

Research Agenda

My research agenda focuses on elevating the needs of populations who may be marginalized or underrepresented in the field of counseling, including clients and professionals who are deaf and hard of hearing. I have experience engaging in qualitative research in that I was a research team member who assisted principal investigators on their projects studying the needs of African American women living with HIV and multimorbidity, and exploring the barriers faced by injured immigrant workers in the Iowa Workers Compensation System. I have also conducted my own research that found support for a novel way to reduce occupational stress and increase retention in sign language interpreters working in the Video Relay Service setting. My methodologies have primarily leaned toward qualitative case designs as there is a dearth of research that exists in each of these underrepresented groups. I employ rigorous research methods including memoing, triangulation of information, line by line team coding and analysis both with and without computer aided software, and engaging consultant expertise to increase validity and transferability of results. In addition, I have facilitated focus groups and individual interviews and used thematic analysis to draw upon the thick, rich, content to use to explore the themes that emerged from the data.

My research agenda began with my masters thesis in which I sought to make meaning of an adapted ethical decision making model that could assist sign language interpreters working in VRS by better managing the occupational demands and the additional stress the work created. I employed focus groups of VRS Interpreters who had experienced discussing their work in professional case conferencing groups and used NVivo to assist in analyzing the

transcript data. I consulted with an expert in interpreting and research involving people who are deaf and hard of hearing for the methods and analysis.

My first research project in my doctoral work involved coding and analyzing the study of African American women living with HIV and multimorbidity. We were interested in understanding if counselors' expectations that this population's main concerns focused on their HIV diagnosis were matched with the women's own perspectives. In the analysis of 31 transcripts, we found that most of the participants felt that their HIV was well managed, and their concerns focused on other health conditions, their roles as parents, grandparents and caregivers for extended family, and societal stigma. One of the themes that emerged was their strong admonitions for policy and planning purposes that often lacked consideration of barriers created by the lack of coordination in healthcare and social systems. Our implications were that HIV is now a chronic illness that can be managed with daily medication and counselors need to consider the holistic needs of women diagnosed with HIV.

The Workers Compensation Study is currently in progress. I assisted with creating the IRB proposal, coordinated the scheduling, and personally interviewed each of the 11 participants. These participants were selected as experts in occupational medical or union and legal advocacy services who provided services to immigrant workers who had been injured while employed. These service providers were labor union leaders, attorneys and medical doctors. The preliminary analysis of the data supports the need for strategies to overcome the barriers that are created by the complex system of healthcare and compensation in the Iowa Workers Compensation System.

For my dissertation topic, I will continue my work in elevating the needs of people who are deaf and hard of hearing. The literature, though scant, has numerous calls for the counseling field to increase their cultural competence in the provision of counseling services with people who are deaf and have American Sign Language (ASL) as their primary language. I am interested in designing a mixed methods exploratory sequential design research study that will create a self-report survey to measure the cultural competence of counselors, counselors-in-training and counselor educators for counseling with people who are deaf and hard of hearing. As a measure, a survey that investigates the cultural competency of working with individuals in Deaf culture, it will be the first of its kind in counseling. The survey will assist in providing information about the current competency levels of counselors to work with people who are deaf, as well as identify the gaps that need to be filled in the current education of counselors.