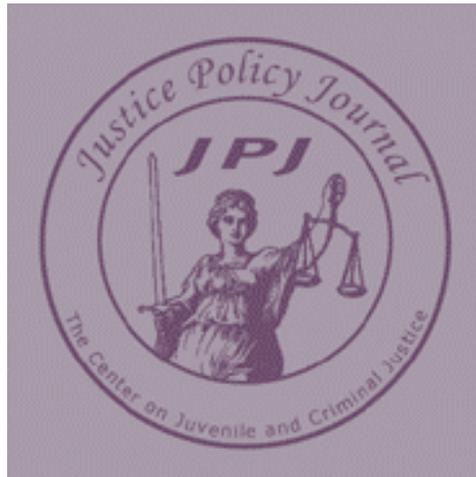


Vocational, Educational and Psychological Assessments of Deaf Inmates

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Abstract

A number of important sociological and psychological factors result from linguistic development delay and cultural dissonance. These are unique to the deaf and hard of hearing offender population and need to be taken into account in efforts to assess the vocational, educational and psychological needs of deaf prison inmates. This paper discusses these various factors and provides suggestions for corrections officials to remediate these problems.

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Vocational, Educational and Psychological Assessments of Deaf Inmates

“The hearing world does not understand deafness. It defies our assumptions and undermines our paradigms. Nowhere is deafness more complex, elusive and seemingly unknowable than in the area of our language. (LaVigne & Vernon, 2003).

Introduction

Deaf persons serving prison terms are frequently denied access to rehabilitation programs and prison services because prison administrators fail to understand their special communication needs. However, deaf persons have constitutional and statutory rights of access in correctional facilities. A number of important sociological and psychological factors result from linguistic development delay and cultural dissonance. These are unique to the deaf and hard of hearing offender population and need to be taken into account in efforts to assess the vocational, educational and psychological needs of deaf prison inmates. An evaluation guide, published by the National Institute of Corrections, (Melton, G., Petrilla, J., Poythress, N.G. & Slobogin, C., 1997) recommends determining the status of the offender in a number of areas, including: serious psychological abnormality (acute functional disturbance), substance abuse, intelligence or adaptive behavior deficits, academic training, vocational skills and interpersonal or social skills. This assessment should take place at the beginning of the incarceration period so that a treatment or remediation plan can be developed for the inmate. The preparation for release is considered to be an important part of the prison experience, and correctional systems are organized to provide programs to prepare inmates for the community transition (Seiter & Kadela, 2003). A study done in West Virginia found that, overall, participation of the incarcerated in correctional education programs appears to reduce recidivism (Gordon & Weldon, 2003).

The goal of mental health services in prison, as in the community, should be to facilitate recovery and to build resilience and coping skills needed to improve independence and quality of life. This specific topic centers on the importance of properly assessing deaf inmates for intelligence, literacy and psychological health in order to assist prison caregivers to create culturally and linguistically sensitive prison treatment programs for the deaf inmate.

The ADA, (Americans with Disabilities Act), 42 U.S.C.A. §§ 12101 et. seq.) mandates that disabled individuals be given “reasonable accommodations” to create parity with non-disabled individuals. Normally, outside of prisons, reasonable accommodations are evidenced by ramps for wheelchair users, Braille on ATM machines and elevator buttons, among other things. Historically, however, there has been disagreement among corrections officials about whether the ADA applied to disabled or handicapped prison inmates. The U.S. Department of Justice Analysis of its Section 504 regulation explains the specific obligations that jails and prisons have as to deaf inmates.

The Analysis states:

[D]etention and correctional agencies must ensure that their programs and activities are accessible to handicapped persons. For example, correctional agencies should provide for the availability of qualified interpreters (certified, where possible, by a recognized certification agency)¹ to enable hearing-impaired inmates to participate on an equal basis with non-handicapped inmates in the *rehabilitation programs offered by the correctional agencies (e.g., educational programs).*” 45 Fed. Reg. 37630 (June 3, 1980).

Under this regulation, a deaf inmate has a right to be provided with sign language interpreter services to enable him or her to participate in or benefit from programs and services the prison offers other inmates, as well as at any disciplinary proceedings.

Prior to 1998, a legal battle ensued in the lower courts over whether or not ADA applied to correctional inmates. In 1998, the Supreme Court unanimously found that the ADA does, in fact, apply to prisoners. In *Yeskey v. Pennsylvania (Pennsylvania Department of Corrections v. Yeskey, 524 U.S. 206 (1998))*, the Supreme Court directly addressed the issue of whether the ADA applies to prisons. In *Yeskey*, an inmate who had a history of hypertension was denied access to a motivational boot-camp program due to his physical disability. Completion of this six-month program allows inmates to be released on parole much earlier than prisoners who do not complete this program. The Supreme Court found that the ADA did apply to prisons and that the Pennsylvania Department of Corrections could not discriminate against inmates on the basis of a disability (Krienert, Henderson & Vandiver, found online 2005).

The majority of prisons in the United States do offer inmates a variety of educational and vocational-technical services. Under most conditions, inmates may voluntarily participate in these programs for purposes of self-improvement. Approximately twenty percent (20%) of all U.S. state prison inmates participate in some form of educational or vocational-technical program. In federal prisons in the United States, one-fourth of all prisoners are involved in similar programs (Champion, 2005).

The ADA has significantly affected the way in which correctional facilities must deal, particularly, with inmates who are deaf and/or hard of hearing. It requires the provision of special services and accommodations for the deaf that includes signing interpreters for: religious activities, educational programs, medical consultations, parole hearings, and mental health counseling.

Addressing the Problem

The difficulties that deaf and hard of hearing people face begins with arrest and continues throughout the trial and subsequent prison sentence, if they are found guilty (Twersky-Glasner, 2003). The relationship between thought and verbal language or between social and emotional development are the general topics that require correctional administrators' attention when dealing with deaf convicts. In 1997, approximately 26 percent of state inmates reported a hearing, vision or physical disability (Marushack and Beck, 2001). Those persons, who are deaf at birth or early in life, often rely on ASL or some other forms of manual communication. Their language is primarily visual, and because of their relative isolation from the majority culture, they form strong in-group interaction patterns (Raifman & Vernon, 1996). Their interactions are characterized by a different sense of humor, less emphasis on reading, a tendency to work with their hands rather than with words, and so forth. Higgins (1983) documented these cultural differences as did researchers Padden and Humphries (1988), Lane (1993) and Vernon and Andrews (1990).

There has been a paucity of research about deaf offenders as a distinct population. Vernon and Greenberg (1999)² explained that the reason for such a dearth of research is simply that: no local, state or national clearinghouse requires that disabled offenders be identified. The Uniform Crime Report of the Federal Bureau of Investigation makes no reference to disabilities among offenders. No federal agency (Department of Justice, National Institutes of Health, Department of Education) receives this information from state and local sources, and no data are compiled. Thus, there is no direct way, from crime statistics, to assess the prevalence of this type of offender, from which to develop needs assessment for this type of offender.

The identification of prisoners with mental illness is the necessary predicate for mental health treatment. These assessments would not necessarily be problematic if the assessment instruments were normed on a particular population, for example a minority or an ethnic population. Many times simple translation of the instrument will suffice to ensure the validity of the assessment. However, with deaf inmates (this includes both Cultural Deaf³ and non-cultural inmates) it is not simply a matter of translation. In these instances, there are other factors to be considered such as cultural affinity and language acquisition. The conceptual and linguistic difficulties of deaf inmates whose language is American Sign Language cannot be overcome by direct translation into written English or manually coded English. Deaf inmates are at a tremendous disadvantage within the criminal justice system. The foremost challenge faced by the deaf inmate is his/her ability to understand what is being said as well as his/her ability to communicate his/her thoughts and feelings. This inability to understand is, primarily, *linguistic*, which has nothing to do with overall mental status, intelligence or competence.

Most deaf individuals do not read or write English (Sullivan & Vernon, 1979, Young, Montiero and Ridgeway, 2000). Of those deaf individuals who are native signers (native meaning from deaf families where signing is the primary language), the lack of linguistic parity with hearing individuals is not necessarily an obstacle, because they do have language skills. Interpreters play a critical role in the provision of mental health services to deaf persons. Interpreters are essential because few mental health professionals such as psychologists, psychiatrists, and social workers are able to sign (Vernon & Miller, 2001). Thus, with the assistance of an interpreter or a skilled signing

practitioner, deaf inmates can participate in assessments, intakes, mental status exams and ultimately, therapy sessions.

For native signers, many of the commonly used intellectual and psychological assessment tools are very useful whether or not the individual reads and writes English. Provided that the instruments are faithfully translated into American Sign Language (ASL), the most effective tools and those that have been normed for deaf populations, are the WAIS although usually only the performance sub-tests are used (Anderson and Sisco 1977) the Peabody which is individually administered and normed for the deaf and the WRAT (Wide Range Achievement Test) which is a quick screening device that estimates grade level word recognition, spelling and arithmetic computation skills (Jastek and Jastek 1988). For many years, intelligence tests were misused with deaf persons. Deaf persons were sometimes misdiagnosed as mentally retarded, even institutionalized inappropriately, because of their low scores on verbally loaded IQ tests. Later, it became common to use only the performance items of intelligence tests or tests that tap only non-verbal problem solving skills.

In 1993, Brauer attempted to translate the MMPI-2 into ASL. She found that the instrument *could* be properly translated into ASL, but her translation was only used with a specific population; 28 bilingual, college educated deaf adults. Brauer's subjects are not representative of the general, non-criminal deaf population, much less a criminal deaf population.

For the number of deaf individuals who neither sign nor read and write English, assessment becomes a very difficult task. Many of these individuals have been congenitally deafened and come from hearing families where ASL was not used in the

home. Tests that are routinely translated into ASL or those that require minimal reading and writing skills that are used with native signers simply cannot be translated in any meaningful way to these individuals. Some of the instruments traditionally used to assess neuro-cognitive deficits may be used instead. The most useful instruments are the Bender-Gestalt, Ravens Progressive Matrices and Draw a Person (Sullivan and Vernon, 1979)¹. These tools are most useful to identify organic brain dysfunctions that are very common among deaf offenders (Vernon and Greenburg, 1999).

Ideally, when assessing the vocational and educational needs of the deaf inmate, prison officials should include the following criteria in their assessments (Twersky-Glasner, 2005):

- Language preference and use
- Degree of hearing loss
- Age of onset
- Etiology and additional disabilities that affect learning
- Ethnicity and home language
- Parental and other family member hearing status
- Cognitive abilities
- Early identification intervention of the inmate's deafness
- Education background
- School placement history
- Demographic information as to the number, age, and skill levels in all areas for the deaf inmate.

¹ See Appendix for descriptions of these instruments.

Treatment and Therapy Models

"In this post-ADA era, psychologists now have a legal as well as an ethical duty to provide complete access for persons with disabilities to our profession, our places of work, and our communities (Pollard, 1993)."

Corrections officials have often debated the goal of treatment for offenders. Should prisons offer mental health counseling to address the concerns of the inmate or should the goal of therapy include the individual's mental health needs within a broader goal of reducing recidivism? Melton, et al, outlines what he terms "appropriate" treatments as those that are consistent with three theoretical principals: 1) The interventions are applied primarily to high risk (relatively dangerous) individuals; 2) targets of treatment are criminogenic factors (i.e. antisocial attitudes or peer relationships, promoting identification with anti-criminal role modes and training in pro-social skill development (e.g. poor self-esteem); and 3) The interventions focus on developing skills that offenders are capable of applying which are more likely to come from cognitive behavioral approaches rather than nondirective or insight approaches (Melton, et al, pg. 271).

With regard to deaf patients, Sussman and Brauer (1999) stated that client-centered therapy is ideal for use with deaf signers. The aspects of the Rogerian approach can be easily conveyed non-verbally using mannerisms, gestures, and body language and facial expression. At the First World Conference on Mental Health and Deafness, held at Gallaudet University in Washington, D.C. in October of 1998, Ouellette discussed the efficacy of Solution Focused Therapy, which is grounded in the philosophy of social constructivism. That particular model holds that human beings attribute meaning to their experiences through the interactions they have with others. Ouellette said "[i]t makes sense to approach mental health issues with the deaf from a constructivist perspective. It

is therapeutically useful to focus on the strengths and abilities that the deaf have used to survive in a fairly non-supportive environment.” Solution-focused therapy provides a framework for de-constructing the myths of problem-saturated Deafness and co-constructing with the client a view of capability, resourcefulness, and success. Further, Ouellette stated that a social constructivist paradigm fits well with the way deaf people are currently constructing the experience of deafness. The congruence between the changing social construction of deafness and the therapeutic approach creates an environment that is likely to yield collaborative and productive therapy.

Duffy and Veltri, also presenters at the Gallaudet University conference, stated that studies on the utilities of various modalities strongly urge the practitioner away from non-insight oriented, low verbal therapies like behavior modification therapy and towards richer and more complex modalities like object-relations and cognitive behavioral therapy.

The practitioner, unless he or she is a highly skilled signer, most often uses an interpreter. Communication problems are the main handicaps resulting from Deafness, which influence access to psychology and other services. Since communication is both expressive and receptive, the client’s deafness gives rise to a handicap experienced by the client, the therapist, or both. The use of an interpreter in mental health settings is valid and the practice is widespread. Culturally Deaf inmates can benefit from these types of therapies with the use of a qualified interpreter.

However, many deaf inmates may not be as fluent in sign language, nor will they be literate in English. While that doesn’t mean that these individuals lack insight, it does mean that they may lack the means to express their thoughts and feelings. In that event, a

creative practitioner who does not know sign language nor use a qualified interpreter, to work with deaf inmates, could still manage to devise non-verbal methods to plumb the depth of feelings and thoughts of their client by encouraging the use of drawings and pictures to describe their feelings as well as working with any residual language skills, however limited, the inmate may have.

Therapists have tried to communicate with deaf clients by speaking slowly, loudly, and with exaggerated lip movements (Cromwell, 1998). This doesn't work. Passing written notes between therapist and client is cumbersome at best. Attempting to bridge the gap by having a friend or family member act as interpreter introduces issues of confidentiality. And a therapist with only a basic understanding of ASL cannot sign fluently enough to meet the client's needs. None of these alternatives is preferable to using a qualified interpreter. With respect to using a qualified interpreter to assist the prison practitioner in providing psychological or physical services to deaf inmates, there is ample legal precedent as exemplified by *Clarkson v. Coughlin*, 898 F. Supp. 1019, 1049 (S.D.N.Y. 1995). In this relevant case, the Court for the Southern District of New York found, "that state prison officials' failure to provide interpreters or other assistive services to deaf and hearing impaired inmates during medical treatment violated the Eighth Amendment, as at least two such inmates experienced improper and possibly harmful treatment through provision of medical treatment in absence of qualified interpreters." Further, the Court held that, "unless the person interpreting for purposes of medical care is bound to maintain the confidentiality of the information being exchanged, the inmate/patient's constitutional privacy right is violated." This ruling elevates the

evidentiary doctor-patient privilege and the ethical obligations of prison health practitioners to a constitutionally required status.

Accessible Vocational Rehabilitation

Prisons, purportedly, attempt to rehabilitate inmates so they will avoid future criminal behavior. Most prisons have vocational and educational programs, psychological counselors, and an array of services available to assist inmates to improve their skills, education, and self-concept.

Many prisons provide programs designed to reintegrate the prisoner into the community. In work release and study-release programs, prisoners may participate in work or educational activities outside of prison. The ADA makes a difference in job opportunities for individuals who are deaf and hard of hearing. This is an important consideration for corrections professionals when designing or implementing their respective vocational rehabilitation or job training programs for inmates. This law bars discrimination against qualified people because of any kind of impairment that limits a major activity of life, particularly those who are deaf or hard of hearing. According to the Laurent Clerc National Deaf Education Center at Gallaudet University (found online 7/2005, <http://clerccenter.gallaudet.edu/InfoToGo/508.html>) the following vocations are all possible for deaf individuals: artists, businesspeople, dentists, doctors, engineers, mechanics, medical technicians, park rangers, teachers, tool and die makers, accountants, actors, architects, biologists, carpenter/painters, chemists, clerical workers, draftsman, farmer, financial consultants, gardeners, landscapers, librarians, printers, social workers, statisticians, and writers.

Many of the vocations mentioned above are generally found within prison rehabilitation programs. The key issue, with respect to deaf inmates, is making the

training for these jobs accessible; paying special heed to language needs of the inmates. The U.S. Department of Justice Analysis of its Section 504 regulation explains the specific obligations that jails and prisons have as to *deaf inmates*. The Analysis states: “Detention and correctional agencies must insure that their programs and activities are accessible to handicapped persons.” For example, correctional agencies should provide for the availability of qualified interpreters (certified, where possible, by a recognized certification agency) to enable hearing-impaired inmates to participate on an equal basis with non-handicapped inmates in the rehabilitation programs offered by the correctional agencies (e.g., educational programs). 45 Fed. Reg. 37630 (June 3, 1980). Under this regulation, a deaf inmate has a right to be provided with sign language interpreter services to enable him or her to participate in or benefit from programs and services the prison offers other inmates. (<http://www.scadservices.org/SCIRT/deaf%20inmates.htm>)

The American corrections system faces significant challenges to ensure that deaf individuals with minimal language skills are provided with accessible rehabilitation services during incarceration.

Additionally, being deaf may make it difficult for a released inmate to get a job. Special assistance and/or skills training can help deaf inmates to secure and to retain jobs. Vocational rehabilitation counselors must be specially trained to understand the needs and abilities of deaf inmates. These counselors should learn the various communication techniques, including sign language, to meet the needs of deaf inmates. If the counselors are unable to learn sign language, then, as should be done with mental health services, they should use a skilled interpreter to facilitate communication.

The Clerc Center has a web resource for addressing the special needs of deaf people, including listing the state organizations that offer rehabilitative and vocational support for deaf people.⁴ There is a great deal of information available to corrections officials seeking resources to assist their deaf inmates. This particular site lists the various State Coordinators of Rehabilitation Services for deaf people working within state departments of vocational rehabilitation provide a variety of services for clients who are deaf or hard of hearing, including job placement, vocational evaluation, and counseling.

Special Problems Experienced by Deaf Inmates

One suicidal prisoner who is also deaf told Dr. Haney that he was cell-extracted because he could not hear the officers call count. This inmate now sleeps on the floor of his cell "so that the officers can see my skin"

(<http://www.fedcrimlaw.com/visitors/PrisonLore/romano1.html>)

There has been very little in the literature that addresses, specifically, the psychological effect of incarceration upon deaf inmates in the United States. Young, Montiero and Ridgeway (2000), in their review of the forensic needs of deaf offenders in the United Kingdom, found that deaf inmates, in the United Kingdom, are more than likely than their hearing peers to have mental health difficulties while in prison because of the way in which their communication needs compound the isolation and stress of prison life. The isolation is further compounded by the inaccessibility of the usual distractions like watching television and being in telephone contact with friends and relatives (Fiskin, 1994).

In her study of the experiences of deaf and heard of hearing parolees and probationers, Rene-Alston (1997) found that there were three main therapeutic and

emotional issues discussed by her subjects: frustration, fear, isolation.

All inmates have these same issues and it is reasonable to expect that they are exacerbated for the deaf and hard of hearing inmate. Their disability compromises their ability to adequately express their needs or to seek assistance for their problems. The inmates' frustration was in the lack of communication between the subjects and others during the criminal justice proceedings (jail, trial, prison). Isolation and boredom were exacerbated by the lack of signing peers in the prison as well as the lack of both TTY's⁵ and captioned television. Fear is compounded by the senses of isolation and frustration and is further exacerbated by the inmates' inability to communicate clearly with people around them, the fear of mistreatment by the officers and the fear of the unknown (Sheridan, 1992).

Prison is an extraordinary experience of deprivation for those who do not suffer from loss of hearing. Deaf individuals endure greater degrees of deprivation as a consequence of their disability. Long hours spent alone in the cell, for example, exacerbate the isolation and sense of loneliness. The hearing handicapped have difficult times gaining inclusion in the community. The deaf certainly cannot gain inclusion in the prison. While others can at least hear the sounds of the prison outside the cell and can anticipate routines, events, and the common comings and goings of prison life, the deaf convict exists unaware of these circumstances until something occurs that involves them, such as the guard passing the cell for count. Of course, should the deaf convict not be facing the cell door, he may well lack any awareness that a count has taken place.

Prisonization, the socializing mechanism that ensures compliance and conformity in prison, is achieved because of the power of the prison to assert that individuality may

not be expressed while reliance on the prison to provide for individual needs is accepted. The deaf convict, perhaps even more than the convict who is not hearing impaired must, because of the handicap, rely ever more critically for the prison to respond to personal needs and even the most common of needs.

The problems for the deaf convict include several other key issues. How do they express need and urgency? How do they communicate deprivation or even commiserate about deprivation? Who should the deaf convict turn to for assistance without violating either formal or informal codes of conduct? The deaf inmates place themselves at increased risk of victimization from other inmates by exposing their weaknesses in this area. Deaf inmates are further disadvantaged because they are least likely to be able to communicate to their fellow inmates their dilemmas and thus seek the necessary guidance in order to adapt or comply with formal or informal prison norms (as dictated by either custody staff and/or one's own fellow inmates) (Sheridan, 1992). They may commit disciplinary violations because they are unaware of prison rules and procedures. They can lose privileges and services because they do not hear announcements. Deaf inmates are disciplined when they do not hear wake-up alarms or other signals to leave their cells (Green, 2001).

Since access to every major life function of a prisoner is dependent upon the prison administration, inmates with disabilities become a vulnerable group even within the prison walls (Krienert, et al, 2005). If a program or service is not available at one institution, the inmate cannot simply go somewhere else to receive that service, thus it is incumbent upon the prison administration to ensure that deaf inmates receive the necessary and useful interventions; vocational, educational and mental health.

Conclusion

A number of important sociological and psychological factors that result from linguistic development delay and cultural dissonance that is unique to the deaf and hard of hearing offender population need to be taken into account in efforts to understand deaf and hard of hearing offender. Further, persons with disabilities desire to achieve acceptance by and with re-integration into society following incarceration. This philosophy is embodied by the Americans with Disabilities Act, (ADA) 42 U.S.C.A. §§ 12101 et seq, and creates an environment central to this process. However, persons with disabilities continue to be negatively affected by stigma and prejudice in social life (Nagler, 1993). For disabled individuals, the fact of exclusion from most of society, such as being sent to a special school in childhood and having difficulty in finding employment as an adult, can become a continued reminder of the stigma associated with disability (Becker and Arnold, 1986). This exclusion extends into prison as well, and deserves, at least, awareness by corrections officials and practitioners of this problem. Accordingly, it is important to try to learn as much as possible about this population so we can strive to develop the best and most efficient strategies of intervention, treatment and rehabilitation *and* to be as creative and responsive to their communication needs during the time of incarceration.

The key is to be aware of the differences and to know that there *are* differences. In order to effectuate justice for all, we have a responsibility as professionals in this field to be able to assess, distinguish and appreciate the unique linguistic needs of deaf suspects.

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**APPENDIX A:
DEFINITIONS OF ASSESSMENT INSTRUMENTS[♦]**

There are more than 500 different clinical tests that are currently in use in the United States. A test is a device used to gather information about a few aspects of a person's psychological functioning, from which broader information about the person can be inferred. The kinds that are used most often fall into six categories: projective tests, personality inventories, response inventories, psychophysiological tests, neurological and neuropsychological tests, and intelligence tests.

MMPI, MMPI-2: A psychologist and a psychiatrist at the University of Minnesota developed The Minnesota Multiphasic Personality Inventory, or MMPI, in the late 1930s. It was originally intended for use with an adult population, but was then extended to include teenagers, mostly for teens in the middle years, about 15 and 16. It required at least a sixth grade reading level, so it was definitely not applicable for average children below the age of about 13 or for retarded persons. Relevant to a range of contemporary applications, the MMPI-2 instrument remains the most widely used and widely researched test of adult psychopathology. Clinicians, to assist with the diagnosis of mental disorders and the selection of appropriate treatment methods, use it. *This has not been validated for use with a deaf, forensic population.*

Bender Gestalt: This is one of the top four or five most widely used tests in all of clinical psychology. This test is a design-copying test; the examinee must perceive each design, interpret the spatial relationships of the components, and then integrate this interpretation with the appropriate motor output. It is not a timed test. *This may be used with a deaf, forensic population.*

Ravens progressive matrices (RPM): this is a 60-item, multiple-choice paper and pencil test of abstract reasoning. The examinee must be able to induce or abstract the logical principle that is represented in a 3x3 grid of geometric designs. *This may be used with a deaf, forensic population.*

Draw a person: The Human Figure Drawing or Draw A Person Test is also called the Goodenough Harris Draw A Man Test. Initially, it was an IQ estimate for children, and had clear scoring criteria and a table of developmental norms and mental age equivalencies. It has been used as rough intellectual ability estimation, but it has also been used as a projective test. The basic assumption is that we project things onto the drawings that tell about us. *This may be used with a deaf, forensic population.*

[♦] Many of these definitions are from: Gregory, R.J. (1999). *Foundations of Intellectual Assessment: The WAIS-III and other tests in clinical practice.* Needham Heights, MA.

WAIS: Wechsler Adult Intelligence Scale. It is an individually administered test of intelligence that involves oral questions, reasoning problems, timed manual and perceptual problem solving tasks. The test consists of fourteen subtests, but only eleven are needed to compute the actual IQs (Verbal, Performance and Full Scale). The IQ scores are normed to an average of 100 and standard deviation of 15 in the general population. *This has not been validated for use with a deaf, forensic population, although the use of the performance subtests has been validated for use with deaf individuals.*

WRAT: The Wide Range Achievement Test--Revised (WRAT-R) is the sixth edition of the popular test that was first published in 1936. Like the earlier versions, the WRAT-R contains three subtests: Reading (recognizing and naming letters and words), Spelling (writing symbols, name, and words), and Arithmetic (solving oral problems and written computations). The authors of the WRAT-R state that the test is designed to measure basic school codes rather than comprehension, reasoning, and judgment processes.

APPENDIX B

REGISTRY OF INTERPRETERS FOR THE DEAF CODE OF ETHICS²

The Registry of Interpreters for the Deaf, Inc. has set forth the following principles of ethical behavior to protect and guide interpreters and transliterators and hearing and deaf consumers. Underlying these principles is the desire to ensure for all the right to communicate. This Code of Ethics applies to all members of the Registry of Interpreters for the Deaf, Inc. and to all certified non-members.

1. Interpreters/translitterators shall keep all assignment-related information strictly confidential.
2. Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
3. Interpreters/translitterators shall not counsel, advise or interject personal opinions.
4. Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting, and the consumers involved.
5. Interpreters/translitterators shall request compensation for services in a professional and judicious manner.
6. Interpreters/translitterators shall function in a manner appropriate to the situation.
7. Interpreters/translitterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
8. Interpreters/translitterators, by virtue of membership or certification by the RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.

Notes

¹ See Appendix B for discussion of the ethical guidelines for certified interpreters.

² This is a critical issue because lack of relevant literature makes it difficult to address and resolve the problems created by the combined effects of deafness and violence.

² Found online at: <http://www.rid.org/coe.html>

³ Many people think of hearing loss as a disability, but many members of the Deaf community do not see it that way. Deaf people in this country are a linguistic subculture. They identify themselves as Deaf, as an ethnic identity, and not a physical condition. People who identify themselves as Deaf belong to a proud and distinctive sub cultural group known as the Deaf community. The uppercase “Deaf” is used to identify those who are members of the Deaf community. They feel they are simply a linguistic minority.

⁴ <http://clerccenter.gallaudet.edu/InfoToGo/501.html>.

⁵ TTY's are sometimes called text telephones or TDD's. TTY stands for teletypewriters. TTY's were originally invented in the 1930's as a way to send text messages over telephone wires, and were often used by journalist when submitting a story to their editor. In the 1960's, Robert Weitbrecht, a scientist who was deaf, modified a teletypewriter by adding the acoustic coupler, so that people who are deaf could use the telephone network.