

**June 16, 2014 UNCO - SKILLS, KNOWLEDGE, AND ATTRIBUTES
OF INTERPRETERS WORKING IN V.R. SETTINGS**

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>> WHITE: So are we ready to begin? I would like to welcome you all tonight to our webinar: "Skills, Knowledge, and Attributes of Interpreters Working in V.R. Settings," and our speaker will be Glenn Anderson. I would like to begin with a few housekeeping items. Captioning and interpreters are provided. Windows for the speaker and interpreters can be closed or sized to create your own 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 with the interpreter which may interfere with your ability to see the PowerPoint.

Therefore, if you have not already printed the PowerPoint, you can access it after the webinar or through the materials link and I also sent as the attachment in an earlier today. The captioning will appear at the bottom of the screen. If you have technical issues, please refer to the help website or the phone number that was sent by email or use the chat function and MARIE staff member will assist you. The MARIE staff member has tech support. Also, I would like to address the CEUs. There is a survey link in the materials for attendees in your sidebar. After the webinar, please give us your opinions on how you felt the webinar went, and then, after you submit your answers in the closing page, you will see a link that will collect your CEU information. I will compare login information provided by the software to the CEU ask. You need to be here for pretty much the entire webinar, just like you would have to be for a workshop. Questions to the presenter will be provided in the chat function. You will not be able to bring up video, but you will be able to use the chat function. Please write down your questions and hold on to them and wait Glenn to ask questions and then type them into the chat box and I will read them for Glenn. I think that's enough of my talking. You came here to see Glenn, so I would like to hand it over to Glenn. Thank you so much, Glenn, fog

being here tonight.

>> ANDERSON: Well, thank you, so much, Carrie.

Greetings. Hello everyone and welcome. I am Glenn Anderson and I am with the University of Arkansas at Little Rock, which we refer with the acronym UALR. This is the fifth in the series of ten webinars sponsored by the NCIEC, particular to interpreting and vocational rehabilitation settings, or V.R. settings. If you do have questions, please do type your questions into the chat box and, at the conclusion of the presentation, Carrie will be facilitating the selection of questions to be responded to. And I will do my best to answer those questions, time permitting. Next slide, please.

This slide shows the five centers that comprise of NCIEC. There is one national center, as well as regional centers that correspond to a number of states within each region. Here in Arkansas, where I am, my regional center falls within the MARIE center's area, which is housed at the University of northern Colorado; which is labeled orange on the map that you are seeing, and that's the reason within which the University of Arkansas is organized. You may be in another one which is labeled.

Next slide. The mission of the consortium, NCIEC, is to enhance both the quantity and quality of interpreting and interpreters throughout the nation. That's essentially

the mission of the consortium and they work with a variety of stakeholders in an effort to achieve that mission. Though stakeholders may include V.R. personnel, state commissions for the deaf, interpreting educators, researchers, academic individuals who have a vested interest in enhancing the quality of interpreting services throughout the nation. Next slide, please. Essentially the NCIEC provides technical assistance as well as training, research, and resource sharing and the like to carry out their mission of increasing -- enhancing the quality and quantity of interpreting services nationwide. Next slide, please. Here you see listed two outcomes that I would expect you to have achieved at the conclusion of this webinar. First, a brief introduction, a summary will be provided, as well as then continuing to talk about the competencies that are necessary for interpreters working in vocational rehabilitation settings. The second outcome will be to provide information about the resources that are available that I would encourage all of the participants to make use of prior to working in vocational rehabilitation settings. All right. Next slide, please.

As you can see, [captioner lost audio] and I began my professional career some 40 odd years ago, and I started

my career as the voc rehab counselor in Detroit, Michigan. The clients that I served in that city were predominantly African-American. A certain portion of them had moved to Detroit from the south and some of the segregated schools in the south -- the segregated schools for the deaf. Some of my clients had graduated from the Detroit day school for the deaf, which is a program predominantly that espouses the oral methodology of communication. There is some signing that takes place there but very little. While other clients graduated from the Michigan State School for the Deaf, which is about one hour north of Detroit in Flint. My clients resided, primarily, however, in Detroit. And at that time, as a voc rehab counselor, I did have a list of interpreters that were available to us. We, however, were responsible to place calls and make contact to secure interpreting services for the use of our clients, and the challenges to that were numerous, based on interpreter availability or lack thereof. Another challenge being whether or not the interpreters had the competency to meet the needs of our clients, which was always a question that we kept in mind. A third challenge in securing interpreting services was that at that time interpreting education programs, they were in their infancy. They were very new in the profession. So we didn't have information through which

to gauge interpreter's qualifications and their skill levels to meet the needs of our clientele. So it was very much a challenge at that time to secure interpreting services, and we have come a long way. In addition, at that time, I, as a staff person, had biweekly staff meetings, and I was the only deaf staff member in my office, so that was also fairly large office, of approximately 15 voc rehab counselors. We had a number of staff meetings to support our efforts. However, our agency didn't provide for interpreting services for those staff meetings, believe it or not. They -- we did not have a full-time interpreter on staff whatsoever. So it was oftentimes very difficult to figure out how I could participate in those staff meetings fully and effectively. And I did of course need to have some sort of interpreting services made available, so I ended up teaching one of my coworkers some degree of American Sign Language and she learned a sufficient amount of ASL to fill me in on what was taking place, what was being discussed in those staff meetings. But it was oftentimes not full information, but we made due. Thirdly, in that agency in Detroit, we needed interpreters oftentimes for workshops, professional development opportunities that staff members would attend organizationally. And they did oftentimes provide interpreters for those

conferences and workshops. It remained a challenge, however, to utilize those interpreters for several reasons. First of all, many of the interpreters were not used to interpreting for deaf professionals. Remember, I was the only deaf voc rehab counselor throughout the state of Michigan in the entire agency. They were not used to interpreting for deaf professionals in that type of professional setting. Secondly the interpreters that we used were unfamiliar with the technology that we used. The issues being discussed oftentimes were unfamiliar to the interpreters, so I often ended up doing a lot of guesswork in terms of receiving all of the information. We didn't necessarily have resources to provide to the interpreters to handle those type of settings, those professional development and workshop type of settings and the challenges that those imposed. So that's a bit of my background and from Detroit, I then moved on to New York, where I pursued my Ph.D. studies. New York, it was somewhat different than the city of Detroit. It was somewhat better in terms of the training that was provided in New York. There were -- there were more interpreters that had grown accustomed to working with deaf professionals. Moving, then, from New York to Arkansas was unusual, to work with the interpreters in Arkansas. It was unusual to have a deaf person in Arkansas who had

attained their Ph.D. We have a research center that received federal grant funding to conduct research: Statistical analysis. Challenging research for the individuals who work there as well as the interpreters. I worked there at the university for 30 years and currently I am working at the University of Arkansas, Little Rock for the last six years, where we have a bachelor's degree program in interpreting education. If I can be provided with the next slide, Carrie. I would like to provide you with a brief history, historical perspective on interpreting in the vocational rehabilitation setting. There are two areas I think for us to focus on. The first being the impact of federal legislation on the vocational rehabilitation setting. The second consideration being the -- the effects of the model state plan for vocational rehabilitation working with deaf and hard of hearing individuals, or the MSP, as it's referred to. Next slide, please.

The Rehabilitation Act of 1965, that federal legislation was the first time that a federal law was enacted to allow vocational rehabilitation counselors to provide for interpreting services that were compensated. There was funding that was made explicit in that legislation, and we can't assume, however, that V.R. started providing interpreting services in 1965. However, once the

Legislation passed in 1965, there was -- we can make a reasonable expectation that prior to 1965, voc rehab was hiring and procuring interpreting services prior to that federal legislation. There are a number of different avenues, however, through which interpreters were compensated prior to 1965. Once that legislation was in place, it made it clearer and easier to compensate interpreting services through the funding that was made available due to that legislation. Then that was followed by the Rehab Act of 1973 and specifically section 504 of the Rehab Act of 1973 was influential. In that -- that was the first -- it is considered to be the first civil rights act for individuals with disabilities, allowing for access and accommodations, having access to programs and agencies that referred federal fund which were able to provide the accessibility. So both section 504 and the Rehab Act of 1973 perhaps played the largest role in enhancing or expanding the use of interpreting services in these settings, whether they be in hospitals or the courtroom, in universities, as well as a number of other agencies, government entities and the like. We saw an enormous and fast-paced expansion of the procurement and employment of interpreters in various settings. The third comment I will make about federal legislation is that the Rehab Act of 1973 provided

funding, particularly earmarked for professional training opportunities to work with people who had disabilities. It essentially was discretionary grant funding that was made available. And the nice thing about that discretionary funding is that in 1974, the RSA, which is the federal agency that administered that grant funding, they became the first national interpreter training program which was referred to as the NITC, the National Interpreter Training Consortium. And since 1974, up until the current time period, RSA has continued to provide grant funding to sponsor the training of interpreters throughout the country. Next slide, please.

Here you see the cover of the model state plan for vocational rehabilitation services to persons who are deaf, deafblind, hard of hearing, and late late deafened. There have been five different editions published since 1973 of this MSP. The most recent addition was published as recently as 2008. Of those five editions that had been published, each MSP has been enhanced as different federal legislation has been put in place to improve the services that are provided and are updated to make those services enhanced. The purpose of the MSP is to provide guidelines to state V.R. agencies in terms of different avenues to provide appropriate programming and

appropriate services to benefit individuals who are deaf and hard of hearing deafblind and the like. It also addresses late deaf fenned and lo-functioning individuals. The MSP also serves to assist professional people in the agency with increased knowledge and increased skill set in order to meet the needs of the counselor of deaf and hard of hearing individuals. The MSP did state explicitly that V.R. -- that there could be and should be staff interpreters in a vocational rehabilitation agency. That they may also, then, be assigned with additional duties as assigned as a staff interpreter. What's missing, however, in the MSP is that it doesn't mention the knowledge, the skills, or the attributes that are essential for providing effective interpreting services. It simply mentions that voc rehab should be hiring staff interpreters, which was a win, but there are items that were missing from this as well.

In light of that history, voc rehab does have a long history of working with interpreting providers, both prior to 1965 and the passage of that legislation and continuing on through the present day. RSA provides the funding to train interpreters and has done so since 1974. RSA also has a long history of providing funding support to the training of interpreters. Thirdly, the MSPs have

been published since 1973 provide a number of different recommendations in terms of providing appropriate and effective services for deaf and hard of hearing, late-deafened, low-functioning deaf and those groups. Doesn't necessarily provide specific knowledge, skills and attributes, however, for interpreters among those teams. I am, however, aware that the NCIEC is taking a leadership role in assisting us to establish the professional qualifications that are needed for interpreters working in voc rehab settings. The next slide please, let's go to the next slide. Actually, you can proceed to the next slide. All right. At this point I have a video I would like to share with you. It's a brief video, and the individual that you will be seeing is Cheryl Sugg. She is an interpreter, an interpreter coordinator for the State of Arkansas Rehab Services. She is a graduate of University of Arkansas in Little Rock interpreting program. And she graduated prior to us setting up the formal interpreting program. She actually graduated -- I am sorry, interpreter error -- prior to us having a BA program in place. It was an associate's program. And she's responding to three questions that were introduced to her. The first being, Describe your role in the V.R. setting and the results that you have seen. I asked also her to provide

as her role as acting as an interpreter and working as an coordinator, what that motion entailed. Thirdly, she discussed when individuals applied for an interpreting position in Arkansas, to provide interpreting services, I asked her: what does she look for in those candidates? what is critical for a person to have in place prior to being hired? How do you make your hiring decisions of individuals who apply? I believe she has been in her position for 18 years working with the state of Arkansas providing rehab service interpreting. So why don't we proceed to view the movie?

Does it seem to be working?

[No video being shown to captioner, no sound for video].

Are we able to see the video as of yet?

>> CARRIE: No, they are not going to see the video. I can see it but the audience cannot.

>> ANDERSON: Oh, a disappointment.

>> Carrie: I can -- the links will be available to everybody tomorrow and they can view them yourselves, if you can go over what she said and they can be sent the link. And both links and both videos are included in the email.

Again, would you like to tell us what is in the video and the audience can view them tomorrow?

>> ANDERSON: Certainly. We can display the PowerPoint

again, then. I will try to recall now what she shared in the video. From what I can recall she talked about moving the role from the staff interpreter to the interpreter coordinator position which amounted to her having less time for interpreting, with more time in a supervisory role to other interpreters. She talked about mentoring. She recently hired three fairly young interpreters who would be mentored and supervised and to whom she would provide support. From what I recall, she went on to discuss that when she is seeking applicants for interpreting positions to fill at voc rehab, she -- she -- the credentials that need to be put in place primarily include: Certification as well as experience, working with a variety of deaf and hard of hearing individuals, and these are her words. She also looks for passion in these candidates. Individuals who are eager to work in the voc rehab setting. I can't recall any other attributes that she looked for but she did talk about -- oh, that's right, her role and the agency coordinating quality assurance, providing screening to individuals. That's a large portion of her vocational responsibility. It also involves a great deal of paperwork as well as administration, be it budgeting, establishing contracts for interpreting services, other than the interpreters that they have on staff. And then

from time to time, she does end up interpreting for the deaf staff members who work in her office and the agency. So that's what I can recall her stating. I regret that we are not able to do the video clip, which is all right. We will just move along here ... next slide, please. With this slide, I wanted to expand upon some current issues in voc rehab, which are having an impact on deaf and hard of hearing consumers of voc rehab services. These are challenging times, certainly and when I was working in the 1970s some time ago, there was a lot of expansion happening to the programming, new ideas, innovation was taking place. And that's less the case now. We aren't seeing that growth and that freshness. We are getting by on very limited budgets and limited resources. And people are often rushing to get through the system or rushed through the system. But when it comes to our knowledge and our experience, those particularly knowledgeable or experienced counselors that work with deaf and hard of hearing consumers for many years are now retiring. They have reached retirement age, and we are losing a number of individuals, even here in Arkansas, to attrition and retirement. What is problematic about that is that we don't have a large pool of newly trained professionals ready to replace those retiring professionals. One reason for that diminishing

pool is that in times past, we had somewhere around 10 federally sponsored training programs, which were putting out a number of highly qualified individuals who were already pooled to become employed in voc rehab agencies. Now we are seeing those numbers dwindle. Those service training programs have dwindled to approximately five. I don't know exactly how many we have at this point but we certainly don't have as many as we had in times past. So the pool of professionals had diminished. But that has resulted in the outcome of that is that agencies have begun using generally trained counselors who work with people with a variety of disabilities to then work with more and more deaf and hard of hearing clients, and those counselors are not sign fluent, so they can't communicate with their deaf clients. Simultaneously, we are seeing a number of individuals who have background and experience and the skill set of working with deaf and hard of hearing clients who then have a caseload that maybe they don't have enough numbers of individuals to be on their caseload, and vehicle rehab then expects those counselors and all counselors to have a large caseload, some of whom may be deaf and hard of hearing, others who may be just low income -- pardon interpreter error, because deafness is a low incidence disability, they don't have enough of

those individuals to be on their caseload and so they are expecting them to provide services to clients who are not deaf, have varying other disabilities. So the result of that is that voc rehab these days will be using -- utilizing interpreting services more than ever, because we have counselors who can't sign working with clients who do, and we are dealing now with a philosophy that's in place. That any client in the voc rehab agency should be able to work with any counselor or vice versa. We have fewer specialists working with a particular group of individuals, deaf and hard of hearing individuals, and so that's become the philosophy, and I think that then there is the potential to see that result in an increasing demand for interpreting services in voc rehab settings. Next slide, please.

I would like to shift and talk about the current work that's taking place at the NCIEC. Next slide, please. Actually, let me back up just a bit, if I could. There we go. From 2005-2010, the NCIEC produced workgroups. The purpose of the workgroups was to look at particular skills or domains of competencies to work with particular consumers. There were two areas that this work was focused upon. One had to do with specialization in terms of setting. Those being legal settings, healthcare settings and mental health settings and that workgroup

developed a number of domains and competencies for specialization in working in legal, healthcare, and mental health arenas. Throughout those five years, there was an additional workgroup focused on the specialization based on functions of interpreting, along with VRS or VRI settings, in addition to the interpreter around the functions, the domains and competencies that are necessary when providing those functions to those consumer groups. With the current grant cycle from 2010 through 2015, we are building what took place from 2005 to 2010 in NCIEC. Next slide.

One more, actually.

The priority for the grant cycle of 2010-2015 is to establish and describe standards of competence and practice for interpreters working in vocational rehabilitation centers. And the approach that NCIEC is taking to this is unique. Next slide, please. Oh, actually, back up. Thank you. Great. Boy, you are moving through those slides so quickly. Initially identifying specialists' competence for interpreting in vocational rehabilitation settings has taken a number of different steps. First of all, we reviewed the literature that's in place, looking at and analyzing the competencies that are described in professional publications when it comes to interpreting in the voc

rehab setting, which allowed some identification and different views of those competencies and to have those named. That was the first step in developing this specialization. We also brought together a group of leaders from voc rehab agencies and specialists in interpreting, an expert "think tank," if you will. That came together to hash out our views upon it is what types of competencies are necessary for interpreters to have when working in the vocational rehabilitation setting. We threw those out as a workgroup and began to identify those. And based on those considerations, we began to compare what the professional literature had to say and see what was similar in terms of what the workgroup came up with. We also took in several focus groups comprised of interpreters, vocational rehabilitation professionals who came together with the goal of coming to consensus on what those competencies were that interpreters need to work on in voc rehab settings. Those interpreters called for voc rehab settings, which was in terms of the stakeholders and to get buy in to the contributions to the development of these domains, and competencies for interpreting, work within voc rehab settings. Next slide. Here on this slide, you see photographs. We really enjoyed the work there that we did, as you can see. These groups included interpreters

and professionals from voc rehab when we got together and hashed out -- it was a lot of work -- domains and competencies and it was great to be together in person to begin to identify what kinds of competencies are necessary for interpreters to have when working in voc rehab settings. Can I have the next slide? There are actually two slides that list these knowledge and skills components. You will see the competencies that the focus group and expert think tank came up with. In addition to having reviewed the professional literature, they then achieved a consensus on the knowledge components and the skill components that need to be in place for interpreters to work in the voc rehab setting. I will begin by describing the knowledge components. First of all, a knowledge of V.R. as a system followed by a knowledge of the policies and the practices of a number of different agencies or programs that work in tandem or very closely with voc rehab. Voc rehab is often a purchaser of services from a number of different entities or agencies, so oftentimes clients will interface with those agencies and it is important for the interpreters to understand the policies and practices for that variety of programs and agencies as consumers are interfacing with them. Thirdly, interpreters need to have a knowledge of the range of services that consumers can hope to receive or

expect to receive from the voc rehab agency. It could be anything, from an intake appointment, which basic information is gathered, a plan is developed and the like. It could be training prior to job placement, with the final outcome being placement and employment. So the range of voc rehab services is important for interpreters to be aware of. They could be working in any number of those settings and all of those fall within the auspices of the voc rehab system. Interpreters also need a knowledge of the special terminology, the specialized terminology that is germane to voc rehab and acronyms that are utilized in the voc rehab system as well as other programs and agencies that voc rehab works closely with. Interpreters also need a working knowledge of the testing and assessments that oftentimes clients are given for having administered to evaluate their interests and vocational abilities. There is a whole process of assessments that has very specialized terminology that interpreters behoove themselves to become familiar with. Finally, interpreters need a knowledge of the world of work of employment, what a job search entails, what interviewing looks like. Advanced employment practices and the like. What does job development and the pursuit of employment look like? It is an important role that interpreters have to pursue and achieve employment. The

is second category we will go through are the skills that we reach consensus upon. Interpreters need the skill of working with a wide range of consumers who utilize voc rehab services. It may be deaf, hard of hearing, deafblind, a low functioning deaf individual, perhaps a person who has moved from another country to the United States. We see a wide range, a variety of consumers who take part in voc rehab services and it ends up with voc rehab counselors wearing a number of different hats when servicing the clients. Secondly, interpreters need the ability to assess and interpret their skill level to match or suit the needs of the deaf people that they are working with and interpreting for. The final skill that we identified was the interpreters need interpersonal skills to work with deaf professionals as well as hearing professionals in the field of voc rehab when it comes to interpreting at meetings or trainings, or even just professional interactions within which competencies come into play for working within that group of professionals, and the number of literature that we looked at and saw that as a very critical component, in terms of skill based interpreter working in that setting. Could I see the next slide? Oh, obviously, we may not be able to show this video clip as well. Is that correct?

>>: would you like to try it?

>> ANDERSON: Sure. Why not. Let's give it a try.

>> WHITE: Can you guys see it? Not anymore. It's not going to work.

>> No, that's all right.

>> ANDERSON: Zania Musteen who you see on the slide had worked for 30 years in the voc rehab setting. She was here a long time in the state of Arkansas. She has retired in 2011. Chef began her career in Hot Springs rehabilitation center, where there were about 50 clients being provided services for. Some low functioning individuals who were an enormous challenge in terms of meeting their needs. Worked with a variety of individuals working in training areas. Skill based training, job placement and the like. She is not a graduate from an academic interpreting education program because there weren't any at that time. There wasn't a way for preparing to work in the voc rehab setting at that time. One of the things that I asked her, though, was how did you develop your knowledge and skill base to work in the voc rehab setting? How did you go about developing those skills. Her reply is I had to ask a number of people and I just asked a million questions to find the answers I could. I also asked her what's critical for individuals working in the voc rehab setting to know and to have in terms of skills. She replied it is important

to have access to information, particularly terminology, specialized terminology. The more aware you are of terminology within the V.R. system, the more effective an interpreter will be when working in that setting. That's all I can recall her having stated in the video clip. If I can have the next slide.

I wanted to mention some of the professional resources provided by the NCIEC having to do with the information sharing in the second grant cycle, the research that is being made -- the resources that are being developed and made available for you to take advantage of. Next slide here.

Here you see a report from the expert think tank and the result of the work of the focus groups. I highly encourage you to receive a copy of this report where it can be accessed at the NCIEC website. Alternatively, you can look on the MARIE center website to access this report.

Next slide. Here you see a list of resources that have been developed since 2010, having to do with working in the voc rehab setting. I particularly appreciate the glossary that you see listed in green as one of the last items on the list. The vocational rehabilitation glossary, I think, is a fantastic resource. It lists a number of terms and terminology and a person utilizing

that glossary can click on the NCIEC's website to bring up the glossary, it shows a video of those glossary items signed, how a particular term can be signed effectively which is a very nice tool to take advantage of. Thanks particularly to NCIEC of developing what I would consider a fantastic tool. All of those resources can be accessed on the MARIE center of NCIEC websites. Go to the next slide.

In a former slide, I had shown you a list of knowledge and skill sets needed to work in the V.R. setting. Here, on this slide, this is an effort to organize those knowledge items and skill items into domains, which are larger categories, umbrella categories, under which those knowledge and skill components reside. There are a total of 6 domains that you see listed -- actually, if I can go to the previous slide. Can you back up one slide, please? Great. Actually one prior. Can you go one slide prior. No, actually, we are where we need to be. This is right. The first domain being V.R. systems knowledge. This will allow us to develop professional materials and curriculum based upon that particular domain in order to suit the number of skills and knowledge sets that follow within that domain. The second domain being general knowledge of voc rehab, again, the policies and strategies that we can develop to develop curriculum

and professional development activities and materials to develop that domain. Next slide.

Remember I talked prior about interpreters needing to have the ability to work with a wide range of deaf individuals. Deaf, Deafblind, hard of hearing, low functioning individuals, individuals moving from other countries. There is a wide range of backgrounds in terms of language and culture that people bring when they access the V.R. system. That's followed by the domain of communication. Interpreters need to demonstrate the ability to work with consumers and professionals, with what they encounter in the voc rehab system.

Next slide. The next domain is interpreting knowledge and interpreting skills, just general basic interpreting skills that working with any consumer requires. Lastly is the domain of professionalism. Just the standard expectations we expect in terms of ethical behavior and the like. Next slide. Here are a few take away messages I wanted to wrap up with. There are three that you will see here. The first one being that voc rehab has a long history of involvement with the development of interpreting services, both the hiring and provision and use of interpreting services for its clients as well as its professional staff members. The second -- in addition, rather, voc rehab has provided funding for some

time, since 1974 to provide training for interpreting in the setting. Hiring and using interpreters prior to 1965 is of importance to note. It is also important to take away that interpreters are vital members of the vocational rehabilitation team. Essentially, without interpreters on that team that might have an impact on the client's outcome, interpreters contribute to the success of the client pursuing and achieving employment or not oftentimes. And since 2005, NCIEC's work has been such that they've developed a number of different resources to assist interpreters in developing their skills in working in the voc rehab setting. Next slide. In terms of professional development opportunities and training, there will be an upcoming training August 18th, which will continue through October 10th. It will be provided for people who have an interest in this particular module. It's an opportunity -- I believe the deadline to sign up is actually June 18th, which is this coming Wednesday, so for those of you who are eager, please take advantage of that. Now is a good time to sign up for that professional development opportunity. Next slide. I guess at this point I will open it up for questions and answers.

>> WHITE: The one question we have up right now says, I have noticed on the Roadway glossary, there are problems

pulling up the video demonstrations. Is this an error on my part or is there something currently not working with NEIC site?

>> ANDERSON: Well, I am not really the best person to answer that question, but I can certainly look into that. I have visited the glossary and I haven't had a problem doing the video portion. And perhaps you would require more technically savvy person to look into that, but thank you for letting us know that. Any time you have a problem with the website, it's always good to hear from the individuals doing that website. We can make an effort to remedy that. Thank you for making us aware of it.

>> WHITE: Will the upcoming training you just mentioned be in the same setting, or will it be in a different format?

>> ANDERSON: It will be an online course, so you will register for it as an online course and it will continue from August through to October. It will be provided in an online format.

>> Does the V.R. hire only hearing interpreters or will the V.R. hire certified deaf interpreters to work as a team with a hearing interpreter?

>> ANDERSON: Can you repeat that question? I think I missed the content of the question. Okay. I see it here in print. Okay. I think it largely depends upon the

agency with which they are working. Some agencies will hire and use certified deaf interpreters. It really depends on the location of the agency. It varies. Here, in Arkansas, I can say yes, we do hire certified deaf interpreters if there is a need for that service to be provided. I can't speak for all of the agencies state to state. There is no specific policy that refers to the provision of certified deaf interpreters, just a general interpreting service that the agency needs to provide. They need to be aware of what the consumer's needs are, however, and the agency is responsible to meet the needs of that client and to respond to those needs.

>> WHITE: There is a huge turnover in counselors and staff at our VR. As you pointed out, it is a trend. None of them know sign language or the local culture. Are there ongoing workshops available to V.R. staff?

>> So your point, it is very nice when you can hire the person that already has the training and skill set and the knowledge to work with hard of hearing individuals. Otherwise, we have a difficult time meeting their needs. There are some agencies who do send counselors out for short-term training opportunities.

>> ANDERSON: I know Western Oregon Institute provides a program that is a short-term training opportunity. But not all places will send their interpreters for the

training. The University of Tennessee had a short-term training program as well. That lasted approximately a month to 6 weeks. But there is no two year -- that doesn't match the in depth training that can take place in the master's level program that consists of two years of training that has an effect on the effect to the consumers but there are some options available. I would prefer to hire an individual who already has the skills and the awareness of what the needs are of our deaf and hard of hearing clients. Certainly. However, with fewer and fewer grad programs operating, that means that, then, the pool of trained professionals has diminished. It is very small compared to the number of individuals who are retiring. We have very, very few trained individuals to replace that turnover. Like I mentioned, in times past, we had ten training programs and there still weren't enough individuals to meet the needs or the demand. People were screaming to meet the needs of their consumers. We couldn't graduate enough at that time to meet that demand. Versus now, that's even made more difficult by this philosophy that's been in place.

>> WHITE: what has been your experience with securing interpreters who meet your own needs as a deaf professional? Also, what has been your experience in securing interpreters who are also African-American?

>> ANDERSON: Awe. When I worked in voc rehab, recall that this was some 40-odd years ago when I started, there were no African-American interpreters on my resource list whatsoever. And that was a problem for me. Most of my clients were African-Americans as well. And I am certain that oftentimes, there were mismatches in terms of an interpreter that wasn't a good match with that consumer because they were Caucasian. At that time there was no training in multiculturalism and diversity to speak of. And we had no option at that point and we did the best we could. This day we still have a fairly small pool of African-American interpreters even now today in the United States. Here in Arkansas, we have black interpreter with national certification, just one. Of course I wished that we had more. We've had students graduate from the interpreter training program for them to then proceed to move out of state. Apparently they seek positions out of state but we have had very few black interpreters in Arkansas. Right now only one with national certification. We had some younger students who will be graduating very soon and I am helpful that they will stay in Arkansas. But the pool is very small of African-American interpreters. Still, though, it is better than it was 40 years ago when there were none. And in larger cities like Washington DC, where Gallaudet

University is, there are a larger number of African-American interpreters there because the jobs are there. They can work regular hours and earn a living. Some are in full-time staff positions, but that may not be true for other individuals in rural areas, where they work on a contract basis, and if they work on a contract basis, that -- that results in income fluctuation, and and nobody likes the idea of relying upon an unreliable income, so I think it varies based on location. And I think there is an opportunity for voc rehab settings but we have people that need to work in these communities and there needs to be a balance of individuals who are available at different locations and I understand that people want a regular, reliable income, that's understandable. One problem, I think, is that also voc rehab doesn't always pay well in comparison to other opportunities, so oftentimes it's difficult to find individuals because they can find a sufficient salary in other means, and we deal with that very often in voc rehab setting.

>> WHITE: Sometimes V.R. will refer a client for psychological evaluation. How should an interpreter request to see the EI if needed? Should it be requested every time each time? Or should the interpreter arrive and then decide if one is needed.

>> ANDERSON: That makes sense but as a counselor -- counselors may not know their client very well. They assume that a client has proficient communication. As a counselor, I need to request the CDI. I don't need to put that responsibility on the interpreter. I should make that referral. I should know my -- the communication needs of my client. If it happens that an interpreter goes through an assignment and makes an evaluation of the communication needs and decides if a CDI is warranted, certainly A and I think they should make a request at that time and in an ideal world they should be aware of the client's communication needs and the need for CDI prior to a psychological assessment, or any assessment.

>> WHITE: Will V.R. be cutting costs with regard to using video remote [sound cut out].

>> ANDERSON: Well, for some time, V.R. has not had an increase of federal funding. It's been fairly flat. It's a very flat, steady income from the government, and so that can certainly cause some states in the future to perhaps pursue that avenue. And VRI, whether that's an ideal solution or not, I am not here to say but when I interviewed Cheryl Suggs, one of the videoclips I intended to show you, she mentioned some consumers here in the state of Arkansas who have their own web cams and

making use of those so she can stay in the office and do the work remotely, but it didn't always work well. So whether or not VRI will work to satisfy those needs is unknown. For me, I, as a deaf person, I would not certainly be satisfied with that. I'd prefer an onsite interpreter. So -- I think it's understandable that individuals -- technology certainly can be uncomfortable for certain individuals. I am not here to say one way or the other. What I do know is that VRI, whether or not it would be cost effective or whether it would be a solution based on voc rehab cutting costs, I don't know.

>> WHITE: In the future would you expect our entities be encouraged, advised or directed to legislation to move to a more hired full-time staffer that meets restrictive competencies, or do you feel that V.R. entities will be utilizing interpreter agencies more competently? Can you comment on your perspective, please?

>> I think it would be a great idea to hire more full-time interpreters in voc rehab settings. Really the problem is that Congress should be providing more opportunity more to the rehabilitation departments throughout the country -- provide more funding -- throughout the country. That's really where the problem lies. Right now Congress is of course concerned with the federal deficit and expenditures and they are trying to cut

expenditures, which results in cuts to voc rehab's programming and services. So it can be a difficult place to be in and we have been in that situation for some time now, cutting corners, and really it starts at Congress. Congress needs to be convinced to increase the federal expenditures for voc rehab programming and services, not to reduce that funding. So the idea of hiring more full-time interpreters is wonderful, certainly. We have a number of counselors who are hearing and can't sign. Should they hire interpreters because they need those interpreters? Would that solve a problem? I am not sure. I think we have time for one more question at this point.

>> WHITE: what do you think needs to happen to change the, quote, one size V.R. counselor fits all, unquote philosophy?

>> ANDERSON: Oh, my. Well, I can't go on and on but the briefest answer that I can provide is when I started years and years ago -- we are talking about 40 years ago in voc rehab, most of the administrators of voc rehab programs were people who were career professionals working in vocational rehabilitation. They were very committed to serving individuals with disabilities across the board. They had that commitment, but I want to say, oh, in the last, let's say 15 or 20, maybe 15 or 20 years, I have

seen a shift, where now the governor has the authority to appoint voc rehab administrators, so now the governor appoints those administrators and it's oftentimes political appointments. It will just -- it isn't an individual who is a passionate career person in serving people with disabilities. There are political alignments that come into play that have forced services of people with disabilities to be diminished. I have experienced that here in Arkansas. For years and years, we provided wonderful, outstanding voc rehab services because the administrator was a career professional. Once that became a governor appointed appointment, that changed things drastically. I am not a politician so I can't say what the solution to that is, but it has been problematic.

All right. I think at this point we may have run out of time. Am I correct?

>> WHITE: Yes, Dr. Anderson, we are getting to the end of our time and I have a few housekeeping things I need to address.

>> ANDERSON: Certainly. Please.

>> WHITE: First of all, I would really like to thank you, Dr. Anderson, for giving us your time and sharing your wealth of skills and knowledge for us. I also would like to thank Kirk and Leslie, our interpreters, our

captionist, Terry, and of course NCIEC for making this possible, for earning CEUs for individual viewers, a survey was available in the participants materials list, also there will be an email sent to you tomorrow and the link will be there tonight in case you don't have time to do it tonight. You only have to fill out the survey once. Once you've answered all of the satisfaction questions on the content of the webinar and you submit your evaluation for that, then on the closing page, you will see a link that will -- that you can click on that will, then, collect your CEU information. Registration forms will be matched up with the list of attendees, which means I will look at the time that you spent in the webinar compared to the CEU you request. It can take up to 8 weeks for CEUs to be posted to your transcript for this event. If you watch this with a group of people, it's wonderful thing. In an email that was sent out today, there was a form for you to fill out for each attendee. We still encourage you to share the link for the survey so that everybody's opinions can be heard because we take that information and we submit it to the people who provide our grant moneys, and we'd like to do this again. Just save the form and email it back to me. If there is also a link to request certificates of attendance at the end of survey, like I mentioned before, then I will get those

out to you as soon as I can. And I think that's about it. I am so glad that you came and our next webinar will be in August. And I hope you will join us for that one. Thank you, everybody, and you have a good night.
[webinar concluded].