Interpreting in VR Settings: Expert and Focus Group Findings

NCIEC
National Consortium of Interpreter Education Centers
**Project Summary**

The mission of the National Consortium of Interpreter Education Centers (NCIEC) is to build and promote effective practices in the fields of interpreting and interpreter education. The NCIEC was formed as a vehicle for sharing knowledge, expertise, leadership, and fiscal resources among the member Centers and for establishing important partnerships with consumer, professional, and academic organizations and institutions. The involvement of consumers and vocational rehabilitation service providers in the development and implementation of all educational initiatives ensures that programming is grounded in the realities of everyday life. This report on Interpreting in VR settings is one of the products of the 2010-2015 cycle.

Specialist competence in interpreting has been a topic of exploration by various workgroups within the National Consortium of Interpreter Education Centers (NCIEC) in recent years. The exploration has focused primarily on defining competencies of specialist practitioners and/or practice in specialized settings such as legal, medical/health care, and mental health. During the 2010-2015 cycle, the focus has been on interpreting in vocational rehabilitation settings. A factor contributing to this exploration is the recognition that the standard of competent practice for this setting has yet to be defined. Therefore, designing training programs to increase the pool of qualified to interpret in this setting is difficult.

In an effort to better understand the nature of specialized competence needed to interpret in this setting, a work-team comprised of members of the National Consortium of Interpreter Education Centers (NCIEC) \(^1\) was formed. The members of this workteam are Anna Witter-Merithew, Team Leader and Director of the MARIE Center, Trudy Schafer Project Coordinator for the NIEC, Lillian Garcia Peterkin, Outreach Specialist for the NIEC, and Pauline Annarino, Director of the WRIEC. These individuals have collaborated with experts in the field to define the competencies of interpreters in VR settings, towards the goal of developing curriculum to prepare interpreter educators and practitioners for working in this setting.

Competencies of interpreters in these specialized settings have been defined through a comprehensive review of the literature, combined with contributions of experts with specialized knowledge, experience and skill in the VR setting during focus groups. This report provides a summary of the expert opinion that has been collected to date.

The end product of this initiative is to define a set of competencies and curriculum content specifications that will be used to develop a series of interpreter education modules.

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\(^1\) The NCIEC is a collaboration of six university-based centers funded from 2010-2015 by the U.S. Department of Education RSA CFDA #84.160A and B, Training of Interpreters for Individuals Who Are Deaf and Individuals Who Are Deaf-Blind to address the national shortage of interpreters for deaf, DeafBlind and hard-of-hearing individuals.
Acknowledgements
This initiative was launched by bringing together a panel of experts who participated in the Expert Think Tank on Interpreting in the VR Setting, held May 25-27, in Denver, Colorado. The goal of the Think Tank was to convene a group of experts to identify the skills, knowledge and attributes of interpreters working in the VR setting and to conceptualize a framework for harvesting additional expert opinion. Appreciation is extended to the following individuals who participated in and contributed to this event.

Experts:

Dr. Glenn Anderson (AR)
Ms. Barbara Bryant (CO)
Mr. Dee Clanton (NH)
Dr. Cheryl Davis (OR)
Ms. Sheryl Emery (MI)
Ms. Sheila Hoover (OR)
Dr. Linda Stauffer (AR)

Center Representatives:

Ms. Pauline Annarino (WRIEC)
Ms. Lillian Garcia Peterkin (NIEC)
Ms. Amy Kroll (MARIE), notetaker
Ms. Trudy Schafer (NIEC)
Ms. Anna Witter-Merithew (MARIE)

In addition, a series of focus groups were conducted involving practitioners, consumers and VR personnel. Appreciation is extended to all the individuals who participated in the focus groups that were held in Atlanta, Georgia, Boston, Massachusetts, and by way of audio conferencing. Interpreters from a wide range of states participated, including Georgia, Kentucky, Mississippi, California, Ohio, Florida, Utah, Oregon, Massachusetts, Connecticut and Rhode Island.

Sincere appreciation and gratitude is extended to all the other Directors and Principal Investigators who make up the NCIEC and administer one of the remaining six (6) Centers—Ms. Pauline Annarino (WRIEC), Dr. Cheryl Davis (WRIEC), Ms. Cathy Cogen (NIEC), Dr. Dennis Cokely (NIEC), Ms. Diana Doucette (NURIEC), Ms. Bev Hollrah (GURIEC), Mr. Richard Laurion (CATIE), Dr. Laurie Swabey (CATIE), Ms. Anna Witter-Merithew (MARIE) and Dr. Leilani Johnson (MARIE). Without their leadership and fiscal support, this project would have been impossible.

Also, a special thanks to Ms. Kellie Stewart and Dr. Laurie Bolster who edited this report.
PART 1: Summary of Salient Points from Expert Think Tank

VR As A System

The Rehabilitation Act is the Federal legislation that authorizes the formula grant programs of vocational rehabilitation, supported employment, independent living, and client assistance. It also authorizes a variety of training and service discretionary grants administered by the Rehabilitation Services Administration (http://www2.ed.gov/policy/speced/reg/narrative.html).

The Rehabilitation Act, as amended, mandates that each state have a designated agency that provides vocational rehabilitation services to eligible persons with disabilities. There are eighty (80) VR agencies within the United States, including those that serve blind and visually-impaired individuals. Funding for VR services is shared between the Federal and State Governments with based on a split that averages 80%/20% respectively—the formula varies by a few % in different states. Auditing of VR services occurs annually.

At the state level, where VR agencies are housed varies. Some states establish VR services within the Department of Labor, while others create separate Departments of Rehabilitation. Their location can reflect service philosophy, and affect state policies. When VR is housed within the State Department of Labor, policies drive services that tend to focus heavily on obtaining employment. In contrast, when VR services are housed within separate Departments of Rehabilitation policies may tend to focus on consumer skills associated with employment readiness, such as interviewing.

Despite existing differences among state VR agencies, there are commonalities. For example, all VR agencies are required to show a documented disability is present and is a barrier to obtaining employment before an individual is determined eligible for services. In addition, VR must show that if these resulting barriers to employment were removed, the disabled individual would be able to obtain employment success. The Status 02 Application process to determine client eligibility for services is standard among states, as is the 60-day advising period. In general, the long-term use of numerical “status codes” in VR, (i.e. 02, 03) is currently in the process of being replaced by specific nomenclature such as, “eligibility determination, evaluation, training, etc.

Other commonalities among states include a requirement of state VR agencies to:

- Determine an individual is eligible for services if they receive Supplemental Security Income (SSI) or Social Security Disability Income (SSDI).
- Write an Individualized Employment Plan (formerly called the Individual Written Rehabilitation Plan).
• Inform clients of their rights and responsibilities when accessing VR services, the VR appeal process, and the Client Assistance Program (CAP).
• Provide auxiliary services such as American Sign Language (ASL) interpreters for deaf individuals to access skills trainings and extensive possibilities of other services.
• Wait at least 90 days before a case can be closed, and a case can be reopened if there is sufficient evidence of imminent potential job mobility.
• Comply with monitoring and auditing requirements of the Rehabilitation Services Administration.

What VR Does

For those individuals who may never have encountered VR services before, Vocational Rehabilitation provides a number of important levels of support for eligible consumers. First, and foremost, VR helps to remove employment barriers for people with disabilities for whom economic self-sufficiency or employment is a goal. This process of assisting people with disabilities in finding gainful employment creates taxpayers. At the same time, it creates opportunities for qualified workers, while promoting independence through job development.

At the day-to-day level, VR offers numerous opportunities for vocational training that prepares qualified workers for jobs seeking specific skills. It also provides job readiness training such as writing resumes, job seeking, interview skills, and self-advocacy. The VR process is one that requires VR counselors and clients to work together as a team toward the goal of employment success. The services are completely voluntary. VR counselors strive to remove barriers for the client in obtaining employment, yet, the client remains in the driver’s seat when it comes to employment decisions and personal intentions.

Changes in the VR System

In recent years, the economic downturn in the U.S. economy has spawned a number of changes in the implementation and delivery of VR services. At the administrative level, there has been a change in the political climate in which VR operates. The federal Commissioner of Rehabilitation Services is no longer a presidential appointee. Instead, the Department of Education now selects the Commissioner. This change diminishes the visibility of Vocational Rehabilitation at the cabinet level at a time when competition for federal resources is increasing. Additional changes have shifted VR from a decentralized to centralized system of management and service distribution. RSA’s closure of its 10 Regional Offices across the country and significant decrease in staff has made it more challenging for VR programs to obtain the timely, collaborative technical assistance that was a hallmark of the Federal/State partnership in years past. RSA is more dependent upon annual written reports and electronic (as opposed to in-person) communication to be aware of issues and challenges in the field. The Vocational
Rehabilitation program has not received any significant increase in funding in more than 25 years, so has not been able to maintain funding that keeps pace with increased costs for products and services. At the state level, VR employees have seen delays in filling vacant staff and management positions, significantly larger caseloads, elimination of positions for professionals knowledgeable about the needs of deaf clients in favor of generalists, diminishing resources, and salary deflation. The effects of the economy and these changes have created obstacles for deaf individuals seeking to utilize VR services.

In VR there is a system of prioritizing services to consumers with significant disabilities, called the Order of Selection (OOS). State agencies may implement OOS when the amount of available federal funds requires that expenditures be prioritized, or if the available staff is not able to address the services needed by applicants and eligible individuals. Determination of an OOS occurs on a state-by-state basis, however, it has become more prevalent as budgets shrink, and some states are continuously under OOS.

Typically, a deaf individual is not considered most significantly disabled. Depending on the state, however, if evaluations determine that the individual is lacking in two or more life skills such as communication, mobility, self-care, self-direction, work tolerance or skills, or interpersonal skills, he or she can be deemed most significantly disabled. Variation exists among states in whether or not to classify deaf individuals as significantly disabled. Some states see deafness as a significantly disabling condition, while others do not. More often than not, classification as “severely disabled” requires both deafness and other disabilities. Those who are not deemed severely disabled are put on waiting lists for services until all other consumers statewide who are more significantly disabled have been removed from the waiting list. Frequently, VR Counselors must make a convincing case in order to provide services. VR provides brochures to consumers in an effort to help them understand the OOS process.

The Federal Register clarifies these specific definitions:

30: Individual with a most significant disability means an individual with a significant disability who meets the designated State unit’s criteria for an individual with a most significant disability. These criteria must be consistent with the requirements in…

31: Individual with a significant disability means an individual with a disability

1. who has a severe physical or mental impairment that seriously limits one or more functional capacities(such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills in terms of an employment outcome,

2. whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
3. who has one or more physical or mental disabilities resulting from………………..deafness………………..or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation

At the same time, VR acknowledges that hard-of-hearing individuals are now being served much more frequently by VR than are deaf individuals. The reality is that in poor economic times, state agencies, including VR, experience downward pressure to document increasing numbers of individuals who achieve success with VR services. Ironically, this results in people with mild to moderate disabilities receiving services, efficiently creating evidence of success to justify funding levels. Often, hard of hearing individuals demonstrably use hearing aids more successfully than individuals with severe to profound hearing loss. Because of their communication ability, hard of hearing clients are often assigned to general counselors who do not know the challenges of individuals who are hard of hearing or the range of potential resources. An uninformed counselor may not be able to guide clients toward communication technologies or sign language. The client may receive “goods” (hearing aids) but limited counseling and guidance. As hearing aid technology has advance into individual customization, the costs of aids and services have risen, creating an additional vulnerability for clients served by counselors who are pressured to cut costs.

An alarming trend in VR is that, currently, there are only five universities that have Master’s degree level programs in Rehabilitation Counseling with an educational emphasis in serving persons who are deaf or hard of hearing. Those five programs remain at Virginia Commonwealth University, Western Oregon University, San Diego State University, the University of Northern Illinois and the University of Tennessee. This number is significantly less than it once was and has resulted in a decrease in the pool of counselors with specialized training to work with deaf VR consumers. For example, in states such as Michigan, deaf VR clients are now served by non-deaf VR counselors with the assistance of a remote video interpreter. Funding for specialized populations served by specially trained counselors has been constricted, leading to an effort to fold services for deaf individuals into more general service delivery.

Agencies seeking to hire specialized VR counselors find it difficult to recruit young, deaf applicants. This has, and will continue to restrict the availability of VR counselors qualified to serve deaf clients. At the same time, a large number of current VR counselors will be retiring in the coming years, leading to a severe shortage of VR counselors who are sufficiently prepared to serve deaf clients. With increased frequency, non-deaf VR counselors are being hired into positions where they must now serve deaf clients through the use of interpreters. Attaining sufficient fluency in American Sign Language to communicate with deaf individuals is not a realistic expectation for VR professionals given the length of time it takes to learn a language. It
is important that these VR counselors receive training on how to remove barriers for deaf clients in the workplace.

Many of these changes in the VR services industry have also lead to experimenting with different models of service delivery. One such shift, a result of the bundling of VR into the Workforce Investment Act, has been to serve VR clients through “one stop” employment centers. One-stop centers are designed to provide an array of services to both persons without disabilities as well as those with disabilities. These centers attempt to streamline employment services, however, employees of these centers do not have expertise in serving significantly disabled individuals, and even less able to effectively serve deaf VR clients.

**Shifts in the Role of Evaluation within VR**

Prior to 1994, VR services relied heavily on various integrated vocational evaluation services to assist counselors and consumers in efforts to gain successful employment. Historically, evaluation was dependent on what resources were available in a given geographical locality where VR services were provided. Some state agencies had their own internal staff and resources (e.g., vocational and psychological). Others utilized external evaluation service providers. It also depended on the type of clients served. For example those who were deaf and considered to be “low-functioning” could be provided with what was then called “extended evaluation” services. That was up to 24 months and they could be referred to a rehabilitation facility. During the 1970s and into the 1980s there were several federally funded rehabilitation facilities in St. Louis, Chicago, Boston, Hot Springs, San Antonio, and New York City that served deaf clients. VR evaluation centers, once abundantly available, have now closed. Federal funding for comprehensive rehabilitation facilities serving clients who are deaf and low-functioning has been discontinued. The number of external evaluation services for VR agencies to refer deaf clients has decreased. There are fewer skilled and trained professionals available to provide evaluation and assessment services to deaf clients, particularly those who are deaf and low-functioning or who have other disabilities in addition to deafness.

Currently, VR counselors without specialized training or knowledge may be called upon to assess consumers’ work readiness skills. In addition, VR now subcontracts with private companies who provide evaluation tools, so counselors are using a range of evaluation services provided by companies that may themselves be uninformed about deafness. Evaluations are conducted through the use of interpreters or Video Relay Interpreting (VRI) services. Another trend has been to increase the availability of on-line evaluation tools to save costs.

Once deaf consumers are ready for employment, some VR agencies are utilizing trial work opportunities, where deaf individuals are placed with a potential employer for a short time frame to test whether the job is a good match. In these cases, deaf individuals are provided support
services dependent on individual needs, perhaps an interpreter, perhaps a job coach. The duties, responsibilities and ethical constraints for each of these roles are quite unique. The VR counselor must assure that all accommodation needs are addressed during the trial work experience. If the VR counselor is not trained on the specialized accommodations needed for the deaf or hard of hearing individual, the trial work experience outcome may be of uncertain value. For example, it may appear that the deaf individual cannot work when, in fact, appropriate and necessary accommodations (such as appropriate interpreters) may not have been provided.

**Technology Assistance and Continuing Education (TACE) Centers**

According to the state of Washington’s Center for Continuing Education in Rehabilitation (CCER) Center’s website, the Center is:

“...dedicated to increasing employment opportunities for people with disabilities by providing specialized rehabilitation training and technical assistance in the Pacific NW and beyond. CCER is a part of the Department of Rehabilitation Medicine at the University of Washington (http://rehab.washington.edu) and collaborates with the U.W. Center on Technology and Disability Studies (http://uwctds.washington.edu) in the Center for Human Development and Disability.” (Retrieved on September 25, 2011, at http://www.ccer.org/)

The Center’s current projects include:

“TACE Northwest, Northwest ADA Center, Rehabilitation Leadership; and a variety of training programs, technical assistance, and consultation aimed at enhancing the employment of individuals with disabilities. The TACE is one of ten regional Technical Assistance and Continuing Education Centers funded by the Rehabilitation Services Administration (RSA) to provide training and technical assistance to state Vocational Rehabilitation agencies and their partners. Through the Northwest ADA Center, CCER also provides information, training, and technical assistance on the Americans with Disabilities Act (ADA). The staff at CCER are committed to offering quality services responsive to the current needs of our customers.” (Retrieved on September 25, 2011, at http://www.ccer.org/)

There are ten (10) regional TACE programs in existence, but they have also experienced budget cuts in recent years. The Centers are divided up into regions and they are monitored at the state level. The level of expertise in deafness at the centers varies. One question is the degree to which centers like the one above might be a potential partner with VR in an effort to serve consumers. The centers have been around for some time (originally known as Regional Rehabilitation Continuing Education Centers), and some are reportedly underutilized. In Region X, however, the centers are used extensively. CCER was a major partner in coordinating and managing the Northwest Deafness & Rehabilitation conference in a recent year. The TACE at
University of Arkansas is a long-term partner in planning and implementing the RSA National State Coordinators for the Deaf/Hard of Hearing/DeafBlind Training Conference. In the short term, the advantages to a VR partnership of the underutilized centers is unclear, but if a relationship was developed, it could be a beneficial collaboration.

**Challenges to Providing Interpreter Services within the VR Setting**

For deaf consumers seeking to utilize services within the VR system, the availability of nationally certified interpreters is a critical component of success. Without interpreters, VR consumers who are deaf would not have the opportunity to integrate into the array of services being offered. Despite the critical need for interpreting services, there are a number of obstacles to hiring certified practitioners.

First and foremost, there remains a shortage of qualified and/or certified hearing interpreters, as well as, Certified Deaf Interpreters (CDI) from which to hire. In addition to the finite supply of qualified interpreters, demand for interpreting services for VR consumers is increasing. These dynamics are compounded by the fact that more VR counselors who can hear but cannot use ASL are serving deaf VR consumers and require an interpreter to merely engage with their caseload.

In an effort to ensure the availability of interpreters, in earlier years, VR agencies could hire full-time and part-time staff interpreters who worked exclusively for VR. Currently there is a mix from state-to-state of staff positions and contract interpreter positions. Data collected by the NCIEC during the 2005-2010 grant period in a survey of 34 State Coordinators of the Deaf (SCDs) indicated that 28% of them employ full-time staff interpreters. In 2009, the when the SCD survey took place, 45% of respondents indicated starting salaries ranged between $21,000 - $30,000 a year, plus benefits. Another 45% reported salaries ranging from $31,000 to $50,000 a year, with benefits. These figure are calculations based on 40-hour work weeks, 52 weeks a year.

97% of the respondents employ part-time/contract interpreters, and VR agencies employ freelance interpreters on an as-needed basis. Part-time contracted interpreters will commit a certain number of hours to VR interpreting. As the demand for interpreters rises, however, VR agencies contact freelance interpreters individually to inquire whether or not they are available. Since interpreters’ schedules fill quickly, the more immediate the need for the interpreter, the greater the chance of not locating an interpreter who is available. There is anecdotal evidence that last-minute cancellations resulting in no compensation for interpreters who have booked such assignments. This often creates a disincentive for independent contractors to accept VR interpreting assignments, especially when serving rural areas in large states where hours of travel is required.
During the last funding cycle, data collected in surveys of SCDs, referral agencies, interpreter practitioners (including those who identify as VR interpreters) reveal that VR agencies pay competitive wages for part-time/contract interpreting services. This is at odds with a general perception that VR compensation is less than prevailing market rates.

For those interpreters who do still work as full-time staff interpreters in VR agencies, interpreter salaries tend to be much less competitive than at other entities. These lower salaries are likely to create disincentives for certified interpreters to apply and work for VR. At the same time, the expectations and responsibilities placed on the staff interpreters are commensurate with a higher level of skill and ability. Staff interpreters are frequently expected to interpret for different target audiences, interpreting for professional VR staff as well as for deaf clients. They may also be called upon to perform dual roles when working with deaf clients such as job coaching. Lower salaries may create an interpreting workforce that is frequently less prepared to deliver quality services.

In recent years, some additional options for hiring interpreters have surfaced out of necessity. The numbers of private, for profit, interpreter referral agencies that supply interpreters for assignments, have increased. Anecdotal evidence shows that in at least one case, a specific VR agency invested money in a private referral agency in an effort to ensure their requests for interpreters received priority.

Interpreter agencies often sign up as vendors with State VR. At the time that the vendor agreement is signed, the interpreter agency agrees to charge only the cost stated in the “fee schedule”. At a later date, the interpreter agency may no longer accept the fee schedule charge as their expenses have increased and they pass along the increase in their fees. The VR counselor can normally only pay the amount determined by the State in the established fee schedule. When the interpreter agency will not accept that amount, the VR counselor may resort to hiring interpreters who may not be certified. A constant concern in such situations is the absence of anyone who can assess the appropriateness of the skills of the people serving as interpreters. The overwhelming likelihood is that no one involved in the interaction can do so (deaf client, hearing consumer, interpreter of uncertain qualifications, generalist VR counselor).

Over 80% of SCD survey respondents reported interpreters have become less available to their State VR agency in the past five years. Further they reported difficulties with filling specific types of positions: 44% reported being unable to fill full-time staff interpreter positions and 39% reported being unable to find sufficient part-time contract interpreters.

Apart from these challenges, others remain as well. For example, employers and agencies that accept VR clients have the need for VR to work around their schedule. This results in frequent changes in the dates or times of job interviews or trainings. With the need to hire interpreters for
these appointments, difficulty with accommodating last minute changes to a schedule can have an adverse effect on whether or not the employer hires the deaf worker.

Certified interpreters who work less frequently in VR settings can, and often do, lack specific knowledge in understanding the role of VR rehabilitation counselors and state agencies. Having less familiarity with the VR system can influence whether or not interpreters accept interpreting assignments at VR and, can affect the quality of the interpretation produced when interpreters do not possess a level of expertise in a broad understanding of the VR system.

Often, Deaf VR clients lack adequate skills in how best to utilize interpreting services. Sometimes deaf clients need additional support and turn to interpreters, expecting them to function outside of the interpreting role. As was mentioned earlier, interpreters are trained to facilitate communication between two people who do not share the same language. Qualified interpreters who focus on this important function cannot and should not assume additional responsibilities that may diminish the effectiveness of interpretation. If the client’s needs and expectations are not addressed, however, confusion, dissatisfaction, and service breakdowns can result. Depending upon the needs of a particular client, additional services such as those of a job coach, advocate or the VR counselor may be required.

In addition, as VR agencies and employers increase the use of technology and the Internet for job recruitment and hiring, deaf clients lag behind others in access to technology and the Internet at home. In addition to access issues, it is well-known that many deaf individuals are defined as “low functioning.” The federal definition for this term is: individual is deaf or hard of hearing; may have other disabilities; whose functioning level prohibits participation in post-secondary education or training; language and communication are extremely limited and has limited work skills and poor employment history (Harmon, 2009). It is unlikely that such individuals will be able to independently and effectively utilize technology and the Internet.

Harmon, M. L. (Producer) (December 8, 2009). An ongoing challenge to our systems: Students and adults identified as low-functioning and deaf or hard of hearing. Pepnet2. [Audio podcast].

**Future Work and Questions that Remain**

What about deaf clients being vulnerable in settings when the only person who is knowledgeable about deafness and interpreting is the interpreter? Does the VR counselor/system have additional expectations of the interpreter? What about interpreters who are not certified, meaning the nature and level of their qualifications are uncertain?

1. VR counselor expects that the client will do the “reporting back” on how the situation went. The expectation is that the interpreter would report back if something major occurred. Expectations can be unknown. It is important to “grow” these expectations and
establish the importance of a relationship between interpreters and counselors prior to the work beginning.

2. Interpreters could be less likely to act in a situation. Thus, the interpreter may notice something that is “off” but instead of acting/speaking out, it’s accepted as just “how it is.” Invisibility is valued, that the interpreter’s service is present but the interpreter as a person is not a participant in the situation, however, invisibility can be damaging.
   Interpreters need to:
   a. adapt to the setting.
   b. use different models in approaching situations (e.g., co-participant model). More research into the different models is need.

3. Ownership of confidentiality within the VR setting may be unclear. For example, supervision is not common within the interpreting field, and interpreters can be leave situations with information or emotions that they do not know what to do with. An interpreter unprepared for such a residual might resolve it inappropriately, or even unethically.

4. Interpreters need avenues to explore their role and relationships with vulnerable VR clients.

Potential Stakeholders to Continue to Move this Process Forward:

1. Upcoming SCD conference (Schedule for Spring, 2013)
2. Southeast Regional Institute on Deafness (SERID)
3. ADARA
4. NW Training Forum in Portland Oregon (In 2014, after 2013 SCD Conference)
5. Council of State Administrators of VR (CSAVR) – Dee will send information
6. Standing committee on deaf services – DC VR
7. Regional RID conferences for interpreter input
8. Individual interpreters who specialize in VR
9. RID conference focus group
10. PEPNet
11. Rehab Training Universities program to connect with Deaf students in the training programs
12. State VR Training coordinators
13. SCD to see when they met with their RCDs (OR, AL, CA)

Things to think about when engaging additional stakeholders:

1. Format: Survey? Face to face? Webinars? Online meeting spaces?
   a. Use webinar to introduce topic/concept/importance….then send out a survey…than offer a second webinar with results. This will help tie people to the information that they provided.
   i. Offer CRC CEUs for VR people.
ii. Offer webinars regionally or at multiple different days/times.

b. Survey really needs to be online.

c. To gain the deaf perspective it’s important to have one-on-one interviews. The leader needs to have the skills to pull out the desired information. This is a challenging area.

i. Other options are focus groups, DSAT trainers, etc.

**PART 2: Focus Groups Summary:**

**INTRODUCTION & SUMMARY**

As part of the effort to gather authentic insight from interpreters who work in VR settings and VR professionals, the NCIEC undertook a series of focus groups in the summer and fall of 2011. A total of six focus groups met that included 21 interpreters (13 fulltime, 8 part-time or freelance) and seven VR professionals including rehabilitation counselors for the deaf (RCD) and state coordinators for the deaf (SCD).

Taken together, these individuals represent decades of experience related to interpreting in VR settings. Their insight and experience offer a nuanced view of this specialized interpreting setting. Through the eyes of these experts, we have a glimpse into the intricacies encountered in the VR setting. The following pages will provide a detailed overview of the unique attributes of VR interpreting.

Here is a summary of the key findings from focus group participants:

- Historically, interpreters learn how to interpret in VR settings strictly by doing it. This “on-the-job training” is without subject matter preparation or instruction, assessment of any kind, or supervision.

- It requires several years of such exposure to develop the understandings and skills necessary to effectively interpret in VR settings.

- Future VR interpreters would benefit from subject matter education and related interpreting training prior to working in this setting to facilitate more effective interpreting practice more rapidly, and on-going professional development designed to expand capabilities beyond the basics and keep up with changes within the VR requirements and organization.

- Such training should include information about VR systems, jargon related to VR and issues related to disabilities, and clientele, related professionals, related particular concerns and terminologies, and the interpretation of it all.
Interpreters who work in VR include full or part time staff, community based freelance interpreters, Deaf Interpreters and Certified Deaf Interpreters.

Work in the VR setting includes sight translation, consecutive and simultaneous interpretation as well as interpreting for unique populations such as those who are Deaf-Blind.

The interpreting needs of deaf VR clients and deaf VR professionals are distinctive and require adept use of register among other interpreting facets.

Interpreters may encounter ethical dilemmas unique to the VR setting.

METHODOLOGY & PROCEDURE:

To fulfill our aim to secure a broad cross-section of interpreters who work in VR settings and VR professionals, we undertook 6 Focus Group meetings. Four (4) meetings occurred face-to-face and two (2) meetings occurred via audio-conference. Solicitation of participants took place through the Registry of Interpreters for the Deaf (RID), state VR agencies, Technical Assistance and Continuing Education (TACE) Centers, and professional networking.

The face-to-face focus group meetings took place at the RID conference in Atlanta, Georgia, Northeastern University in Boston, Massachusetts, and in New Haven, Connecticut. Three audio-conferences were with interpreter practitioners from California, Utah and the Northeast who had expressed interest in participating in one of the other meetings, but were unable to physically attend. Each meeting included a facilitator who posted questions and fostered dialogue and a note-taker who monitored and recorded the comments. All participants were assured of confidentiality. Comments were assigned to a participant by number rather than by name. Each group meeting lasted approximately 90 minutes. Facilitators followed a focus group script that was approved through the IRB processes at the University of Northern Colorado and Northeastern University. All facilitators and note-takers completed training on conducting focus groups conducted by the NIEC. The questions included in the script provide the framework for the focus group findings report, which follows.

Before each session, each group was informed of the purpose of the meeting:

“The overall goal of this particular NCIEC Focus Group endeavor is to identify and vet competencies and skills specific to interpreting in the VR setting. To accomplish this goal, the Task Force is engaging in a series of focus groups nationwide. The information gleaned from these events will assist the NCIEC VR interpreting workgroup to: 1)
identify a set of general competency domains for use in organizing the competencies and skills; 2) craft a draft set of competencies to be vetted by a broad base of stakeholders, and 3) translate the competencies into curricula that will be used to develop training modules to prepare interpreters to work in VR settings.”

The confidential notes from each meeting were compiled into the report we now present. This report will be circulated to stakeholders who will provide us with feedback to refine the domains and competencies identified for interpreting in VR settings.

**Key Findings: Conversations with Interpreter Practitioners.**

**General Questions:**

*Question 1: Can you tell me what two competencies you perceive as being most important for an interpreter working in VR settings?*

Participants across these three (3) focus groups recommended a number of competencies they felt were critical for interpreters working in VR settings.

All groups identified the following competencies as particularly important:

- Extensive knowledge of VR terminology and other terminology which often arises in the VR setting such as medical, social security and employment terminology
- Soft skills, including people skills both within the VR system and out in the community
- Dynamic range of interpreting skills that will allow them to interpret for a wide range of deaf people, including working with a diverse range deaf consumers and deaf professionals.
- Systems knowledge and an understanding of the various roles individuals have within those systems, including an understanding of the federal and state VR systems, state agency systems, Social Security system and other employment agency-related systems that impact VR services.

Some participants mentioned the importance of other core competencies they felt were important for interpreters to possess. A few mentioned that, as part of developing people skills, it was important for VR interpreters to be a team player, creative, as well as, flexible and adaptable as situations within VR can be unpredictable. One participant stated it was important for interpreters to have negotiation skills in order to quickly assess the communication needs of everyone involved in a situation and establish sufficient working relationships to function most effectively. A few mentioned the importance of interpreters being able to self-assess their work and to reflect on their work post-assignment in an effort to improve the services they provide. Lastly, participants felt VR interpreters needed to understand the importance of preparation in contributing to improving outcomes in the interpreted work. They agreed that interpreter preparation was key to the quality of the interpretation.
Question 2: What has contributed to your current knowledge and skill related specifically to interpreting in VR settings?

A number of participants responded that they developed their current knowledge and skills related to interpreting within VR settings over a long period of time through “on-the-job-training.” By repeatedly interpreting various situations both within VR and with external agencies like Social Security, participants were able to develop a broader understanding of specialized VR terminology and gain a greater understanding of the broader implications of interpreting within VR. One of these participants shared that she became a staff interpreter for VR without any training or knowledge of the VR system. At the time, a person within VR told her it would take about three (3) years to develop a greater degree of skill and comfort interpreting within VR. After two (2) years, she was finally beginning to feel effective.

Similar to learning “on-the-job,” many participants shared that interpreting specific types of VR events helped tremendously in increasing their knowledge of VR. For example, interpreting VR and employment workshops, such as a 3-week orientation for a new RCD, is very helpful in offering important information for the interpreters. When working directly with RCDs or deaf advocates, meeting with them ahead of time or after a session can be very helpful in better understanding why and how things function within VR.

A few of the focus group participants worked within the VR system prior to transitioning to interpreting. One worked as a VR counselor for five (5) years. Another participant worked as a client advocate and now interprets for VR.

Access to strong mentoring support was also mentioned as a strategy that helped interpreters develop their knowledge and skills in VR interpreting. For example, within the state of Kentucky, a group of ten (10) VR interpreters regularly mentor each other. Among them they have between 10-30 years of interpreting experience. They are a cohesive and supportive group of colleagues who also have the benefit of close ties and open communication with deaf and hard-of-hearing RCD counselors. When asked what mentoring looks like within that group, the participant described that they often pair community interpreters or those with less experience with more experienced VR staff interpreters. This helps to not only support the less experienced interpreter within the specific interpreting situation but also helps them learn more effective ways of interpreting in VR. They strive to be supportive of each other in positive ways, offer each other feedback and talk openly about the work. Their goal is to make it a positive and enjoyable experience while learning important information that will improve their overall
interpreting skills. When asked how they learned to create this type of support, some recalled they learned these skills elsewhere, through team interpreting experiences or job collaboration. Some learned these skills from their Interpreter Education Program. One participant mentioned that this type of commitment to mentoring results from having the “heart and passion” to interpret as effectively as possible for d/Deaf people.

One participant mentioned the need to engage in research to enhance her knowledge of VR. RCDs and staff interpreters are a great resource as well for community interpreters or those less familiar with VR. Some gained more experience by working closely one-on-one with a deaf counselor or supervisor who could be an important resource.

**Question 3: Has your work as a VR interpreter involved other job duties? If so, what other types of job duties have you performed?**

All of the participants who work full time for VR responded that they have additional duties beyond interpreting within VR. Only the community interpreters indicated that did not have these additional duties. Among the VR staff interpreters, the additional duties varied across participants. Some additional duties for more formalized while others were not. These additional duties included functioning as a general assistant. This included various tasks such as clerical duties (i.e. copying, faxing, general phone duties and office work), assisting with billing, coordination duties, mentoring interpreters, job coaching, interview preparation, case management, job readiness training, assisting clients with writing resumes, advocacy, conduct or assist with job trainings and managing the volumes of VR paperwork. Several participants indicated they coordinate interpreting services and manage the billing and payment system.

A few focus group participants described functioning as a proof reader for various documents or written materials. One participant described functioning as a consultant with other VR staff regarding the ethical duties of interpreters, as well as, training VR personnel on how to use interpreters with VR clients when preparing them for job interviews or trainings. One participant worked directly with VR clients, lead job readiness and resume writing classes and shared job openings with deaf clients.

**Question 4: How did you acquire the additional knowledge and/or skills needed to perform your other job duties?**
Participants indicated they acquired these additional skills both during previous employment settings and through their work in VR. One focus group participant shared that the clerical skills were acquired while working part-time in a previous office setting. One participant coordinated interpreters at a community college before working in VR. Another VR interpreter shared that she observed gaps or deficits in VR services within her office. Then she worked to address those areas of need by assisting with them and working to determine how to provide those services better.

A participant mentioned that in California, there are strict rules or parameters surrounding the job duties of RCDs, job developers, etc. If there are duties that need to be done that are not tied directly to a specific job (i.e. ordering pizza, helping move boxes, food planner, etc.) interpreters may then assist with those duties.

Interpreters who work closely with specific VR employees often benefit from learning those specific job responsibilities. For example, one focus group participant indicated she worked along side a job coach sharing the same office space for a length of time. This helped her learn a great deal about the duties and function of a job coach.

**Knowledge Questions:**

**Question 5: What do you wish you knew before you began working in the VR setting?**

Nearly all participants agree that having a better grasp of specialized VR terminology prior to working in the VR setting would have been advantageous when they first began. There are numerous acronyms and abbreviations within VR, in addition to all the volume of specialized technical vocabulary associated with the employment settings, state and federal agencies, medical, mental health and counseling services terminology, etc. VR industry terminology is vast and greatly affects whether or not interpreters both understand VR interactions and have the ability to effectively interpret them. One participant mentioned that she was able to function as an intern within a VR agency. At first, the specific VR terminology was incredibly challenging, but that experience was very helpful in developing an understanding of specific terms. A few participants added that understanding VR codes was not as crucial for them, since RCDs handled that part of the work.
VR policies and procedures were mentioned as information interpreters wished they had known before or early on in their VR career. One participant acknowledged that familiarity with VR service eligibility criteria also would have been helpful.

Some participants suggested strategies that would have helped them gain important knowledge. One indicated she would have benefited from a brochure, DVD and/or reference manual for VR interpreters that included details such as the history and philosophy of VR, the governmental structure that connects to VR and how the VR process works, lists of the status code, terminology and acronyms, description of partnering agencies along with a complete understanding of their services, and an overall understanding of assessment, such as the differences between a comprehensive assessment and a situational assessment. One of the participants who functioned as a community interpreter suggested that a “mini-course” or “Introduction to VR” class would have been helpful. Internship opportunities for IEP students could help to prepare future VR interpreters. For working interpreters, mentorships with VR interpreters would be of benefit. These opportunities will, at a minimum, help new VR interpreters to know what questions to ask and how to anticipate what they need to know in an effort to prepare ahead of time.

**Question 6: To what degree do you feel that system-knowledge is important? Can you recall a specific incident where system knowledge was vital to your interpretation?**

Systems knowledge is considered very important among those who interpret within VR and related settings. One rationale is that without systems knowledge, interpreters, not only struggle to understand the complex content and context they are interpreting, but they also find it challenging to evaluate the importance of specific information, some of which appears unimportant when that is not always the case. In addition to understanding the VR system, focus group participants highly recommended VR interpreters understand various related systems such as Social Security.

Recalling a time when systems knowledge was vital to the interpretation, one participant shared that she interpreted for a deaf Vocational Rehabilitation Counselor (VRC) who did not have a deaf caseload. When interpreting an orientation session for an audience of hearing individuals, it was a tremendous challenge to interpret that session accurately without a strong foundation in systems knowledge. Another participant worked as an RCD and then left the VR system for a period of time. Once she returned, there were numerous challenges because the VR system has
experienced a number of changes during that time. Thus, not only is it important to understand the system but interpreters must also remain current in the ways in which the VR system functions.

Several participants shared that community interpreters who lack extensive knowledge of the VR system, continue to struggle to accurately interpret within VR, particularly when from ASL into English for a d/Deaf professional. When an interpreter doesn’t understand the VR vernacular, it is very difficult to produce a clear, accurate and natural sounding voice interpretation.

Other participants shared situations in which systems knowledge, or lack thereof, affected the interpreting. For example, in one case, a lack of systems knowledge affected an interpreter’s ability to know how to handle a situation. In this case, during a job interview, a deaf VR client was asked to take a test. The potential employer required the deaf person to take the test independently, without the benefit of the interpreter. While this seemed discriminatory, the interpreter did not know how to resolve this.

Even a small amount of systems knowledge goes a long way in assisting interpreters. One participant noted that prior to an assignment she received a document in an email that was very helpful in allowing her to prepare to interpret for a deaf VR client. Receiving that attachment ahead of time was crucial to an effective interpretation. Understanding policy and procedure, job-related systems like insurance, taxes, social security, and employment laws, made a difference in the effectiveness of the interpreting.

Overall, there was consensus that, historically, interpreters learned to interpret effectively within VR through experience. That developmental experience, however, represented many interpreted interactions that were probably not as effective as they could have been, due to a lack of systems knowledge. No longer leaving this training to chance, will greatly improve the interpreting work that occurs for RCDs and VR clients.

**Question 7: In defining a training program to prepare interpreters to work in the VR system, what type of specialized knowledge is necessary?**

All focus group participants discussed the need for interpreter education programs to prepare interpreters to work with a variety of deaf consumers. Client demographics in VR are widely diverse within the VR setting. Deaf clients come to VR with a variety of communication abilities and education levels. In addition, many VR clients have secondary disabilities, such as cerebral palsy, vision impairment, autism, developmental or cognitive delays, learning disabilities, etc. VR interpreters should be introduced to methods of working with this type of VR clientele within the Individualized Plan.
for Employment (IPE). They also need to be able to assess communication levels and determine how best to interpret for these individuals.

When pressed for more details on the demographics of deaf VR clients, participants shared that many VR clients have minimal language competency, which requires a variety of strategies when interpreting. Having the skills to assess a client’s background, education level, language or communication needs is an important step in being able to provide quality interpreting services, which often includes the need for a Deaf interpreter.

In addition to working with diverse deaf consumers, VR clients frequently come to VR with ongoing mental health issues. It would be ideal for Interpreter Education Programs to expose interpreting students to general mental health issues, common psychological testing processes, and understanding the results. Having this knowledge will help interpreters better understand client behavior and determine the best strategies for working with these clients. In addition, focus group participants agreed that because of the client diversity within the VR setting, future VR interpreters should be very knowledgeable about working with Deaf interpreters (DI’s and CDI’s).

Participants reiterated the need for future VR interpreters to have systems knowledge. In particular, they mentioned it would be helpful for them to learn about VR history, as it relates to the mission and purpose of the agency, the agency’s structure, federal and state regulations, specialized vocabulary, etc. Another recommendation is to help students gain expertise in the VR counseling process by orienting them to the entire process of opening and closing a case.

Some participants suggested it would be important for students to better understanding VR through the eyes and experiences of VR clients. This could help interpreters better understand the ramifications of quality interpreting services and access to VR has for deaf people.

Lastly, several participants recommended that interpreters gain experience interpreting VR-related texts within the IEP. Students could utilize printed materials and live interactions as a way of learning to interpret VR situations with little risk to clients. Having internship opportunities for students to gain experience in VR settings would also be important. Observing live presentations, workshops, and meetings would assist students in, not only seeing first-hand how these situations occur but also, provide them with information about VR.
Practice Profession Questions:

*Question 8: In what VR related settings do you use sight translation?*

Most focus group participants did provide sight translations while a few others did not. For those who did offer sight translations, a number of factors were identified. One participant needed to provide sight translation when working with deaf VR clients. She indicated it is not uncommon for deaf individuals to not fully understand or misunderstand various terms on VR, medical, mental health, social security or other forms. Some RCDs requested sight translations as well, particularly when completing VR forms on behalf of clients.

When asked to provide a sight translation, it was sometimes difficult to determine whether that was appropriate in some settings. For example, some employers want to see whether or not VR clients can fill out forms independently. Other times, potential employers would explain the forms in spoken English and ask the interpreter to interpret the information. Participants agreed that providing sight translations was a time-consuming process. Some situations in VR have time limits, which can be negatively affected when having to provide a sight translation.

One trend now emerging within the employment sector is the use of Computer-based Training modules. Employers are making everything accessible through computers, including job applications, employment forms, as well as tests. Thus, access to sight translations for these computer-based services is critical for some VR clients.

*Question 9: What type of unique ethical situations have you encountered in VR?*

Focus group participants shared a number of unique ethical situations they encounter within the VR setting. There was general agreement that VR interpreters need a strong foundation in ethics and familiarity with the RID Code of Professional Conduct (CPC), particularly with confidentiality. For example, it was recommended by a participant that interpreters should not agree to interpret for VR clients when they know they have a personal relationship with that client. Understanding issues associated with conflicts of interest were considered important. Participants also shared that RCDs adhere to ethical standards germane to their profession. It
would be beneficial for interpreters to understand the ethical obligations of VR counselors as well as their own.

Participants discussed that there can be a number of ethical issues when working closely with a particular RCD, such as a designated interpreter. When this occurs, interpreters feel conflicted when RCDs make mistakes (i.e. refer to someone’s mother rather than the aunt) or may not be communicating articulately. Interpreters sometimes feel a need to “fix” interpretations so the RCD with whom they work appears competent.

Some participants shared concerns that VR interpreters should have the ability to be personable without crossing professional boundaries. When working closely and regularly with RCDs or deaf clients, it becomes easy to slip into personal conversations or meet for lunch. While these interactions can seem innocuous, they can contribute to a change in relationships that make it difficult to maintain professional boundaries.

Several participants mentioned that ethical conflicts arise when interpreters wear a number of hats or assume various roles in addition to interpreting. The additional roles interpreters are asked to assume can be minor, such as taking messages or bringing clients back out to the front of the office. Other times, however, these roles can be extensive, including taking on the role of job coach. Either way, learning to maneuver various roles in addition to the role of interpreter creates ethical conflicts at times.

When preparing to work with a client, ethical questions arise regarding which VR paperwork is appropriate for interpreters to view. For example, many intake and VR forms include confidential medical or mental health records. Interpreters struggle to know which client information is important to be aware of and which should remain private. Another aspect of interpreters’ access to client information arises when interpreters have prior knowledge about a client’s medical conditions, this can cause various dilemmas. For example, some VR clients have a condition known as Congenital Rubella Syndrome (CRS). It has been noted in older deaf individuals born with CRS experience a latent affect that occurs around the ages of 40 or 50 years. These individuals notice memory decline, changes in work habits (i.e. productivity and punctuality), the onset of diabetes, etc. When clients who experience these CRS side effects, are not upfront with potential employers, interpreters who have the information may feel conflicted. At the same time, deaf clients are not always aware that not being open and honest with potential employers could jeopardize their employment.
**Question 10:** In what VR related settings do you use consecutive interpreting? If so, what do you do to establish successful working conditions?

Most participants indicate consecutive interpreter is used frequently, especially when the client is working with a Deaf Interpreter (DI). Depending on the client, consecutive interpreting may be imperative. One participant indicated that in her experience, interpreters work consecutively about 50% of the time. Job interviews seem to be one type of event in which consecutive interpreting is used often. During intake interviews with oral hard-of-hearing clients, interpreters necessarily interpret consecutively so that they can be facing the client when the interpretation is given.

A few participants shared that consecutive interpreting is not used as much as it should be due to concerns about the time involved especially when a DI is involved. Some RCDs complain that there are more interpreters in the room than VR professionals, and the consecutive interpretation via a DI takes considerably longer to produce. Some RCDs and other professionals (i.e. psychologists, counselors) want more immediate access to the interpretation, which can complicate the process.

When discussing strategies for explaining the consecutive process to consumers, participants indicated that DIs sometimes prefer the hearing interpreter take on this role. Other times, VR interpreters choose to not provide an explanation of the consecutive interpreting process initially, preferring instead to wait and see how the situation progresses. It is not uncommon for interpreters to move between simultaneous and consecutive interpreting in a more natural way within a VR assignment.

**Question 11:** What conditions exist that warrant the use of a Deaf interpreter? What is your own experience in working with a Deaf interpreter? What if any barriers exist to using Deaf interpreters in VR settings?

Focus group participants describe those who most need to work with Deaf interpreters (DIs) as being adults, often just coming out of high school, with multiple disabilities, including minimal language skills. Approximately two-thirds of these individuals are considered “at risk.” Many have gaps in world knowledge and maturity. These individuals often grow up in hearing families where they have few expectations or accountability placed on them. Others are considered to be “grass-roots” deaf individuals who are poor and have few skills. In the state of Ohio, VR services has shifted priority to serving the “Most Significantly Disabled Consumer” (MSD), meaning these individuals have between 3-5 functional limitations. Clients with deafness as their only limitation are placed

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All focus group participants reported there is an insufficient number and availability of Deaf Interpreters available for VR settings.
Most participants agreed that contracting for CDI services, rather than hiring, is prevalent within the VR setting. No one worked with a full-time Deaf Interpreter who was a staff member. Participants indicate that CDIs are used in all settings. Sometimes a deaf client’s need for a CDIs is apparent at the beginning of VR services, while sometime needs emerge later, when communication breaks down within agencies or with employers. About 15% of participants report working with deaf-blind clients, and CDIs are also used in some of those cases.

Most participants shared that they experience a number of benefits when working with a Deaf interpreter, particularly in social security settings. One participant noted that deaf clients are pleasantly surprised when they work with a Deaf interpreter for the first time and discover they finally understand the content of the discussion. Those who have not worked with DIs in the past admit that access to DI services would be very helpful when working with immigrant and non-native ASL populations. When asked if tri-lingual interpreters are used the response was that Spanish interpreters are used occasionally, but almost no one uses trilingual interpreters.

There were a number of barriers to using Deaf Interpreters. One such barrier was that RCDs and other professionals frequently preferred to not work with DIs. From their perspective the process was much more time consuming and it required a number of individuals in the same room that caused some logistical issues. In some situations, RCDs were open to having DIs for the VR client, but preferred to have a separate interpreter for him or herself. Some RCDs felt they are able to function as a Deaf Interpreter for most situations reducing the need to hire one.

Another type of barrier to using Deaf Interpreters is that there are an insufficient number available, often none. For example, Oregon has one CDI. When DIs are not available, other strategies must be employed for working with these clients. For those cases where a DI is crucial, it can take a long time to schedule one. This is difficult to manage when there are clients waiting for services.

Participants indicated that few, if any, training opportunities were available for Deaf interpreters wanting to work within the VR setting. DIs would benefit from training opportunities as much as hearing interpreters.
**Skills Questions:**

*Question 12: Is the VR system or its clientele different now than in the past?*

Participants express concern over the changing population currently seeking VR services. Cases are becoming much more complex with deaf and deaf-blind individuals who have psychiatric diagnosis, idiosyncratic modes of communication, or secondary disabilities such as autism, etc. VR has also seen an increase in clients with criminal records. This could indicate they have an exacerbating social disability. In addition, VR clients come from countries outside the U.S. such as Africa and Iraq where cultural differences greatly affect the interpreting process. For example one participant described a brother and sister from Iraq where the brother would not make eye contact with the female interpreter.

Older generations of deaf clients use a higher frequency of fingerspelling. On the other hand, younger generations are much less concerned with conceptually accurate signs and have a higher incidence of using manually coded English forms of sign language (i.e. S.E.E). This requires significant adjustment on the part of interpreters trained to interpret in American Sign Language.

Many VR clients today do not know any type of sign language. They may be late-deafened, have cochlear implants and use lip reading as their primary mode of communication. Still they, often have speech that is unintelligible for most people, and are unable to hear well enough to converse orally. Interpreting for these individuals can be quite challenging. Younger generations of deaf clients who have cochlear implants and have been educated in mainstream settings often have language gaps that affect the interpreting process. They may be able to speak for themselves, however, they may lack of cultural competence, sophistication, and world knowledge that is challenging for interpreters to mediate. Lastly, deaf-blind individuals with progressive vision loss, such as Usher’s Syndrome, have visual needs that change over time. As the client’s vision changes, the interpreting techniques must change as well. All of these situations affect the interpreting process. Given that there seems to be an increase in the number of clients with these more severe issues, VR interpreters are constantly challenged when interpreting in the VR setting.
**Question 13: In your experience as a VR interpreter, have you provided services to both deaf clients and deaf professionals working in the VR system?**

Participants reported the degree to which they work with both deaf professionals and deaf clients varies. Some worked more frequently with deaf professionals while other with clients, however, everyone mentioned working to some extent with both groups. One participant pointed out that because many VR interpreters work with both professionals and clients, it is important for them to be skilled in assessing and adjusting to professional nomenclature and more formal registers, as well as to less formal registers. A critical difference in working with these two groups is the use of register.

Some participants shared that they primarily work with hard-of-hearing VR clients who have very different needs from deaf RCDs. There isn’t the same need for deep processing of language in these cases, as interactions tend to be more brief and specific.

An interesting trend noted by a couple of participants was that d/Deaf VR professionals tended to work more frequently with staff interpreters while community interpreters were assigned more frequently to work with VR client.

**Question 14: What specific skills are needed for working with deaf VR professionals?**

VR interpreters could benefit greatly from training in how to shift between registers, including strategies for choosing industry specific or specialized terminology. In terms of specialized terminology, interpreters should be familiar with business and pop culture vernacular. Trendy vernacular (i.e. “WIFM - What’s in it for me?”) may come up in employment settings. Having familiarity with these terms help interpreters provide better voice interpretation for clients.

Some participants observed that the preferential use of signed English systems seems to be on the rise, and the use of fluent American Sign Language seems to be less valued. There seems to be is greater sensitivity on the part of some Deaf VR professionals regarding the diversity of communication and interpreting needs of deaf clients. Some emphasize that they want the interpreter to fingerspell specific terms and accommodate the
interpreting preferences of the deaf client.

Participants shared that some RCDs and deaf professionals want to work as collaboratively with interpreters while others do not. Therefore, it is important for interpreters to have the skills to discuss openly with them their preference for working together and to clarify expectations. Advances in technology create opportunities for differing perceptions of how interpreting service is to be used. For example, even though Video Relay Service (VRS) is available for phone calls, deaf professionals and RCDs may prefer to use the interpreter. It can be justified for work-related calls, as VRS interpreters are less prepared to interpret VR terminology and systems information accurately. For less technical in nature, interpreters may feel misused. While VR interpreters want to be a supportive team player, when they are used for phone calls may need to be discussed in advance.

Question 15: Is there anything that we have not touched upon that you feel is an important skill or competency for an interpreter in a VR setting to possess?

Safety is one important aspect of VR interpreting that has not been previously mentioned. Some participants felt that with the increase in VR clients with criminal records, concern for safety is an issue. For example, one VR interpreter had weapons pulled during a VR situation and witnessed a client stab someone who was sitting close to the interpreter. Another participant agreed that safety is important but shared a different issue related to safety. She had an experience of an older, deaf VR client who came on to her. She was unsure how a situation like that should be handled.

Some participants mentioned that they wanted to see more VR interpreters invited to attend agency trainings. For example, counselors are often involved with mentorship programs. Interpreters should be seen as part of the larger VR team.

Many participants indicated a concern for their future job security, citing the impact of downturns in the economy, and federal and state budgetary constraints on VR agency budgets. They feel that it is important that they are informed about the overall agency budget and know whether or not future budget cuts will affect them.

Lastly, participants suggested that paid internships for working interpreters might help, not only provide critical interpreting services for the VR industry, but also help interpreters have opportunities to learn on the job.

This completes the focus group comments and the Appendices follows.
Appendix A

Specialty Area Competencies of the Interpreter Working in Vocational Rehabilitation Settings*

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<th>Vocational Rehabilitation Knowledge Competencies</th>
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VR Systems Knowledge:

The specialist interpreter working within the Vocational Rehabilitation and employment settings:

1. Demonstrates understanding of the broad, yet, complex VR system functioning at the federal and state levels, including but not limited to the following examples:
   a. *The Vocational Rehabilitation Mission, general employee roles and organizational structure.*
   b. *Differences between public and private vocational rehabilitation services*
   c. *The various VR processes for serving consumers including referral and application, evaluation, testing, comprehensive assessments, intakes, eligibility and status levels, rights and responsibilities, services, case closure, as well as, the complaint and appeal process.*
   d. *Various employment-related services such as, employment training, supported employment, job coaching, job placement, trial work experience, Individual Plan for Employment (IPE), career advancement, and post-employment services.*
   e. *The VR Vendor System utilized for paying for interpreting services.*

2. Demonstrates understanding of the complex systems external to VR, that can have an effect on the implementation of VR services for deaf and hard of hearing consumers, such as:
   a. *The various VR partners and systems in which they operate in collaboration with VR, such as the Technical Assistance and Continuing Education Center (TACE), Veterans Affairs VR programs, the Helen Keller Institute, Independent Living Centers, Transition to Employment programs, Client Assistant Program (CAP), Vocational Evaluation and Work Adjustment Association (VEWAA), State Rehabilitation Councils (SRC), Advisory Councils for the Deaf and Hard of Hearing, State Independent Living Councils (SLIP), Community Rehabilitation Program (CRP), Tribal Rehabilitation and One-Stop-Centers.*

*The specialist VR competencies outlined in this document assume that interpreting practitioners have acquired a foundation as a generalist interpreter first, and possess the competencies that have been determined necessary for effective generalist practice in the 2005 Entry to Practice Competencies document. A link to the pre-requisite Entry-To-Practice Competencies document can be found at: [http://www.unco.edu/doit/Competencies_brochure_handout.pdf](http://www.unco.edu/doit/Competencies_brochure_handout.pdf)
b. The Social Welfare Services systems, such as Medicare, Medicaid, SSI, SSDI, Food Stamps, Temporary Assistance for Needy Families (TANF), Women, Infant and Children (WIC), and other state, city or county services.

c. Mental health services systems, including psychological, psychiatric, and neuropsychological testing.

d. Local and regional Disability Legal Services systems, which include information and services regarding one’s rights, grievance procedures and client assistance programs and services.

e. Audiological testing and evaluation systems and services.

f. The Worker’s Compensation system, including the Injured Workers Program.

g. The Federal Immigration System and its effects on VR policies at the federal and state level.

h. Basic knowledge of the legal system such as, laws related to disabilities, employment, mandated reporting obligations, immigration, fair hearing and tort claims processes, and laws impacting the Client Assistance Programs (CAPS).

General VR-Related Knowledge:

1. Demonstrates an in-depth understanding of and ability to employ specialized terminology and jargon associated with VR and VR-related systems.

2. Demonstrates a general understanding of current policies and procedures associated with VR service delivery.

3. Demonstrates a general understanding of Best Practices in VR service delivery.

4. Demonstrates a general understanding of Evidence-based Practice Model for supported employment.

5. Recognizes and demonstrates knowledge of various technology used by deaf, hard-of-hearing and hearing VR professionals, as well as, deaf, hard-of-hearing and hearing VR consumers, such as assistive listening technology, on-line services, etc.

6. Demonstrates ability to differentiate between a broad range of disabilities, symptoms and the affects various disabilities have on individuals.

Language and Multiculturalism Competencies

The interpreter working within the specialty area of Vocational Rehabilitation demonstrates the following competencies critical to effectively working with the diverse range of individuals encountered within the VR setting:

1. Exhibits respect and sensitivity toward diverse individuals who possess a broad range of disabilities.
2. Exhibits respect and flexibility toward individuals with Limited English Proficiency (LEP).

3. Demonstrates cultural literacy and sensitivity toward deaf immigrants and their families.

**Communication Competencies**

*The interpreter working within the specialty area of Vocational Rehabilitation demonstrates the following competencies critical to effectively communicating with and interpreting for the diverse range of individuals encountered within the VR setting:*

1. Recognizes the affects various disabilities can have on language and communication.
2. Identifies strategies to accurately assess and determine the unique communication needs of deaf and hard-of-hearing individuals engaged in the VR system.
3. Demonstrates an ability to recognize, understand and accurately utilize specialized terminology, acronyms and jargon common to VR and VR-related settings in both ASL and English.

**Interpreting Knowledge and Skills Competencies**

*The specialist interpreter working within the area of Vocational Rehabilitation demonstrates the following knowledge and skills competencies critical to effective decision-making and interpreting for the diverse range of consumers, as well as situations, encountered within the VR setting:*

1. Exhibits a clear understanding of the role of the interpreter working within diverse VR and employment-related settings, and when working with deaf consumers and/or deaf VR professionals.
2. Demonstrates effective application of RID Code of Conduct to complex ethical dilemmas encountered within the VR setting.
3. Recognizes and respects that Deaf Interpreters enhance the effectiveness of an interpretation when working with some deaf consumers.
4. Demonstrates superior skills in applying VR and employment-related systems and general knowledge effectively during consecutive or simultaneous interpretation using cultural adjustments while managing internal and external factors and processes in a manner that results in accurate and reliable interpretations in both ASL and English.
5. Demonstrates the ability to work effectively with Deaf Interpreters.
6. Exhibits the ability to vary register appropriately when interpreting for deaf consumers, as well as, deaf VR professionals.

7. Demonstrates ability to effectively produce accurate sight translations of VR and employment-related forms, as well as, other printed materials.

**Professional Development Competencies**

*The specialist interpreter working within the area of Vocational Rehabilitation demonstrates the following competencies critical to on-going professional development within the VR setting:*

1. Exhibits a strong commitment to on-going, advanced knowledge and interpreting skill development to enhance the interpreter’s effectiveness when interpreting within the VR Setting.

2. Demonstrates an awareness of VR-related research, resources and publications and actively pursues specializes professional development in the VR setting.
   a. Professional organizations and associations that function in collaboration with VR, such as Post-secondary education Program’s Network (PEPNet), Vocational Evaluation and Work Adjustment Association (VEWAA), state Disability Resource Centers (DRC), state Rehabilitation Councils (SRC), Goodwill Industries, Advisory Councils for the Deaf and Hard of Hearing, state Independent Living Councils (SLIP), Community Rehabilitation Programs (CRP), American Deafness and Rehabilitation Association (ADARA) and Tribal Rehabilitation programs.


   c. Various VR Publication Resources, such as the *Institute of Rehabilitation Issues* [http://www.iriforum.org/](http://www.iriforum.org/) (IRI), Goodwill Industries, Technical Assistance and Continuing Education Center (TACE), National Clearinghouse on Rehabilitation Training Materials (USU), PEPNet I-Transition Information [www.pepnet.org/itransition.asp](http://www.pepnet.org/itransition.asp), State Rehabilitation Council Monitoring Reports, etc.).
3. Exhibits a strong commitment to networking with interpreters and other professionals working within VR settings.

References


