

EDUCATIONAL INTERPRETERS:

meeting the communication needs of children with cochlear implants

By Julie Melton and Renée Higbee



Julie Melton, MS, began her teaching career as adjunct faculty in 1999 and since 2005 has served as a clinical assistant professor at Idaho State University in the Sign Language Studies/Interpreting program, which is one of the only programs in the United States to offer a bachelor's degree with a focus on educational interpreting. Certified by the Registry of Interpreters for the Deaf, Melton, interpreting since 1982, is passionate about teaching and presenting workshops related to interpreting.

Right: American Sign Language interpreters provide students with access to information through visual means.

Since the early 1990s, when the U.S. Food and Drug Administration approved cochlear implants for deaf and hard of hearing children, the number of children who have cochlear implants has increased in mainstream settings. Recent research (ASHA, 2012; Yoshinago-Itano, Baca, & Sedey, 2010) suggests that these students, like their deaf and hard of hearing peers without implants who use sign language, may benefit from the use of a sign language interpreter. As of December 2010, approximately 26,000 children in the educational system had received implants (NIDCD, 2011), and today the number continues to increase. This makes it important for parents, teachers, and audiologists to understand that some of these children have more success in understanding their teachers, classmates, and curriculum by combining their auditory and speechreading skills with sign language than in approaching their education through auditory/speechreading skills alone.

Deaf children with cochlear implants may be able to access spoken language to varying degrees which is why parents—hearing and deaf—and teachers may overlook the benefit visual communication and the support of an educational interpreter may offer these children. Children with implants are still deaf children. When these children take off their cochlear implants, they have varied degrees of speech recognition, and they may function as severely to profoundly deaf children. Further, the understanding of speech that implanted children demonstrate in the audiologist's office

Photos courtesy of Renée Higbee



Renée Higbee, BA, BS, is an educational interpreter in the Boise School District and a visiting clinical professor at Idaho State University in the Sign Language Studies/ Interpreting program. She is a wife and mother of two school-age children, one of whom is deaf. As an advocate for individuals who are deaf or hard of hearing, Higbee has served on various boards and committees nationally and throughout the state of Idaho.

The authors welcome questions and comments about this article at meltjuli@isu.edu and higbren2@isu.edu.

or in one-on-one conversations is often degraded in the rapid discussions of the classroom, where ancillary noise may include everything from other children talking out of turn, to chairs scrapping, to pilings being driven into the asphalt of the street outside.

An interpreter can provide access to classroom information through visual means to support what a student with an implant receives auditorally. The decision to provide interpreter support should be made by the team that determines the student's Individualized Education Program (IEP). The team should consider the student's needs first and provide interpreters if the student has difficulty accessing information through watching and listening alone. Data about the student's performance in school and in the range of classroom environments should be considered, as should the student's access to incidental information and ability to participate in social communication. Phrases such as "the child...doesn't need an interpreter...doesn't watch the interpreter...doesn't sign expressively" may be too subjective without

supporting information to be considered in the IEP process. The team should remember that students whose education has been based on spoken English are eligible for interpreters, too. According to Yoshinago-Itano, Baca, and Sedey (2010), auditory input can be primary and visual support secondary to a child's understanding, and sign language interpreters can still provide a "fast map" in conjunction with spoken language to a fuller understanding of English and spoken language. In fact, Yoshinago-Itano, Baca, and Sedey found that students who use sign interpreting services may develop spoken language skills more quickly than their oral-only peers.

The team must consider the type of interpretation that is most beneficial for the student. Often for a child that relies heavily on his or her listening skills, an interpreter who transliterates—that is, an interpreter who signs with a form of manually coded English—may provide the best access to information. When an interpreter renders spoken English into signed English, the student uses listening, speechreading, and sign support to receive and understand



language. When transliterating, the interpreter may sign almost as quickly as individuals talk (that is, with little “lag time”). Sometimes the interpreter may use forms of chunking and waiting for the student to look for sign support or the interpreter may sign consistently so the student can look over at any time to receive the information visually. In

some mainstream classrooms, the teacher and hearing students talk, the interpreter transliterates into a form of manually coded English, and the deaf or hard of hearing student links the auditory and visual information and responds to it orally. The National Association of the Deaf and the Registry of Interpreters for the Deaf (NAD-RID,

2005) note that a transliterator is appropriate for students who are fluent in English and can quickly process information presented in oral English.

Parents’ input is essential in guiding the IEP and, as early as possible, the student’s input should be considered, too. As the student achieves successes and meets challenges, the method of signing and interpreter support can be re-evaluated and modified as necessary. For instance, if a student has good auditory skills and is successfully identifying and attending to the source of auditory input, the interpreter will not need to direct him or her. Interpreters, as members of the IEP team, may give input during the IEP meetings, but they follow the accommodations that the team agrees on. The use of interpreters may provide a student with much needed access to discussions in the classroom and also help them improve their fluency in English. A student’s needs, abilities, and performance should all be considered when evaluating the use of a sign language interpreter or transliterator as an accommodation in a student’s IEP.

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