   Interpreting for assessment and evaluation

processes. Presented by Pauline Annarino and

Cheryl Davis.

   >> I know we are having a great time, but are you

all ready to start? Is this a good time?

   >> We're ready.

>> We're hanging out.

>> Well, I would like to welcome everybody here, my name is Carrie White, and I am the program coordinator for the MARIE Center and I'm very happy that you all came. And even happier that we are all here and technology is working!

[Laughter]. Tonight's webinar is interpreting for assessment and evaluation processes.

And a few housekeeping items that I have to go through before I can turn it over to our amazing presenters. Captioning and interpreters are provided. Windows for the speakers and interpreters can be closed or sized to create your personal viewing environment. If you would like to enlarge the video window, click on the side of the window and drag it out to make it bigger. If you are going to utilize the interpreters, you may need to enlarge the window for the interpreters, which may interfere with your ability to see the PowerPoint. Therefore, if you have not already printed the PowerPoint, you can access it during the webinar through the materials section or I sent it as an

attachment through your email earlier today.

The captioning does appear on the bottom of your screen. If you have technical issues, please refer to the help website or the phone number that I sent in the email or use the chat function. Look for tech support. And one of the MARIE staff members will try to assist you.

Questions for the presenter will be in the chat function. Please write down your questions and then wait for either Cheryl or Pauline to ask for questions and type them into the chat box and then they will monitor and respond as they have scheduled in their -- throughout their presentation.

Now, I would like to turn it over to Pauline and Cheryl. And thank you so much for being here tonight.

>> Our pleasure.

>> Davis: It's our pleasure, thank you so much. So welcome, folks, to the 6th in the 9th webinar series interpreting in VR settings. One of the unique aspects of interpreting in VR settings is the array of assessment and evaluation tools that are

administered in determining appropriate services to provide to deaf VR clients. This webinar will explore that delicate balance interpreters face when the job includes assessment and evaluation tools that may or may not have been prepared with deaf individuals in mind.

And my page down didn't work. Okay. If that's the worst that happens this evening, we're good.

I'm Cheryl Davis, I'm the director of the Regional Resource Center on Deafness here at Western Oregon University and I'm the chair of the division of special education. I have a master's degree in rehab counseling with an emphasis in deafness and I also have a doctorate in school to community transition for students with disabilities. I've long been interested in issues regarding access to employment that deaf and hard of hearing individuals face.

So while I have a captive audience here, I'm going to take advantage of this moment to ask you to help me spread the word on several full and part-time faculty positions that we have open or soon will have

open.

We've got a position in American Sign Language studies, in interpreting in both our graduate and undergraduate programs, our rehabilitation counseling/mental health program and our new deaf and hard of hearing educator program.

And with all of those openings, it sounds like we're falling apart, but we're not. We've got some growth going on and one retirement. So if you would help me spread the word, keep an eye on the WOU website. Pauline, do you have any shameless plugs that you want to put in now?

>> Annarino: I'm going to say next slide first, though. I do not have a single shameless plug. I'm glad that you were able to do that. Good evening, everybody, I'm Pauline Annarino and I'm the director of the Western Region Interpreter Education Center. I think most of you know me from my interpreting related work, but unbeknownst to many I also have a master's in rehab counseling and at one time held a CRCP credential. Both Cheryl and I are members of the [indiscernible] initiative and we are looking

forward to this discussion with you and feel free to ask questions and make comments in the chat box. Cheryl, I'm going to give it back to you, but first I'm going to say next slide.

>> Davis: Thank you, Pauline. The training is brought to you by the National Consortium of Interpreter Education Centers. That's NCIEC. There are six centers that comprise the NCIEC. Five regional centers and one national. This slide shows the location of each center and the states that it serves. Pauline and I work in the purple area for the Western Region Interpreter Education Center which is a collaborative effort of Western Oregon University and el Camino college. Next slide.

>> Annarino: Quick question. You've already got a bite. How close is [indiscernible] to [indiscernible]

>> Davis: It is about 20, 25 minutes. Let me know, Pauline if there's any more.

>> Annarino: I will. The mission of the consortium is to increase the quantity and quality of interpreters nationwide and to achieve that

mission we collaborate with numerous stakeholders, including interpreter education programs and interpreter educators, practitioners, consumers and government agencies such as court systems, commissions for the deaf and, of course, vocational rehabilitation. We provide technical assistance, education programs, training resources, research and other related activities. The regional centers also engage in services to the regions they serve as well as in cross center collaborations on projects that have a national impact. It just so happens that one of those cross center collaborations happens to relate to interpreting and vocational rehabilitation settings. In. As part of this project the NCIEC has developed a series of five professional development modules offered online through the MARIE Center.

If after this webinar you want to learn more, visit the NCIEC or MARIE website that is found on the last slide.

The content for the webinar, this webinar, as well as others to follow is drawn from those five modules.

Next slide.

So before we get started, let me tell you a little bit about how Pauline and I have organized this. I'm going to be focusing on information that relates to evaluation as a profession, looking at this more from the VR evaluator side and what their experiences are. And then walk you through the controls that are used in measurement to ensure quality results. And then Pauline is going to bring in how interpreters fit into the picture.

We want to invite you to make comments or ask questions in the chat box. Pauline and I are going to help each other monitor that. So that we can respond both as questions come up and during the Q&A at the end. So we'll try to keep an eye on that. I'm not sure how good either one of us at multi-tasking, but that's what our goal is.

So let's start by acknowledging that we are in a constant state of assessing the world around us and making decisions. The Heath brothers talk about this in their book decisive. It turns out when we are left to our own devices, we are not the best

decision makers. We think we're making decisions in a systematic way, but we tend to see what we want to see. We seek out evidence that supports what we already believe is true, we discount information that doesn't support our beliefs and we can be overly confident about our decisions. Scientists have long recognized this and thus we have the field of measurement and assessment. Next slide.

So as we talk through assessment and interpreting results, I think it would be helpful to have a specific person in mind. So I want you to meet Gloria. Gloria is a junior in high school who is deaf. She makes good grades, she enjoys participating in the school's dance troupe and like many kids her age, she doesn't know what she wants to be when she grows up. She was tested on her school to community and school to employment transition skill and based on the test results the school determined that Gloria needed to take a course in job-related skills such as job seeking, work adjustment, and job-related social skills. Next slide.

So how do we know that the school made the right decisions? Evaluation is often a high stakes process. Education, service, support and eligibility decisions are made based on the outcome of a collection of assessments. Does Gloria really need this class? I mean it might mean she doesn't get to take the Shakespeare class that she was interested in that all of her friends are taking. That might not sound high stakes to you, but to somebody who is a junior in high school it probably is. So what does testing well in independent living mean? Does she really not need training in any of the multitude of skills that fall under independent living? So for better or worse, service providers are gatekeepers to serve [indiscernible] where the absence or the presence of those services can change people's lives.

Although the service provider may not think of themselves this way, it does put the service provider in a power position over the customer. Assessment is important and it's vital that the results that we obtain from assessment be accurate and as the slide

says, with great power comes great responsibility.

Next slide.

There are a whole host of possible tests that you might encounter in working with varies rehabilitation settings. Including medical evaluations, psychiatric exams, vocational interest inventories and licensure tests. These are just a few. Next slide.

The test may not match your image of what a particular type of assessment should look like. So it's important to remember that you are likely not seeing the whole picture, especially if you were involved in only one part of the assessment process. And decisions are generally made based on multiple pieces of data, not just on one test result.

Next slide.

So I love this statement from Frey. It could be the credo of evaluators. He says: All of what we do in rehabilitation depends on our abilities to make appropriate, reliable and valid assessments of those variables that facilitate the rehabilitation process.

These assessments serve as the basis for all professional service activity.

And that really is the basis of evaluation in a nutshell.

Next slide.

Now, Frey continues that tests have a number of purposes, including determining eligibility and compensation levels, setting individualized goals and treatment strategies, facilitating agency administration and manpower planning, like a cost benefit analysis or a program evaluation. So when properly aggregated into a well-defined and smoothly running system, this collection of data could also serve the broader needs of research, interagency program evaluation and policy development.

I would add to that list to demonstrate accountability. To consumers, funding agencies and the federal government.

Now, obviously the purpose of the need for the information will drive what kind of an assessment process is chosen. Next slide.

So I want you to keep in mind that there's the

stated purpose of what's being evaluated, such as a health concern, a vocational skill or career interest. Next slide.

And then there's also the unstated purpose. And the evaluator will be watching for various aspects of test taking behavior to help inform her analysis so did the customer show up on time, was she dressed appropriately, did he exude confidence or appear stressed? It's important that the interpreter be aware of what elements the evaluator may be assessing to be able to make the best decisions about what information to relay. It's worth a conversation prior to the actual assessment.

So, so far am I making sense with everybody?

I'll pause for a second and see if there's any questions.

>> Yes, that was a great point. This is great.

>> Davis: Okay. Good.

>> Makes sense. Thumbs up, Cheryl.

>> Davis: Cool. All right. Pauline, just notify me if somebody says they've got a question.

>> Annarino: Will do.

>> Davis: Okay. Next slide. Okay. Oh, I see
one.   It says you're suggesting the interpreter talk
to the VR person before interpreting the assessment?
I would absolutely say that the interpreter needs to
picture themselves as part of the VR team. And that
they definitely need to find out what information is
needed and what the assessment is going to be and that
will become clear after Pauline does her piece.
But, yes, that's exactly what I'm suggesting.
   All right. Now let's shift gears -- oops, next
slide. Let's shift gears now and talk about the
elements of measurement. The elements of
measurement come into play when you are designing a
research project, when you are developing a test, and
when you are interpreting results. You'll see these
elements referred to in different ways, depending on
the context, but the same issues apply. So I pulled
these elements, reliability and validity, bias,
norms and standardization and assumptions from my
trustee old assessment textbooks. Now, note that
the one thing that isn't listed here is access. Some
tests are developed with this in mind, but most are

not.

And so the image that I have in the slide is referring to equity. Each person has the amount of lift needed to be able to see over the fence, not more, not less.

If we were going for equality, each person would have the same number of boxes or no boxes. And the result might be that two of the three people would not be able to see over the fence. So access and equity are not always easy to achieve. For example, some tests purport to be language free, but it's extremely difficult to separate language in culture. So even if word free images, even word free images might have cultural biases built in and the responses given will certainly be based in the individual's cultural experiences. So if access isn't built into the test up front, adding it after the fact can create a lot of problems.

Now, as an aside, there are certain times when an accommodation might not be appropriate. So, for example, while you might interpret the instructions, a test of English language skills wouldn't

necessarily be interpreted because that would change what you are testing. Okay? Make sense? Next slide.

So back to the elements. Oh, I'm seeing a question, how do we know if access has listen included in the test. That's a good question, that's another good reason to be talking with the VR person and with the counselor in advance because the evaluator should be familiar enough with the test that -- that they know what's there and in fact it's a wonderful conversation to have if the evaluator says "Well, what kind of access do you mean?"

Then you have an opportunity to talk about some of these issues that we're bringing up and if the evaluator isn't already aware, that can help inform that person to be searching for more appropriate tests.

Okay. So back to the elements. Assessment and test interpretation are both complicated and simple. For example, just looking at validity, there's concurrent, phase, content, predictive and that's only a few of them. And on top of that, some of those

apply to achievement tests but not aptitude tests.
So as I was looking through materials, the more
detail that I thought about including, it brought in
more ifs, ands and buts and I was afraid that you all
would leave this feeling like nothing is written in
Stone or maybe worse assessment is all smoke and
mirrors. So I don't want to leave you with that
impression. So I'm going to touch lightly on these
elements to help you understand the thought that goes
into assessment and interpreting results.

Now, the bottom line is assessment is about
anticipating what alternative explanations there
are that would make your conclusions questionable.

You have to anticipate that. Then you eliminate
or control for as many of these variables as you can.

So that you can have confidence in your conclusion.

So a study might say that x behavior has an impact
on heart disease. But if the study only included
men, you don't know for sure that those results also
apply to women. Or a study might find that a wrinkle
cream reduces wrinkles in two weeks! So was the
starting point for all of those wrinkles the same

depth and does it work on all types of wrinkles?

If you don't have answers to those kinds of questions and you haven't built that in up front, you can't make those kinds of conclusions and different people are going to get different results when they try the test or the product.

Next slide.

So let's look at the first element here. Reliability. If you repeat a test or a study on the same person, under the same circumstances, the results should be about the same. So why is this important?

If the results are different, you don't know which result better represents the truth or even if the results might be by chance.

So basically, if your instrument isn't reliable, you can't trust the results. Think about the bathroom scales, if you step on the scale three times in a row you expect that number is going to be the same. If it's not, you don't know which number is right or if any of them is right. So what are the things that might affect reliability?

If you are trying to measure something that isn't stable, you're going to have problems measuring reliability. So, for example, you might think you are measuring a stable trait like personality, when in fact you are measuring something that's more related to mood. Which is a variable trait.

There are a number of situational variables, too, that could impact the results. So if the participants are uncomfortable, like the room is too hot or it's right before lunch, that might falsely reduce the scores or increase the scores depending on what you are testing.

Next slide.

Validity addresses whether the test actually measures what it claims to measure. So if the test questions are about history, you obviously don't have a valid test of geography. And if the validity of the test must be evaluated within the context. So a test of fifth grade reading skill might be valid for that person, but invalid for predicting success in high school.

[indiscernible] provide an interesting example of

testing a child's math skills, but asking the question in Spanish. This is from my textbook that was written in 1979. He says you don't know if the child didn't respond correctly because she doesn't know Spanish or because she doesn't know the math that's required. And I love that example when I read it. It would seem far fetched if it's not exactly the issue that we're talking about in testing deaf children.

Now, remember, oddly, you might get the same results every time so it might seem reliable. That's a really important point, reliability and validity go hand in hand, with an instrument you've got to have proof of both. One is not good enough without the other.

Next slide.

So the next element is bias. Bias is basically error that should have been anticipated and accounted for in the test development process. So scientists recognize a number of different ways bias can keep into assessment, they may seem obvious but bias shows up in a lot of research. For example, if

one group of subjects warms up in the Ducks Nike supported training facility, go Ducks, and the other at a local high school gym, there might be some differences in athletic performance that have nothing to do with the skill that's being measured.

If you are not familiar, it's the Oregon Ducks, sorry about that regional reference.

If the testee thinks that somebody else might see their results, including the tester or the interpreter, there might be a tendency to give socially desirable answers.

If I were to survey just the people attending this webinar, I might not get an accurate picture of what the average interpreter believes. Because of course you are all above average.

If the test questions related to sound, like I'm bothered by loud noises or I hear voices and the test taker is deaf, there might be some error produced in the results. Next slide.

Yeah, next slide. All right. Still making sense?

>> Annarino: Yes.

>> Davis: Got a few yeses. All right, so now norms, norms are scores that provide a frame of reference for interpreting the results of an individual. So when you hear somebody ranks in the 75th percentile, their performance is likely to be compared to a norm group. Knowing that somebody scored 88 on a scale of introversion, that doesn't really give you any information. But if the know that the person scored at the 75th percentile on the test, you would know that the person scored higher than 75% of the people taking that test.

Okay? Now, not all tests need a norm group. If you want to know how well a person can change oil, you probably have a pretty good idea of what's acceptable performance and what's not. So to make sense of the results you might not need to compare that person's work with the national norm group.

Okay?

Next slide.

Standardization goes along with norms. Standardization sets the conditions for how a test is administered. So if one group of people has 60

minutes to complete a test and the other group has an unlimited amount of time, would you expect any difference in the test results? Of course you would.

   So when we interpret test results, we often talk about those stipulations of the test setting. So, for example, on a timed test of spelling, the subject answered 45 out of 75 items correctly. Standardization and norms work hand in hand and clearly without standardized instructions and test conditions, you couldn't compare how one person does what their results are with the results of other people.

   Next slide.

   For all of our efforts to eliminate chance results, every test involves assumptions. So we assume that the evaluator knows what he or she is doing. We know that every test score is made up of a true score and a limited amount of error. We expect that the culture of the norm group is comparable to that of the testee. We expect that test takers are fluent in the language of the test.

So obviously there could be some problems here. If the tester doesn't know anything about deafness or American Sign Language, he may think that American Sign Language is just kind of English in the air and not realize what kinds of translations of the test item might be required.

He might believe that simply knowing sign language is the same as being a skilled interpreter. He might not anticipate that some of the test items relate to hearing or sounds and would be inappropriate. And he might not realize that the deaf person could have some English dysfluency that cause him to misinterpret some of the items.

>> Annarino: Cheryl, there's a question saying the test is not timed, is it reliable?

>> Davis: Okay. So yes. A test that is not timed can be reliable, um ... I'm thinking that those aren't necessarily related. If the test is given to everybody in the same way and it's not timed for anybody, that wouldn't cause any problems. If the test -- what would cause problems is if you give the test to a group of people and then say two weeks later

you give them the same test, under the same
conditions, so it's not timed both times. And you
get different results, then it's not reliable. Does
that make sense?

Okay. Okay.

All right. So have I lost anybody yet?

Are there any other questions?

Getting thumbs up.

>> Annarino: Uh-huh.

>> Davis: Okay. Okay. All right. So now that
we've got these elements under our belt, let me
describe that test that Gloria took and how it was
developed so that you can better understand what goes
into creating a valid and reliable test.

Okay. The test she took is the transition
competence battery and it's one of the few
tests -- I'm sorry, next slide. I just realized the
picture is not up there. Okay. So the test that she
took is the transition competence battery and it's
one of the few tests that's developed for culturally
deaf individuals that have been normed and
standardized on a deaf target group and I was lucky

enough to be part of that process.

So the target group is defined as deaf adolescents and young adults who use ASL as their major mode of communication and who do not have severe secondary intellectual or cognitive disabilities and who are not likely to go on to a four-year college. So we have a specifically defined group.

The content was developed by asking deafness professionals, deaf educators and deaf adults across the country what the most important independent living and employment transition skills were that deaf students needed to know and whether or not that knowledge was already present in this target group.

The skills were judged not generally present and -- the skills that were judged not generally present and important were divided into six categories, job seeking, work adjustment, job-related skills, money management, health and home and community awareness.

So once that information was compiled, another group of deafness education and deafness rehabilitation experts, which included deaf

community members, were brought together to be trained on how to write multiple choice questions for the target population. They each wrote a number of items for several areas, the items were then evaluated for how well they followed the criteria, duplication, correctness, the strengths of the distractors and how they could be communicated in ASL.

   After piloting, pilot testing it to identify language use, ASL at that time we called it pidgin signed English and English, how much character generation on the screen was appropriate, any surprise problems there might be with multiple choice items and the variety of ways to present the response options, the items were filmed and an initial version of the six subtests was produced.

   Okay. So then I traveled around the country administering the test to deaf adolescents and young adults in mainstream programs, schools for the deaf, and even a few community colleges, four year colleges and VR settings.

   The tests were standardized and videotaped and a

time limit was placed on each item via a clock that counted down after the presentation of the item so that all students received the same instructions, they got the items in exactly the same way and they had the same amount of time to respond. Now, it wasn't a timed test. But we did have a time limit on it. So they didn't necessarily have to answer quickly.

We included community college and college students to verify that we had targeted the correct group of students with the correct test content. We also did a test, retest with several programs to test the reliability of the test and finally we conducted an item analysis of the test and any items that didn't perform well were eliminated from the test pool.

Okay. So quite the process. Next slide.

So that's what item development should look like or test development, that's what it should look like. The next couple of slides shows what these efforts yielded. So in Gloria's score, taking the transition competence battery, the content was developed by deaf professionals. On the Brand X

test, the content was developed without any consideration of deafness. On the TCB, it includes deaf students' life experiences, so it asks questions about how to use an interpreter at a job interview, for example. On the Brand X test, there is no information that's tested about information that's specific to deaf students' life experiences and in fact there might be some questions about things like sounds or alarms that kind of thing.

With the TCB it's standardized and normed on a deaf population and with Brand X it's standardized and normed on a hearing population. Next slide.

With the TCB the test is in sign language and with Brand X the test is in English and/or has an interpreter. All testees see exactly the same question in the transition competence battery and with Brand X the wording depends on the -- on the interpretation of the item.

With the TCB the responses are private and with Brand X social desirability might come into play, especially in interpreters are being used.

With the TCB the testers may be familiar with deaf

culture, but it's not as important because so much of that has been built into the test and with Brand X the tester probably is unaware of deaf culture. And with the TCB you could compare the test score with the national norm and with Brand X you absolutely could not.

Next slide. So oops let's go back one slide. There we go.

So as you ponder this bit of statistics humor, let me give you the bottom line. I want to make it clear that not all violations to testing protocol invalidate the results. Pauline is going to talk next about how adding interpreters to a test can present some confounds, but sometimes all that is needed it's an acknowledgment that this confound is presents. So, for example, if you are not comparing a student to a national norm, it might be okay if some of the testing protocol is not followed like you could interpret the instructions. With the transition competence battery we know that sometimes people interpreted the test for students who are Deaf-Blind or who had a cognitive or intellectual

disability.

So if their purpose was to find out if the students understood the content that's in the test, that's an okay thing to do. As long as it's taken into consideration in the interpretation, it can be appropriate. But if the test is an achievement test, an aptitude test, an intelligence test that's going to lead to eligibility or entrance decisions, then a lot more caution must be taken.

All right. So with those caveats in mind, Pauline ... and hang on just a seconds, I'm seeing one more question. Are these tests re-evaluated to see if there's a need for improvement?

Oh, Lordy, that's -- I would take up too much of Pauline's time to tell you about all of the different research projects that were related to that. We tested things like is true/false better than multiple choice. We converted the test into an item response theory version. Yeah, so tests definitely get new additions as you go along. Okay. Pauline?

>> Annarino: Thank you, Cheryl. That was very, very helpful. Next slide.

we'll take all of five seconds to just rest our eyes, rest our hands.

Gnaw on what we just heard before I take this into the realm of the interpreter and what it means for us.

Next slide, let's do it. You know, often when we provide information and knowledge such as this, we tend to provide the content first and then review what we need to know and from there form qualifications from the information. We're going to do it a little bit differently today. Today I want you to think about the qualifications as we delve into the content and I want you to take a moment now to read this definition, if you are in our last webinar it's not new. But it's fundamental and it's so very true. Take a moment.

You know, we've said this before and we'll say it again, you know, when settings are as unlimited as we see in VR and when you can expect any and all communication styles to show up at any time and you know you have to adapt sometimes in the moment to those situations, we all have to agree VR

interpreting is not for the faint of heart.   It's not where you are going to learn your initial lessons.

   For those of us here who are VR interpreters, we often find ourselves interpreting between three cluster and three different communication needs and here I'm not necessarily talking about race or ethnicity, but rather you've got the deaf customer with their own educational background and communication need, VR counselor who will have a different educational background and preferred communication style, and then of course we have the hearing individual who we all know is, well, hearing, and we know what that means.   As we'll note over and over again, VR interpreting is a high stakes interpreting environment.   And in order to do it well, you have to have a good understanding of its purpose and its context.

   And hence this is why we have this fundamental qualification.   But wait!   I see three dots on that screen!   Yes.   If it wasn't complicated enough, we have to add a litany of more demands to our plate.

   Next slide please.   Interpreting qualification

No. 1, understanding impact of deafness on assessment outcomes. Take a quick read.

Now, I don't think there's anyone in this audience who has not heard this rhetoric more than once. We know we must understand the relationship between language and testing, beyond more than, yeah, I know I've heard that before. And I know Cheryl has added new dimensions to our knowledge base today and for that we thank her because that was very clear. But the more important element here is knowing what to do about it and knowing when not to do anything about it, because since, yes, sometimes using assessment tools yields as much accurate data as putting head phones on a dog.

Next slide.

Next set of qualifications. Understanding the test giver. Now, we all know that we have to be able to assess everyone in our communication triad, but this is a little different, take a read.

So what are our demands? We have to first know how to process the test giver. We have to in just a moment's time often figure out what they know about

deafness, how comfortable are they with a deaf
individual, how much did they really understand
about the process of interpreting and almost as
important or more important, how comfortable are
they with you?

Based on that assessment, you know, you now have
to figure out, okay, how much time and skill do I have
to educate him so he understands the impact of
interpreting on testing outcomes and how receptive
is he or she to learning new things? And how much
time do I have?

Lastly, in what -- what is -- all of that will be
based on in part how much content and face validity
are they assigning to you? In other words, how much
do they believe in you?

Next slide.

>> Davis: Pauline you're getting some amens.

>> Annarino: Okay, okay. Let's take a quick read
of this slide. Next interpreter qualification.
Knowing one's self. Take a moment.

Okay. If you are a qualified interpreter, you
know that a key demand is assessing the

deaf -- excuse me, the deaf consumer. We're not
going to spend a great deal of time looking at this
demands as we've had in the past in a more traditional
way. We hope that you have those skills. Instead
we're going to look at them briefly in terms of
psychological assessment. We're going to look at
them in relationship to language or the lack of
exposure thereof as opposed to perhaps a
neurological disorder or perhaps mental illness.
Which ultimately speaks to this important
qualification, which is understanding our own
limits. And being able to engage in an honest and
realistic assessment of our abilities. Next slide.

   Understanding our own psycho-socio health and
personal norms. Take a read.

   And I suspect more than one of us out of the over
100 people here have found themselves going ooh,
maybe I shouldn't have done this one! Yeah. We
need to have an accurate understanding of our own
psycho-socio health and personal norms. Questions
that we have to ask ourselves or do we have the
emotional stamina to engage in this type of

interpreting environment.

Are there experiences in our own past that may inadvertently spill into this situation?

Without this understanding, we risk the potential of taking an already difficult interpreting assignment and possibly creating an interpreter train wreck.

Next slide.

We only have 90 minutes, so we're going to devote this section to talking about deaf individuals with more dysfluent, whoa, more dysfluent language. Let's give a definition to it. Glickman and Crump define this fluency as I quote people who are not skilled users of the language. Their communication in language is unclear or to the native ears peculiar. Something doesn't just sit right and you know it isn't you.

Next slide.

>> Davis: Pauline, before you move forward, you had a question about what are some examples of triggers?

>> Annarino: Um ... if in the past you had -- had a great deal of pain as a child, I'm going to give

an example later on of interpreting for a deaf client who had been sexually molested as a child. You know. And do you have something in your past that would come forward in a situation when you least expected it would be an example. Or if you are just now going through let's say a very ugly divorce and you are now going in to talk about marriage counseling.

   >> Davis: And -- and there's another comment about -- about what do you do then when somebody acts like you're the only interpreter that's available, even though you are aware of the issues that you would have?

   >> Annarino: There's always a Plan B or there is in a presession a disclosure to the counselor that you may say I need to let you know X, Y, Z, am I still going to be effective.

   >> Davis: Then you have one more question asking if that's similar to vicarious trauma?

   >> Annarino: Yes, absolutely.

   Okay.

   Thank you for the questions.

   You know, we have to be cognizant, as we're saying

there are a number of underlying reasons as to why a person is not reflecting language in the way we know it. Go back to Glickman and jump, two of my favorite people, they break it down into three categories, mental illness, neurological disorders, lack of exposure. Often for us, we're familiar with lack of exposure, but it's more rare when we find ourselves, unless we do a lot of mental health interpreting, being confronted with mental illness or neurological disorders.

Now, of course, our greatest challenge is having the interpreting skill and know-how to be able to differentiate between those three.

Cheryl alluded to this and -- about psychological assessments and what the test giver is seeking to know. And it's twofold. One, they want to know what the person has said. And, two, how it was said.

Was there something said that was unusual or odd? Was it home sign? Regional variant? Ethnic variant? A gesture? A different sign language altogether? Faint of heart again demonstrated. It takes a great deal of -- a great deal of skill and

confidence for an interpreting to know whether the problem lies with the interpretation, the consumers' language, mental capacities or in the occasional situation the incoherent, unskilled and insensitive clinician. Even the most skilled of us can easily become confused. Next slide.

   What do you see? Throw me some in the chat box, Cheryl will throw them out to me. Now let's take a close look at some of these tools, the interpreting challenges they pose for us. I have to tell you, when I looked at it I didn't go very deep. Others had, others were very introspective. I saw a bat. Next slide. Let's talk about --

   >> Davis: We have a blob and angels and my -- yeah and mine was two piglets kissing a frog [Laughter].

   >> Annarino: Okay. Pencil and paper tests, I swear they can make a grown interpreter cry. I don't use this word very often, because I find it a little bit offensive, but it can really bring out the stupid in us, albeit in a good and caring way. Next slide.

   As we learned from Cheryl, combining paper and pencil tests with deaf takers can and do mimic the

Apple and orange or the round hole in a square peg conundrum. We have language challenges. Each party's world view experience and cultural nuances and like most tests, we often have, as our enemy, time. As they assess for speed in which the test is administered. Let's look at some common challenges. I think all of us have seen them in -- somewhere. Linguistic challenges.

Words that start with conditionals. Minimal information pronouns, comparatives, negatives. As an interpreter we all shake our head. Negative stems. You know, every good item writer knows that a stem question should never have a negative in it, but they do all the time. How often do we see in quotes, which of the following is not true, all of the following are true except, all but one of the following except. Then we have mental competency. I love this one, we've all had it. Spell Mississippi backwards. Do I need to say any more? Spell Mississippi? Or body awareness. Show me your nose. Yeah, medical check. I just had this not long ago. God as my witness. What was the last

state of the first -- what was the last day of the
first day of your last period. Then of course
cultural inferences. I'm going to show an example
of that when I talk about my only experiences. How
did your parents discipline when you were a child.
Well, I was at the state school for the deaf.
[Laughter].

>> Davis: You are getting a lot of agreement.

>> Annarino: Okay. Then we've got the MMPI. No
presentation or assessment would be complete without
the mention of the MMPI and it's 567 true/false
questions. It's the most widely used and researched
test of adult personality in psychopathology. Used
across the board, treatment plans, answering legal
questions, screening job candidates therapeutic
assessment procedure. And it comes out of
Minneapolis or Minnesota just in case you were
wondering. Okay. I have to take a moment and share
a true story about crazy making of interpreting in
pencil and paper tests. I fess. This is a story
that does bring out the stupid in me. I have to start
by telling you, though, do remember I was a lot

younger and I really wanted to be an effective interpreter. True story.

   I was hired by VR to interpreter psychological counseling sessions for a small number of young deaf adult males who had been molested by a trusted adult as children. At this time, I got to tell you, I was at the top of my game. I was certified, just gotten my [indiscernible], finished my master's degree in counseling and I knew all about the literature. Susman's counseling for deaf people was my academic Bible. I did everything that I thought was right at the time. I met with the psychologist, I shared the relevant textbooks, engaged in pre and post sessions and I do think he even trusted me. Yet the interpreting was frustrating. The therapist truly unable to adapt to a different approach and paradigm. From Susman's book his take away he should not answer the phone while in session because it could make the deaf person even more paranoid, he was very proud of that knowledge acquisition. He couldn't understand why it was such an issue that the entire deaf community knew of the deaf patient's situation when

all he could -- needed to do was just go to a hearing
bar to pick up girls. He could never understand
that.

   So where do things go from bad to the absurd? When
he decided to administer the MMPI and when he
realized that the deaf person was nowhere able to
read it, much less understand its high stakes
purpose. So he did the only thing that made sense
to him at the moment. He said, Pauline, there's no
reason for me to sit here while you interpret each
question. Just lock up when you're done. And
that's just what I did until literally 9:00 that
night, when the deaf person finally looked at each
other and we said what are we doing? This is nuts!
I can still picks up locking up and walking down the
back stairs of the building shaking our heads. No,
we didn't finish the test. But let's take a few
minutes now to look at some of the questions and think
how you might sign them. Next slide.
   >> Davis: You're getting lots of wows.
   >> Annarino: I meant well.
   >> Davis: I think they're supportive wows.

[Laughter].

   >> Annarino: Okay. I wish we were able to share how we might interpret some of these statements. But you do need to know if you have not seen the MMPI that the questions are provided in this random order. How do you interpret them when there is virtually no implied context. If we assign context to interpret each sentence, whose context is it?

   The test? The deaf person's? Yours?

   I would like to be a singer. I always do want to be a singer. God, I wonder what that means about me. Do more. Read them quickly.

   Next slide please.

   When I am with people I am bothered by hearing very queer things. Then it raises the next question how do we keep our own frustration and our own questioning of its validity from showing? Especially when the deaf person is sharing his own frustration and questioning going -- what -- what, stop, enough, I love my mom, I love my mom, what for?

   Next slide.

   >> Davis: Pauline, you got a question about is the

MMPI has it been normed with deaf people. I said not that I was aware of.

>> Annarino: No. I would be so surprised. Last few, yes, there are 567 questions all like this.

Okay. Quick question, this is the last question from the previous slide, how would you interpret this?

I asked a few interpreters how they might sign this and this is what I got from three different people. And interpreter, I will interpret this.

Three different, very different interpretations. And -- when you look at those three, you can see whose context it's being created within. Can you even interpret this and not contaminate the result?

I don't think so.

I do not think so. Next slide. And if you want to give comments, please do, but let's move on to IQ testing.

Okay.

>> Davis: Pauline, here's a question about are there tests for deaf that are on video in ASL?

>> Annarino: There are some. But it's

interesting, when I was doing some recent research on this, I went to Gallaudet and I noticed that there was a large number of previous Gallaudet studies that were -- had been removed because they felt they were no longer relevant and they were outdated. So I'm guessing that at this time I think not. And I think what we see a lot of times with interpreting in mental health is that it comes in waves. There's the decade of the '70s, there was the decade of the early 2000s, then sort of settles, then comes back again.

   But I am not aware of any current ones right now. But that's not saying they're not there.

   >> Davis: Pauline, just to do a time check it's 5:00, but we've been answering questions along the way.

   >> Annarino: Thanks for letting me know that. Let's talk quickly about IQ. In general, they are trying to measure how quickly and accurately you can solve problems. So they can get an indication of raw intellect. There are very complex tests that can take hours and then there's a more simple diagrammatic IQ tests that test your ability to

spatially recognize patterns and objects and those are off again given to deaf people. They feel in lieu of English, we can go with visual. Let's look at a couple. They are not all that easy I don't think. Next slide, please. Okay. Look at this question. How am I to interpret it?

How would you ensure that the deaf person was not penalized for taking too much time trying to understand your interpretation?

How would you interpret it without giving away the testing elements? Another question, is it testing to read the instructions to know how to read them carefully?

Let me show you a couple -- I'm going to show you one interpretation that was given and again I got three different ones.

Okay.

I'm going to give you two.   Second one, person came back and said, this first one started with the grid. The second person said ...

Now look at the grid.

So both were given from the point -- from the

context and the understanding of how the interpreter would individually strategize that question. Again, have we contaminated the outcome?

By the way the answer is the triangle with the five little lines, think of it as answer D.

Next one. This one I love. Choose the odd one out.

And the question is to this one, is there additional meaning to how the question is phrased? Because it really is an oddly phrased question.

Okay. Let's take a look. I've got here -- [Signing].

I've got another one that said [Signing].

And then I got another one that says [Signing].

Okay. The interesting part of all of this is how many people got it right?

Can -- going with A, B, C, D, E, please put it in and I'll let you know what the correct answer is. Okay. Let's move on to the next slide while we do that. Okay. I had to throw this one in.

>> Davis: You are getting mostly As.

>> Annarino: I know. I picked A. I'll go back,

go back if you could, Carrie.

Believe it or not, it's C.

Because it's got more squiggles. It goes around more times. Definitely A. I'm A. Fail me.

Okay.

Thank you, Carrie, can you go back?

So ... if Sally sells more tickets than Betty and Betty sells more tickets than Jodie, who sells the most if we compare Sally and Jodie?

I'm going to say that one more time, okay. Are you ready? Everybody kind of watch the interpreter. If Sally sells more tickets than Betty and Betty sells more tickets than Jodie, who sells the most if we compare Sally and Jodie?

And you know that's exactly how -- pretty much how everyone else did it, too. Everyone else chose to use the classifier of -- [Signing]. Yep. We have people going this way, very good. I just had to throw it in there. Okay. Moving on.

Next slide. Your take away. Say no to unnecessary crazy.

If it doesn't make sense, doesn't feel right, it

probably doesn't make sense and is not right. Next slide.

Okay. Psychological testing. Oh, my gosh! Okay. Preparing for this webinar, Cheryl and I consumed a number of publications, this one really resonated with my own personal experience so I highly recommend it to any interpreter who is working in mental health settings. Much of the information that I have shared coming up, coming up now, has come from them. Okay. It's a review. What are assessors seeking when they are doing psychological assessments? What the person said, and how it was said.

As interpreters, we know that there are a number of unique demands that face us every time we go into this setting. We know that there's a number of traditional controls that we tend to use to help us. Let's take a look at some of our internal demands and our go-to controls. Oops, uh-oh, you got it fine, I did not. There's probably five or six of them. As interpreters, we've been trained that when we -- what we see doesn't readily compute, we should

make sense of it. We should engage in the active close to create coherent sentences. We've been trained and often I do follow this, if I'm not sure if it's them or me, I better err on the side of me not them. So I will take responsibility for not understanding.

You know, we're afraid that if we don't make sense, that the clinician may think that I as the interpreter is unskilled. Yet you have to remember when we talked about the need to have the test taker believe in our ability. So if we're not making sense, ergo we must not know what we're doing and we have lost part of that dynamic. We're afraid that the clinician may misinterpret language dysfluency for lower IQ, so we tend to make sense. We are taught that it's important to match the register of the consumer so that the intelligent deaf people sound equally intelligent in translation. What about the deaf person who isn't clear? Or coherent or intelligent?

Sometimes we get uncomfortable matching the register when it reveals the deaf person in a less

than flattering light. And most of all, if the outcome is bad, we fear we will be blamed for the bad outcome. So we work very hard to make sense of what we're seeing and to put it in the best light possible.

Next slide.

And we've been taught to talk in the first person. Now, Glickman and Crump say there are alternative strategies, let's look at some of them. Next slide.

We do not always have to talk in first person, we're not going to look at glossing today and most pre/post and [indiscernible] because of our time constraints, but let's look at some of these value-added techniques that sometimes we forget to use. Glickman and Crump says as language becomes more dysfluent the more appropriate a third person may become. Let's give an example. They share if a deaf consumer is very agitated it can be very disruptive for the interpreter to mimic the same level of agitation, we have both people in highly agitated states and we have the assessor trying to process the environment, who is saying what, who is upset, someone -- you know, it might be more

effective for the interpreter to say in a more calm voice, Joe is screaming that he's done playing all of these games with hearing professionals and that he could care less. He's saying that he's just done with all of this bullshit.

   I think it's hard for us sometimes to move into that third person, but the outcome in that -- in some situations it makes very good sense. Next slide. Descriptive interpretation. We often use this when the customer's language becomes even more dysfluent and we're confident in our interpretation abilities and know there's something askew in what's being said and it's not us not understanding. How describing varies from the third person is in that the interpreter is commenting on the language as well as the paralinguistics, let's give an example, from what I can ascertain Joe appears to be telling a story from his childhood. But every time he signs mother, he drops his head and signs it very weakly.

   The what and the how. Next slide please.

   Consecutive interpreting we are more familiar with that than others. Let's move on to the next slide.

Deaf and hearing teams. As in legal interpreting, this is clearly another high stakes environment. Where deaf interpreters can serve to better bridge effective communication.

And becomes our responsibility to recognize and articulate their importance, even before entering the environment. Meaning not when we get there we show up and go oh, I'm over my head, let's all cancel and come back. We have the skills and the know-how to do that before we go in the first time. Last thing to remember, is deaf interpreters are faced with the same internal demands and require the same overall qualifications. So as the team goes in, they both should have the same qualifications.

Next slide.

>> Davis: Pauline, you have a question about would the descriptive techniques be part of a bilingual bicultural responsibilities of interpreters?

>> Annarino: I would say yes. I would say yes. When we know -- we're going to look at John right now, that might illustrate further what we're talking about.

Take a moment to read this scenario. With the understanding that you've been called to interpret for John and this is the information that you've been given.

Okay. Let's look at how the session started. Here's the beginning of the exchange between John and the interviewer. Take a quick look. Next slide, please.

Let's take a quick la at some of the demands and some of the controls. What's going on? Consumer may not be understanding the interpreter? If that's true, how much should the interpreter alter her language to fit the consumer?

Consumer is signing unusually slow, should the interpreter also slow down to an unnaturally slow speed?

The consumer has finger spelled incorrectly. The interpreter knows that it's common for deaf people to sometimes misspell English words but this information could be clinically significant, particularly since he's talking about his job, his past job. Should the interpreter repeat the words

in the target language with the same misspelling? Or present them correctly?

We know the consumer's signing is not reflective of what one would expect from a deaf person whose deaf siblings attended a state school. The clinician would know this, but it could be diagnostically significant information. Should the interpreter offer these observations?

The interpreter has no prior knowledge of the consumer's language skills before the session begins. Is a presession in order or should a presession have been in order?

What are some of the controls? Interpreter can use first person simultaneous, could use first person simultaneous and add some descriptive comments, interpreter could voice the finger spelled words as intended and then meet with the therapist after the session to provide additional information on what was observed during the therapy. The interpreter could use third person consecutive narrative and state that perhaps the consumer is responding to the questions normally by copying the

last word you voiced and then appears to be processing the information and providing a response in a slow and awkward manner. Many of the words are not spelled correctly. Most of the responses are on the level of one word to short phrases.

   Your thoughts? As we move on, some of us would like to put something in the chat box. Next slide, Carrie.

   Okay. Now let's go back and finish my counseling experience. From those -- from long ago. Okay? Sessions went on for about six months before I finally made a decision to share my perceptions with the VR counselor. It should have never taken me that long to make a decision. I agonized over where did my interpreter boundaries lie. Again in my defense, I don't need to be defended this was happening solidly in the area of conduit interpreters. I don't recall the specifics of how I handled it, but I hope I did something like this. First discussion with self, oh, God Pauline, this situation doesn't have a good feel to it, just doesn't, either me or the clinician or the environment, but something is

off. Clinician. Discussion to the clinician, say
nothing. Discussion with the VR counselor,
assuming you had direct contact, contact with the VR
counselor and I did, counselor, I'm not sure but I
don't know how effective I'm being. I might suggest
checking in with the clinician to see if he's feeling
the same way. Now, I suspect this reply, this will
not be the reply. Oh, thank you, Pauline, I will.
Instead you're going to get, what? What? Oh,
really? Who? Oh, God, really, dang. Not -- now
your relationship of course and your agreement with
the counselor and the types of questions he asks will
guide your responses. Just remember, you are
limited to communication and cultural issues, no you
can't say in response to why because the clinician
is an idiot. You can't do that. How many of you
have found yourself in this position? Next slide.

   We are coming to the end of our webinar. We have
a couple of take aways. Next slide please.

   Take a read.

   I'm pretty close to talking in the third person
here. [Laughter]. Pauline believes.

Okay. Um ... next slide.

Before we go -- well, you do have a next slide. Before we go on to about 10 minutes of question and answer, I guess that I do have to take advantage of the audience and promote two upcoming VR-related opportunities. I think you can read them off the screen.

>> Davis: You're getting a lot of positive responses from your funnies. [Laughter].

>> Annarino: Okay. With that, we have about 10 minutes for questions or comments. And Cheryl I'm going to turn it over to you to at least share them.

>> Davis: Okay. So there is a question here of going back to John. Where the comment says: TBI is difficult. The person might be brilliant at the job but not able to verbalize and you wouldn't want to do a disservice to John, it would really help to know that person.

>> I would agree. You know, and the question here becomes, you know, is it just a normal language issue or is it because of the neurological injury he sustained. And a lot of the behaviors and the

actions seem to bear out a neurological situation that's driving his language. I think anyone that goes into a situation without having a discussion with John and the counselor and the psychologist is doing everybody a disservice. But it's just not that easy to -- to arrange or you don't think it is but you really can. When you see neurological disorders you need some more thought.

   >> Davis: Another one says I've often dealt with these challenges when dealing with deaf and hard of hearing students in mainstream schools. Oops, don't move off the screen. Most don't seem -- most tests don't seem like they have been normed with deaf and hard of hearing students. Any advice on how to handle the challenges in that setting or would that be a completely different presentation?

   >> Annarino: I'm going to turn it over to Cheryl, but before that I'm going to
say -- [Laughter] -- it's -- it's not -- how to say it. We could probably spend an hour on how to articulate, you know, getting the attention of the assessor and then convincing the assessor that there

really is a problem or a challenge that needs to be addressed. Doesn't have to be a problem, but a challenge that needs to be addressed. And that we don't stop, you know, within reason like dogs with a bone, if you can't get that person to understand, at least at the most superficial level, then does it need to go back to the person who sent you there.

   >> Davis: Yeah. And I would say that -- if you can have a conversation with the evaluator and say -- talk about how the test, if the tests haven't been normed, what's the other evidence that's going to be used?

   So remember that usually decisions aren't made on one piece of information. And so you have to take the results from this one test, understanding all of the error that could be a part of it, and look at the other pieces of information and hopefully some of the other pieces of information are more valid and look at the picture as a whole not just that one individual thing. We're getting a couple more questions here, Pauline. And I'm thinking we've got maybe two minutes because I believe that Carrie needs five

minutes at the end to wrap things up.

So do you find resistance from VR personnel for presession meeting before interpreting? Would you recommend that before the first encounter with the client or wait until after the first session to see if that would be beneficial?

Personally, I wouldn't wait.
Sometimes -- sometimes once you wait, the problems come up and then it's going to need another meeting and it's really -- I mean, people often have to schedule quite a ways in advance to get that first meeting with the -- with the VR counselor. So I really wouldn't wait. I would check in with them and see how much they know that person, what information they can provide to you, and you know what you need to know going into the situation.

>> Yes, I would agree.

>> Davis: Yeah. Let's see, maybe one more. I'm an interpreter in Puerto Rico and in my experience the VR counselors are not open to discussing information about the deaf consumer. Is that like in the United States? Or in the states? If so, what

do you do to change that situation? And Paul leap, we talked about this in our previous webinar.

   >> Annarino: Right.

   >> Davis: About being part of a team and trying to approach it as being a part of a team. It takes some systems change, if that's what's happening there, but if they understand what a contribution you can be and that you are -- your code of ethics that you are held to, I think it's much easier to be seen as another professional that's in the situation that you can actually provide some good information on top of everything else that they are getting. Do you have anything to add to that?

   >> Annarino: No, but I don't think it's -- that happens in the United States as well. I think in particular as -- because we have a lot of generalists that are working with our deaf customers, and not understanding interpreting and except at a very superficial level. And it is education. I think as interpreters, like I said, we could do a whole other workshop on how to articulate it in a fashion that has the outcome that we want. Sometimes we can get

real wishy-washy, sometimes way too aggressive.
And there are, you know, ways, you know, how do you
assess that person in the moment? No, okay,
kindness is going to be better than in your face or
a little push back is going to be better than staying
passive. And that's about reading people. And
that's -- that's not even interpreter versus VR
counselor, it's knowing how we talk about to change
behavior, first you've got to explain it, then you've
got to have them believe that what you are explaining
needs to be true. Before they're going to
internalize it. Once they internalize it, you're
going to get the outcome that you want but I don't
think you can, like, skip one step for the other.
And that starts here, being able to explain it in such
a way that they believe it. Yes.

   >> Davis: Pauline, I think we're done. I think we
need to turn this over to Carrie. I really want to
thank everybody for your attention and your
comments. It's been a pleasure working with you all
this afternoon.

   >> Annarino: Yes, it has. Thank you for your

participation.

>> Davis: Carrie?

>> White: I'm here! Thank you very much, Pauline and Cheryl, for a great webinar. I would also like to say thank you to Kirk and Darlene our interpreters and their faithfulness for showing up each and every month and our captionist Terry. A big thank you to NCIEC for making this all happen and funding our educational opportunities.

I would like to go through before people start getting off here about how you are going to earn your CEUs. For individual viewers, a survey is in the materials list and will be sent in an email tomorrow. If you have not filled it out, when you get the email, please do so. You can fill it out tonight and then you get the link, you don't need to fill it out twice. The surveys includes evaluation and CEU questions. Please forward the survey to individuals if you saw it in a group. So that everyone has a chance to fill out the survey.

The CEU requests will be matched up to the list of attendees and I will look at the time spent in the

webinar. You must be in the webinar at least 80% of the time in order to earn your CEUs. It can take up to eight weeks for the CEUs to be posted to your transcript for this event. If you are watching in a group, there was a sign-in sheet that was sent to you. Every person needs to be put on the evaluation sheet.

   But we would still like them to fill out the survey if at all possible. Also, everybody needs to be on the sheet, even if they do not want CEUs, but please have them sign in as well. Just leave the RID number blank.

   Save the form to your computer, then email it to me at Carolyn.white@unco.edu by Wednesday at 5:00 p.m.

   Individuals earning CEUs will be mailed a certificate only upon request. Which is also included in the survey.

   Individuals requesting certificates of attendance who are not RID members, also will be sent a certificate upon request. Just go through the CEU -- just click on the -- on the survey request

link, which is on the closing page of the evaluation survey.

   And I think that's about it. If you have any questions about earning CEUs, please feel free to email me and this week I will have next month's webinar up on the website by the end of the week, we would love to have you join us again. If you have any questions, comments or concerns, I would love to hear from you. Thank you all and have a great evening.

   >> Davis: Yay!

   [Applause]

   >> Thank you.

   >> Davis: Thanks, everybody.

   [End of webinar].