summer 2012; Dale, 2011; Bentley-Sassaman, 2010). Since there is a dearth of research on Deaf interpreters' ethical decision-making skills, this literature review instead references Deaf interpreter's cultural perspective, which influences their ethical decision-making. Current literature on ethical decision-making by interpreters is discussed as well although these may not relate directly to Deaf interpreters. What is available in the literature allows for the beginning of an exploration of Deaf interpreters' ethical decision-making.

DEAF INTERPRETERS' ETHICS

The existing literature on Deaf interpreters' work mainly focuses on three thematic areas: interpreting for Deaf-blind consumers, teaming with hearing interpreters, and language use. Ethics is one of the major areas of focus for a working interpreter as s/he navigates through various conflicts that emerge on the job (Janzen & Korpinski, 2005). There is support for additional training for Deaf interpreters (Dale, 2011) at various stages in their career, initial, intermediate and advanced (Grigg, 2010). Most Deaf interpreters confirm that they need a broader training on ethical issues that will further develop their critical thinking skills (Forestal, 2005). There are only a few brief mentions in academic research on ethical decision-making skills of relevance to Deaf interpreters (Deaf Interpreter Institute, 2016a; Bentley-Sassaman, 2010; Boudreault, 2005). A number of hearing interpreters in Bentley-Sassaman's (2010) study mentioned that their Deaf interpreter team interpreters may be lacking holistic ethical training and suggested further focus on training Deaf interpreters on the tenets within the CPC that focus on confidentiality and conduct. Hearing participants rationalized that this was needed largely because of the limited amount of training offered to Deaf individuals, which has only eight hours on the Code of Ethics. A number of Deaf interpreters in the same study expressed that this training is not sufficient (Bentley-Sassaman, 2010). This is supported by an interview study of experts in the interpreting profession who described an ideal training program for Deaf interpreters (Dale, 2011). All eight experts in Dale's (2011) study believe that Deaf interpreters did not have a holistic understanding of the CPC and require additional training. The RID CDI Task Force (Summer 2012) shares the same concern as well in that the eight-hour training is not enough for Deaf interpreters to internalize the CPC. Furthermore, the Deaf Interpreter Institute (2016b), an information clearinghouse on Deaf interpreters' work, has identified key competencies yet mentions ethics only once: "Deaf Interpreters describe shared, formative 'Deaf-World' experiences, that shape their ethics…" (para. 3).

Boudreault (2005) argues that RID's tenets are based on the hearing perspective, not the Deaf interpreter's perspective. Boudreault (2005) further proposes that Deaf interpreters should be bound by the profession's code of ethics as well as any additional specific guidelines for the type of work they do. Interpreters are charged with the responsibility to make decisions based on their understanding of cultural principles (Janzen & Korpinski, 2005). The challenge for Deaf interpreters lies in the determination of how professional boundaries should be established with Deaf consumers to ensure effective provision of interpreting services even though they may be in the same close-knit community (Boudreault, 2005). The common perception of interpreters as

allies to Deaf consumers creates challenges for them in establishing professional boundaries (Janzen & Korpinski, 2005).

DEAF INTERPRETERS' CULTURAL PERSPECTIVE

What is considered ethical in one culture may not be true in another culture (Ruggiero, 1997). For instance, Gile (1995) argues that extralinguistic knowledge (ELK) is an essential part of interpreting work. Extralinguistic knowledge encompasses an individual's background knowledge and experiences outside of interpreter education (Gile, 1995). Essentially, the Deaf interpreter's collective experiences as a Deaf individual, a person of a minority group dealing with oppression and discrimination, and as a member of a culturally-rich group forms the makeup of the DELK of a Deaf interpreter; thus their DELK could influence their interpreting process as well as ethical decision-making process (Beldon et al., 2009). Intercultural competence is a required qualification of Deaf interpreters (Forestal, 2011). Part of the DELK is the shared experience of oppression by the majority culture, namely the hearing world (Beldon et al., 2009).

Stone (2009) supports this claim based on his interviews with Deaf interpreters in the United Kingdom expressing that their Deaf experiences could not be disregarded while they are actively interpreting. If this were done, it would be doing a disservice to the Deaf community (Stone, 2009). Boudreault (2005) backs up this argument indicating that it would be wrong not to establish rapport with Deaf consumers, as it is an expectation within the community. Ladd (2003) claimed that by maintaining neutrality, doing so could create a misconception that the powerful hearing perspective is being supported. Therefore, culture has a significant influence on the interpreter's behavior in an interpreting event (Janzen & Korpinski, 2005). One consideration to keep in mind is that Deaf interpreters live in a hearing world, a majority culture, and it is common for the majority group to establish an ethical worldview based on sound (Ruggiero, 1997). This makes the Deaf culture, the Deaf experience, and DELK part of a minority perspective.

Bourdieu (1991) examined symbolic power in language use, claiming that the language demonstrates power relations between users. Those within the majority culture that uses the majority language usually hold more power than those within minority culture that use minority language (Bourdieu, 1991). In an interpreting event that involves hearing consumer(s) according to a participant in this study, hearing interpreters and Deaf consumer(s), the Deaf interpreter may be perceived to have the same level of power as the Deaf consumer(s) primarily because they are part of the Deaf community, namely a minority culture, and use sign language, which is considered to be a minority language. Alternatively, it could be argued that the Deaf interpreters have a social capital that gives them an advantage to connect with Deaf consumers (Adam, Carty, & Stone, 2011). Interpreters have been encouraged to be allies to the Deaf community and to address the power imbalance that exists between Deaf and hearing consumer(s) (Janzen & Korpinski, 2005). The question remains whether Deaf interpreters are more of allies to the Deaf community as opposed to the hearing interpreters who are members of the majority culture.

Mindess (1999) describes interpreters as trusted friends for the members of the Deaf community if they portray the appropriate, accurate cultural knowledge and involvement. Interpreters use the consumers' communicative needs as the basis for determining how best to provide interpreting services (Cokely, 2005). Adam, Carty & Stone (2011) claim that Deaf

translators are culturally sensitive to Deaf values and demonstrate this sense of reciprocity that Deaf translators want to express, thanking fellow community members for passing on the sign language and Deaf culture.

Cokely (2005) suggests that professionalism is defined based on the interpreter's cultural lens as Ruggiero (1997) claims that cultural differences mean different ethics. Deaf and hearing interpreters may have different cultural lenses, which could potentially mean different ethical decision-making practices. An interpreter's cultural identity affects his/her definition of the interpreter's role (Rudvin, 2007). Hofstede (2001) suggests two cultural categories: individualistic or collective. The American Deaf culture is seen as collective, while American hearing culture is seen as individualistic (Mendoza, 2010).

ETHICAL DECISION-MAKING PROCESS IN INTERPRETING

Cohen (2002) states that workplace ethics are usually defined by professional ethics, typically a code of conduct developed by practitioners of a particular profession. Furthermore, Cohen (2002) claims that workplace and professional ethics are used interchangeably because those usually overlap. In the sign language interpreting profession in the United States, the CPC is an example of professional ethics (RID, 2005). Basically, professional ethics are created to meet the moral considerations of the consumers (Cohen, 2002). Kermit (2004) argues that the term 'good interpreter' when describing an ethical interpreter has a double meaning. Good could mean useful or moral. It is suggested that the focus should be on the task as a whole rather than on subordinated tasks (Kermit, 2004). According to Kermit (2004), interpreters have a moral obligation to be ethical as well as useful.

One of the earliest documents on sign language interpreting in the United States (Quigley, 1966) identifies important characteristics that interpreters must possess and this included conscientiousness and trustworthiness. Stone's (2009) informants expressed that it would be a form of disservice if they did not include their shared Deaf experiences in making earning clients' trust. An ethical culture is created if it is encouraged that ethical conduct be considered, discussed, and analyzed which in turns promotes a way of acting rather than thinking (Karlin, 2005). It is further suggested that the quality of relationship interpreters have with consumers is valued through the shared ethical culture. By acting in this way, interpreters are empowering Deaf consumers (Karlin, 2005). This leads to the question whether Deaf interpreters are more inclined to participate in the ethics of caring because of shared experiences. Mendoza (2010) finds that expert hearing interpreters' decisions are based on their relationships with Deaf community members, hiring entities, and peers to help them maintain a collective nature of the Deaf culture.
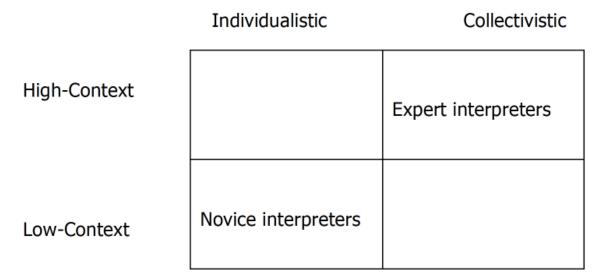
Over the years, there has been an evolution of interpreting models from helper to conduit to bilingual/bicultural (Stewart et al., 2004). Each model has a different approach to ethical decision-making. Cultural mediation is not a typical practice in models other than the helper and bilingual/bicultural models (Stewart et al., 2004). Stewart et al. (2004) furthermore argues that since the interpreter has to assume the responsibility of providing cultural mediation, additional understanding is needed.

Sign language interpreters are expected to adhere to the CPC. Hoza (2003) believes that novice interpreters are more inclined to literally follow the code of ethics, whereas expert

interpreters do not. Mendoza's (2010) study of novice and expert sign language interpreters in how they make ethical decisions indicates that novices typically make black-and-white decisions (low-context); while on the other hand, expert interpreters employ a multi-layered analysis of ethical situations which include consideration of multiple perspectives and potential consequences of decision-making (high-context). Context-based ethical training encourages interpreters to process through ethical decisions incorporating the Demand Control Schema (Dean & Pollard, 2011). Forestal (2005) suggests that general ethical training would aid in developing critical thinking skills needed to work though ethical dilemmas.

Mendoza's (2010) study reached the following conclusions: the more experience the interpreter has, the more comfortable s/he is in making decisions that are not to the letter of the CPC. The level of comfort lies along the high-context vs. low-context continuum. Additionally, expert interpreters are more likely to make ethical decisions that are collectivistic supporting the Deaf community's value of collaboration, rather than taking the individualistic route. Mendoza proposes a typology as summarized in Figure 1. Based on this typology, Mendoza (2010) hypothesizes that native signers without formal training would fall into the low-context/ collectivistic box.

Figure 1: Typology of Novice and Expert Interpreters' Discourse (Mendoza, 2010, pg. 211)

	Individualistic	Collectivistic
High-Context		Expert interpreters
Low-Context	Novice interpreters	

Evidently, there are significant gaps in the research regarding ethical decisions by Deaf interpreters. Research thus far has supported the need for additional training but there is a lack of research regarding how Deaf interpreters make ethical decisions. This study addresses this gap by offering an exploratory look at the quality of ethical training for Deaf interpreters as well as at their ethical decision-making process.

METHODOLOGY

This is an interview study that offers a closer look at Deaf interpreters' ethical decision-making. This study was designed to disclose the perspective of Deaf interpreters who were

trained and tested prior to the 2013 version of the CDI written examination. Specifically, they were trained and tested based on the older Code of Ethics, instead of the newer CPC. This study further aimed to query the influencing factors that impact Deaf interpreters' ethical decisions. Their collective experiences on how they navigated through conflicts that arise while providing interpreting services, albeit negative or positive outcomes, offers this starting point. This study was not focused on assessing the appropriateness of the decisions they made.

INTERVIEW PROTOCOL

Since this was an exploratory interview study, the semi-structured interview format allowed the interviews to be controlled with guiding questions but at the same time be open to whatever the participants have to share (Bernard, 1994). The semi-structured interview protocol (see Appendix A) was created as broad as possible to begin the exploration into Deaf interpreters' ethical training and decisions to justify the need for further studies. Semi-structured interviewing is advantageous for interviews that are done only once (Bernard, 1994) in ensuring specific interview data is collected. I began the interviews with background information before asking guiding questions to provide a general profile of the participants. The guiding questions encouraged them to share their reflections on their training prior to certification, factors that influence their ethical decision-making, descriptions of positive ethical decision(s) and ethical decisions that could have been done differently, their understanding of the CPC, and their perspective on how Deaf interpreters differ from hearing interpreters in making ethical decisions. Advocacy came up as a recurring theme in the first three interviews, so the remaining participants were asked for their perspective on this topic.

PROCEDURE

Participants were recruited through email announcements and affiliate RID chapters' Facebook pages. Informed consent forms were given in written English with an opportunity to ask follow-up questions in ASL about the paperwork and procedure prior to the interviews. All local interviews were videotaped using a digital video camera, while all long-distance interviews were done via videophone or on FaceTime and recorded using QuickTime's screen recording tool. The camera was set in a way that both the participant and I were visible. The video data were used for analysis at a later time. The average length of each interview, conducted in ASL, was 33.68 minutes. The interview protocol (Appendix A) was in written English but followed the same ASL translations for all of the participants that was developed prior to conducting the interviews.

PARTICIPANTS

A total of 13 Deaf interpreters were interviewed. Seven were females and six were males with their ages ranging from mid 30's to mid 60's. They were from various geographical locations in the U.S. Of the 13 respondents, 12 possess a CDI certificate and 1 Deaf interpreter possesses a Reverse Skills Certificate (RSC) issued by RID. The sample was not racially diverse. The interviews were conducted between the months of October 2013 and March 2014. Initially, the focus was placed on local Deaf interpreters in the Washington, DC metropolitan due to the high number of Certified Deaf Interpreters in the area but only five came forward. The study was expanded to include those outside the Washington, DC area to ensure sufficient data. The participants' length of certified status averaged 8.5 years with one participant having been

certified for one year while one participant was certified for 34 years. The participants varied in the amount and frequency in interpreting work. Two hold full-time staff positions as Deaf interpreters while others are freelance interpreters working ranging from one job a month to working 30+ hours per week. Their geographical locations determine the level of need. For the Washington, DC area, there is a higher demand for Deaf interpreters as opposed to a Deaf interpreter living in a rural area. Four participants hold full-time positions not as interpreters, thereby unable to offer their interpreting services on a regular basis.

Six participants who have been certified at least 10 years were not required to complete the eight-hour ethical training at the time they took the certification examination with RID. However, one of the six chose to take the RID's eight-hour ethical training for further professional development. Additional ethical training opportunities varied from short or long workshops to college courses to dialogues with colleagues and/or mentors. One participant reported taking a college philosophy course that helped her with ethical decision-making. Another participant reported that ethics training in a previous occupation helped him in his interpreting work.

ANALYSIS

My analysis was focused on assessing my participants' responses to my interview questions regarding their training and identifying influencing factors on Deaf interpreters' ethical decision-making. Each videotaped interview was coded with a participant number, viewed in ASL, then transcribed into written English. The transcriptions were reviewed twice with the video data to ensure accurate translations. A Deaf translator verified the transcriptions to ensure the accuracy of translations.

Grounded theory was the foundation of the data analysis. Grounded theory is a research method that allows data to lead to a theory formulation (Hansen, 2009). The qualitative inquiry is two-fold: memo-ing and documentation of researcher's notes. The memo-ing process involves coding themes and counting based on recurrence. The first step of the analysis was to do a thorough review of the interview transcriptions while looking for a pattern of themes that include recurring issues and challenges. The second step was to code manually using Microsoft Word to categorize responses based on common themes. On a separate document, I made a list of themes and tallied the number of times they were mentioned. This tallying technique helps identify important issues thematically. Next, I arranged those issues in order of frequency to give me a better view of similar, overlapping issues and themes that the majority of my participants brought up. Upon realizing the amount of data I have gathered based on the number of themes, I opted to focus on one analytical lens for this paper and used Mendoza's (2010) Typology of Novice and Expert Interpreters' Discourse to further categorize the themes into two categories, individualistic vs. collectivistic and high-context vs. low-context, and used these to explore the relationship between training and the types of ethical decisions Deaf interpreters make.

RESULTS

REFLECTIONS ON ETHICAL TRAINING

All participants except for one indicated that ethical training specifically for Deaf interpreters prior to getting certification was not sufficient. Concern was raised regarding the

shortage of quality trainers. This was the general sentiment and yet most of them reported taking more workshops beyond the 16-hour requirement prior to obtaining their certification. Training opportunities that were pursued outside of what were offered by local and national RID were helpful such as college courses in ethics or government. One participant commented on the fact that most hearing interpreters go through an interpreter education program for a minimum of two years whereas Deaf interpreters get just 16 hours. Another participant indicated that it would be difficult to have training that would fully prepare her for each ethical decision, as there is an element of unpredictability within interpreting situations.

Appropriate and sensitive ethical decisions are honed by experience and not exclusively through training, as one participant stated. Two of the Deaf interpreters who have been certified the longest (17 and 34 years respectively) in this study reported that existing training does not promote critical thinking skills that are crucial for appropriate ethical decision-making. Informal training was advantageous for some participants such as learning on the job and regular debriefing sessions with teams. Half of the participants expressed that discussions with peers in this profession were helpful in their growth as interpreters.

All eight of the participants who took RID's eight-hour ethical training expressed that this training merely covered the basics. One participant claimed that in order for ethical training to be effective, it should extend beyond just one day to give the participants time to absorb and process the information before participating in follow-up discussions. She proceeded to enroll in an interpreter education program after she got certified and there was a semester-long course on ethics, which helped her significantly. One participant reported that one useful skill she learned from her in-depth training after the initial eight-hour training was how to prioritize decisions on the job to determine which issues to tackle and resolve right away. She furthermore reflected, "I do wish that people cautioned me that the ethical decision-making process is full of gray areas" (Participant #C2). Before this she used to be black-and-white in her approach to ethical dilemmas. It was not until she learned on the job and through training with Dean [Demand Control Schema] that she learned there are options to resolving issues, which also addressed gray areas very well.

COMPREHENSION AND INTERPRETATION OF THE CPC

Since their testing and training were based on the original Code of Ethics, this portion of the interview explored their understanding and interpretation of the new CPC. There were mixed responses. Two different perspectives emerged: "CPC allows us to be more human and not robotic" (Participant #C10) and "The CPC lost the soul that existed in the Code of Ethics as things are spelled out. Do this, do that. Things are not that simple especially when there are many factors at play" (Participant #C8). One participant emphasized, "CPC is not a list of options; rather it is a set of guidelines. CPC does not discuss ethical responses" (Participant #C2). Three participants could not recall details in both the Code of Ethics and the CPC; although one of them knew that the CPC has one less tenet. Three participants responded that both the Code of Ethics and CPC are the same; however, two of them said that the CPC offers more flexibility in the decision-making process. One participant also agreed that the CPC offers more flexibility and promotes teleological decision-making process. However, one participant felt that the CPC has too many gray areas. Two participants stated that the CPC is an expanded version of the Code of Ethics. "CPC put words on what I already know from the Code of Ethics" (Participant #C3).   Two participants believe that the CPC offers a list of acceptable behaviors.

One participant asserted that the Code of Ethics put more weight on integrity than the CPC. One participant remarked, "The Code of Ethics is based on a 20-year-old thought" (Participant #C4). He emphasized the need to consult the Deaf community on the development of the CPC. One possible explanation for the mixed responses came from the same participant, "There is no ASL version of the CPC which may cause differing perspectives of CPC by Deaf interpreters" (Participant #C4).

MAKING ETHICAL DECISIONS

The participants identified influencing factors that help them work through the process of making ethical decisions. Awareness of all logistics associated with the job as well as prior knowledge and experience helps them be better prepared for the job as stated by one participant, "…this helps minimize the need to make awkward ethical decisions" (Participant #C1). "I think the level of education contributes to the Deaf interpreter's ethical decision-making process" (Participant #C4). Two participants mentioned the Demand Control Schema (Dean) being very helpful in helping them work through their decisions.

Two participants report that decisions are deferred to the Deaf client(s) to make the call regarding what to do in awkward situations. One participant states that she makes the decision based on imagining what the Deaf client may want had she been the Deaf client in the situation. "My first and basic thought is to ask myself what I would like the interpreter to do if I was the consumer" (Participant #C3). Alternatively, the Deaf interpreter may require a discussion with the team, including stopping the interpreting process, to see what should be done. One Deaf interpreter does it differently to ensure a balancing act, "For example, maybe the team wants to play dirty then I may have to play the role of an angel. If the team is too angelically good, then I may have to play the bad cop role" (Participant #C5).

Two participants who are Deaf-parented[1] believe that they make decisions differently from Deaf interpreters who do not have Deaf parents. They make decisions based on a mutual understanding of being Deaf and living with oppression the same as the Deaf client. They aim to fill in gaps that are left by a lack of cultural knowledge and sensitivity. Yet they have been criticized by Deaf and hearing interpreters for doing that. Another participant stated that he felt there is a mutual understanding between Deaf-parented Deaf and Deaf-parented hearing interpreters.

Intuition is what guides eight of them through their decision-making. "The key aspect is following my instinct. This almost never fails me. My knowledge, training, and experience become my instinct" (Participant #C9). One disagrees, "I value my certification status by being professional and making professional choices. I always do my best. I do not make decisions based on instinct" (Participant #C10).

LESSONS FROM PREVIOUS ETHICAL DECISIONS

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[1] Deaf-parented is a newer term used in the Deaf community to describe Deaf or hearing individual who has at least one Deaf parent. A common label to describe the same thing in the Deaf community is CODA (Children of Deaf Adults) however that is also the name of an international organization (www.coda-international.org)

The participants were asked to share at least one positive ethical decision they felt they made and at least one decision that they realized did not have a positive result. Some participants mentioned that other Deaf interpreters frowned upon their "positive" ethical decisions, which is commonly seen among hearing interpreters as well. Themes were derived from their stories. Information sharing was a recurring theme to ensure everyone had additional knowledge before proceeding further. Examples included explaining how everyone could participate in the communication process, communicating when the client is signing differently, and offering referrals to local resources. One participant said, "I realize afterwards that I should have shared more information or shared too much. I usually err on the side of giving too much information" (Participant #C3).

Client empowerment is a form of information sharing with all the consumers involved. One participant said it was important to let the client know of their options if they are uncertain.

> I reminded everyone [at the IEP meeting] that the Deaf woman was the mother/legal guardian as they were asking the grandmother questions and talking to her, not the mother. That could be interpreted as an act of advocacy but I do not think it was. It was a reminder. (Participant #C6)

Another participant offered a similar reminder in a different situation in which a group home's staff were discussing the possibility of reducing interpreting services for a Deaf client because the client was not using services while the staff actually do not utilize the interpreters' time to try communicating with the client to teach her new skills.

> I was feeling stuck in this situation. I asked if it would be okay for me to step out of my role and share my observations. They allowed me to do so and that led to a positive change. They were more attentive with the Deaf client from that point forward. They included her more in the activities at the home. (Participant #C9)

Another type of information sharing includes communicating to all the parties on how to effectively communicate with each other. This ensures that hearing and Deaf consumers are included in the communication process and receiving accurate information. One participant told how she empowered the hearing consumer, a nurse, to help her with providing appropriate medical visual aids to the Deaf client. A regular court interpreter said that he considers accuracy of interpretation crucial and would stop the process to clarify everything such as interpreting one word at a time if the Deaf client was saying one word at a time and interrupting the legal proceeding to make corrections to errors made by his team members. He said that some of his colleagues do not like being interrupted but he feels it was important to ensure accuracy of information being interpreted.

Providing optimal services to Deaf consumers is key. A participant said she took a job without a hearing team because a Deaf psychiatric patient was without communication access.

> I decided to tell the hiring entity that I can bring my laptop if the conversation is kept to a minimum- only to let the Deaf patient know what was going on before a hearing/Deaf interpreter team were available the next morning. I felt that was a positive decision because I tried to envision myself in that Deaf client's shoes being so alone in the hospital not knowing what was going on. (Participant #C11)

One participant learned her lesson to stick to her guns and insist on consecutive interpretation if the situation and client require it. Her hearing interpreter team did not like consecutive and kept on switching to simultaneous interpretation and she went along with it. "In hindsight, I should have stopped the process and spoke with the team outside to emphasize the importance of using consecutive interpretation in that particular situation" (Participant #C7). Establishing appropriate boundaries based on client's needs is one example of how Deaf interpreters can service their Deaf consumers in a positive light.

> My boundaries adjust depending on the type of client. If the client knows how to use an interpreter and knows how to deal with the hearing consumers, I would back off. If the client is struggling, I take action by offering my support and guidance. This has nothing to do with their level of education. This is not advocacy. (Participant #C6)

Cultural mediation was mentioned by most of the participants. It could be something as simple as interpreting name signs. "I am knowledgeable about name signs in this community. So that is a type of support I can give in my interpreting work. That is being a step ahead" (Participant #C4). One participant told about correcting the hearing team who was voicing, "I am feeling lonely" when I signed, "I feel isolated" because it is common for Deaf people to feel isolated not lonely. Another participant recalled working with a foreign Deaf client who was had a conflict with the prison warden over a misunderstanding about a specific gesture,

> I decided to stop the process and communicate my observation that the gesture normally used in the prisoner's Spanish culture is not an acceptable gesture in America as Americans use a different gesture for the same intent. It was up to them to decide what to do after that. With my cultural mediation, I stopped the problem from looping nonstop." (Participant #C7)

Another participant explained that cultural mediation was useful in alleviating the ongoing tensions between a particular client and the hearing consumers.

> There was a situation in which the client was a very, very angry person. I understood that it was from years and years of oppression. He would be rude to everyone at his appointments. Before I worked with him, hearing interpreters did not make the process effective. As a result, some interpreters refused to work with him. When I worked with him, I interpreted his comments in a way that was acceptable in the hearing world, rather than being verbatim. When I was doing that, the Deaf client confirmed that what I had interpreted as correct. The process was much more positive and smooth for everyone involved. (Participant #C10)

One participant stated that maybe cultural mediation is not effective for each situation especially in legal situations in which she is expected to interpret what was being said and letting the appropriate individuals decide how to handle.

COMPARISON OF DEAF AND HEARING INTERPRETERS IN THEIR ETHICAL DECISIONS

Are Deaf interpreters different from hearing interpreters in their ethical decision-making despite the fact that they are both bound by the same CPC requirements? This question generated mixed responses. While the participants all regularly team with hearing interpreters, eight participants believe there is a difference between hearing and Deaf interpreters. Two

participants disagreed while three could not answer the question. One participant felt that hearing interpreters make more unethical choices. One participant commented that the hearing interpreters are more willing to interrupt the interpreting process. Among the eight participants who responded yes, cultural differences was identified as the reason. The participants perceive that the Deaf experience is a priority, they do more cultural mediations, and they are more sensitive to oppressive behavior. "Hearing interpreters usually make ethical decisions based on content while I, as a CDI, make ethical decisions based on the Deaf consumers' needs" (Participant #C5). One participant does not think there is a difference and claimed that decisions are made based on their own experience, training, and personality. The other naysayer said that decisions are based on the amount of training and the hearing interpreters get more training. One of three who had no answer expressed that she clashes more with Deaf interpreters over ethical decisions than with hearing interpreters.

ADVOCACY

Advocacy was a recurring theme in the interviews so much that it became necessary to be included in this paper. Participants reported that their ethical responses are often misconstrued as acts of advocacy. Seven participants do not view themselves as advocates while two said they could be advocates through information sharing and promoting communication efficiency. Six of those seven said that information sharing is not advocacy and two of them said that cultural mediation is not advocacy. Two participants said they were unsure if they were advocates and one of them thought it was okay to do information sharing and the other one said that there is a need for more dialogue. Only two participants offered no responses.

Whether they view themselves as advocates or not, information sharing is recognized by eight participants as an important task in their work. A participant explained,

> There is a continuum model- help vs. resource model. Interpreters are obligated to provide resources to consumers rather than helping them. An additional advocacy approach would be to communicate about language-related issues during the interpreting process. I think many interpreters are resistant to advocacy because of the help model at the end of that continuum but if we learn how to stay away from that end and do it appropriately, it is a good form of service. (Participant #C2)

Another participant expressed,

> Advocacy is not what I do as an interpreter. But what I do is information sharing. Information sharing is an integral part of the Deaf culture. That is what I do in my interpreting. The sign for advocate means the same as support. If you want to dissect that concept further, it could be inferred that I support both the hearing and Deaf consumers. Some people misunderstand information sharing as advocating. No it is not. Communication is scarce and involves linguistic exchanges, cultural mediation and information sharing. (Participant #C8)

DISCUSSION

Deaf interpreters in this study perceive information sharing, providing optimal services to the Deaf consumers, and cultural mediation as their essential duties. Information sharing and cultural mediation are essential cultural behaviors in the Deaf community; thus those are

expected of Deaf interpreters in their profession. Doing so is strongly seen as high-context and collectivistic actions.

Mendoza's Typology (2010) identifies experienced hearing interpreters as collectivistic and high-context whereas novice hearing interpreters were identified as individualistic and low-context. The limited training that novice interpreters obtain forces them to make decisions that are more black-and-white. This typology can be applied to Deaf interpreters. Having the Deaf experience makes Deaf interpreters more likely to be collectivistic rather than individualistic. However, the amount of training they receive determines whether they are more rigid (black-and-white) or flexible (gray) in their ethical decisions. A few participants in my study expressed that they are more willing to go closer to the absolute boundary of appropriateness to ensure the goal of communication is being met. Therefore, my hypothesis based on the data is as follows: when Deaf interpreters are high-context and collectivistic in their ethical decisions, they are more inclined to be misread as advocates by their hearing peers. For those with less ethical training, they are more low-context as they walk through the field of uncertainty as to whether they made right or wrong choices while feeling conflicted that they are not fulfilling the expectations of the Deaf community for providing insufficient information sharing and cultural mediation.

The participants' personal reflections regarding their ethical training prior to certification indicates, for them, that the amount of training determines where they fall on the high-context vs. low-context continuum. Training beyond the minimum eight hours required by RID as well as experience helped them move towards high-context by recognizing gray areas and identifying options rather than following the Code of Ethics to the letter. Conflicting responses on the CPC reveal that the Deaf interpreters in this study are hovering between the high-context and low-context continuum in Mendoza's Typology (2010) in how they understand and interpret the CPC. As one participant suggested, it might be beneficial for hearing and Deaf interpreters to dissect the CPC together.

Deciding based on intuition, which was shaped by experience and training (the more education the better), the participants show a high-context approach to ethical decision-making as well as the use of Demand Control Schema. As for the individualistic-collectivistic continuum, the participants appear to be mixed in this area. Those who feel strongly about their Deaf-parented status appear to be collectivistic in their decision-making process possibly due to their upbringing in a Deaf home. Those who were not Deaf-parented and defer to the Deaf consumers to make decisions about their communication needs as well as promote client empowerment are collectivistic as well. It remains unclear whether Deaf-parented status is a strong predictor of collectivism vs. individualism. However, it is important to emphasize that Deaf interpreters may have different funds of DELK primarily because their Deaf experiences are not identical.

Ethical decisions that were considered positive and ideal by the Deaf interpreters in this study revealed strong high-context placement on Mendoza's Typology (2010) which include the following themes: information sharing, providing optimal services to the Deaf consumer, and cultural mediation, as each situation is assessed individually and decisions are made based on the particular situation. These themes also support collectivism in their decision-making.

Mendoza's (2010) study reveals that expert hearing interpreters are more high-context and collectivistic as opposed to novice hearing interpreters. Some participants in this study

appear to support the idea that the more ethical training is received, the more ethical choices interpreters possess. Deaf interpreters who believe that there are cultural differences between Deaf and hearing interpreters feel they as Deaf interpreters should be doing more cultural mediation and consider their own Deaf experience more (which includes experience of oppression) in their interpreting work. Doing so may place them on the higher end of the collectivistic part of the individualistic-collectivistic continuum.

CONCLUSION

This exploratory interview study analyzed data from 13 Deaf interpreters sharing their reflections on their training and the factors that influence their ethical decision-making. The majority of the participants indicated that intuition, shaped by experience and training, serves as a guide in their ethical decisions. Participants who spoke of the importance of information sharing and cultural mediation in their work evince high-context and collectivistic actions based on Mendoza's Typology (2010). Implications for future action and research are significant. Clearly, there is a dire need for a closer look at Deaf interpreters' ethical decision-making process and to compare them with the ethical decisions of hearing interpreters. A potential research idea, as one participant suggested, is

> I think it would be nice to have a conversation looking at the CPC tenets to get what each item means to Deaf and hearing interpreters. I think we assume that we have the same understanding but we may discover we do not. (Participant #C11)

This profession may benefit from dialogues like this. Besides comparing the difference in how hearing and Deaf interpreters make ethical decisions, it might be beneficial to investigate where the expert hearing and Deaf interpreters fall on the individualistic-collectivistic continuum. It would be valuable to investigate how Deaf and hearing interpreters differ in their cultural mediation strategies. Furthermore, it would be worthwhile to examine whether Deaf interpreters of Deaf parents make different ethical choices as compared to those with hearing parents. Finally, it is recommended that a future study looks at how the differences in Deaf experiences and DELK impact ethical decision-making process.

There appears to be a general consensus that ethical training made available to Deaf interpreters is insufficient. Results clearly indicate that there is a need for additional ethical training for prospective Deaf interpreters to extend beyond the basic requirements currently set forth by RID. With the limited training, Deaf interpreters are forced to learn as they go. Additionally, Deaf interpreters need to have opportunities to discuss among themselves how to make appropriate ethical decisions. This discussion may eventually lead to standardization in Deaf interpreters' ethical conduct. Standardization could potentially influence the development of appropriate training for those who want to become a Deaf interpreter as well as advanced training for those who are currently in practice.

As current circumstances stand, limited ethical training for numerous Deaf interpreters place them on the low-context end on Mendoza's Typology (2010) as they are forced to see things as black-and-white until they receive more training and on-the-job experience to realize ethical decisions can be made based on various factors that exist within the situation. Additional

training may be needed on CPC to update those who were trained and tested based on the older version of the Code of Ethics. Most importantly, an ASL version of the CPC needs to be developed to further aid comprehension of the CPC. There would need to be a collaboration to ensure agreements on the ASL translations of the tenets. Finally, it is probable that the CPC needs to be updated to expand on descriptions on what it means to share information and resources as well as to how to best mediate between cultures.

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APPENDIX A

Semi-Structured Interview Questions

Background Information

1. What type of training did you get prior to certification?

2. How long have you been certified?

3. How long have you been working as a Deaf interpreter? What is the level of frequency and amount you do Deaf interpreting work?

4. Do you team with hearing interpreters on a regular basis?

Guiding Questions

1. Please share your reflections regarding your ethical training prior to certification.

2. When you are on an interpreting job, how do you make ethical decisions? What resources do you consult?

3. Will you please share some positive ethical decisions you made and why?

4. Will you please share some ethical decisions you made that you felt may not be the best ones to make and why?

5. What is your understanding of the RID-NAD Code of Professional Conduct?

6. *Ask this question if they respond affirmatively to the Background Question #4:* How similar and/or different are your ethical decisions from those made by hearing interpreters that you previously teamed with?

7. Do you have any additional reflections you want to share?