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## **Error Occurrences and Types Between Certified and Non-Certified Interpreters**

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**Error Occurrences and Types Between Certified and Non-Certified Interpreters**

By

Ariel Baeseman

A Thesis Submitted in Partial Fulfilment of the

Requirements for the Degree of

**Master of Arts in Interpreting Studies**

**And Communication Equity**

**St. Catherine University**

**St. Paul, Minnesota**

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**ABSTRACT**

Much of the standard interpreting practice is dependent on an interpreter's certification level. As a result, many interpreters find themselves at assignments for which they are not qualified. This study aimed to identify what differences in error rates - if any - were present between interpreting samples from certified and non-certified interpreters of similar experience levels. In a sample of ten interpreters with less than five years of professional interpreting experience, split evenly between certified and non-certified, each provided an unrehearsed interpretation of the same stimulus to be analyzed. The sample was rated against a rubric measuring knowledge-lean interpreting skills as identified by Taylor (2002) (2018). The study found only a slight difference in mean error rate, but certified interpreters produced less variance in their interpreting scores indicating that certification may be a way to identify interpreters whose accuracy remains consistent. Due to the small sample size of this study and limited scope, further research is highly recommended to learn more about sign language interpreter certification.

## INTRODUCTION

American Sign Language (ASL)/English interpreter qualifications have been vague at best since 1990 when the Americans with Disabilities Act (ADA) was first enacted ensuring all people with disabilities reasonable accommodations. Over time certification had become the standard for ASL interpreters to meet the basic qualifications to be hired in many interpreting positions. The Registry of Interpreters for the Deaf (RID) created its own interpreting certification standards and exams as early as 1971 (RID, 2022). The National Association of the Deaf (NAD), operating independently from RID, created and offered interpreter certification in the early 1990s before deferring to RID's then-current certification assessment in the early 2000s (RID, 2022). Many states have created various certification assessments which are no longer utilized in an attempt to establish a basis for defining interpreting standards in their areas and across the country. The state of Texas developed a certification exam hereby referred to as the Board of Evaluation for Interpreters (BEI) which has increased in recognition across the United States including but not limited to, Illinois, Missouri, Wisconsin, and Michigan.

While the idea of interpreter certification is sound, to provide a minimum standard of ability for interpreter skill, the practicality of the exams and their reliability have left room for serious questions about the ability for it to be the sole indication of a qualified interpreter. The National Interpreter Certification (NIC) exam offered through RID currently has seen many variations of a generalist examination. As the exam has been refined, would-be interpreters faced moratoriums and low passing rates before having the ability to work as certified interpreters. RID's interpreter certification exam saw pass rates as low as 19.44% in 2015 (RID, 2018). The same report indicated improving pass rates to 25% in 2017 after the NIC was placed on a moratorium from January 1st to November 1st in 2016 (RID, 2018). At the time of this study,

Center of the Assessment of Sign Language Interpretation (CASLI) is continuing to work on a new certification exam to replace the current exam, the NIC Performance exam (NIC-P); the new CASLI Generalist Performance Exam for Hearing Interpreters was expected to begin testing in late 2021. This was pushed back to May 2022 as a tentative release date (CASLI, 2022b). At the time of this study, the NIC-P had not yet been offered.

The BEI certification offers leveled exams, currently offering Basic, Advanced, and Master level generalist certifications. To achieve one level an applicant must have already passed the level below it (unless special circumstances apply, such as already holding NIC certification). While the BEI offers a Basic generalist certification for early professional interpreters (EPIs) the pass rates are not much higher than the non-leveled NIC exam. In the BEI fiscal year 2019 per its reports, the passing rate for the Basic exam was 43%, while the NIC passing rate was 32% that same year, according to the annual reports compiled by CASLI and published by RID (RID, 2020) (Texas Health and Human Services Commission, n.d.).

While the theory behind generalist exams seemed sound to certifying bodies, hiring entities, and many interpreters, the minimum standard concept had the potential to be damaging to the community that interpreters largely serve: the Deaf community. While the NIC and BEI assess the interpreter's ability to work between English and American Sign Language (by different approaches between the exams), they assess whether the interpreter meets the minimum standard of ability expected of an interpreter. Ensuring a minimum standard based on a sample of interpreting work to certify that an interpreter is ready to interpret in a variety of settings can pose dangers to the Deaf community. Unqualified interpreters may show up to interpret an assignment under the guise of holding a certification thereby acting on the assurance they are qualified. A medical appointment, for example, may present many risks for parties involved with

an unqualified interpreter present. The interpreter has the potential to make egregious errors that disrupt a Deaf patient's life and health, while also posing a risk to the doctor for liability-related issues that could arise after an inaccurate interpretation. The interpreter potentially does not possess the needed knowledge and skill set for a specialized medical appointment, but because they passed the certification examination which may have tested on a sample of interpreting a job interview or community college core classes, they are deemed qualified.

Interpreters should be expected to know their abilities and qualifications for assignments. In a world of "it depends," as interpreting students are constantly reminded of as is reality, rarely do interpreting assignments turn out to be exactly as they seemed. Although the formal education of interpreters has veered away from teaching on the basis of "it depends" as an interpreting model, the interpreting world remains a perpetual gray area. An interpreter could find themselves scheduled for a physical therapy appointment indicated for shoulder pain and enter the appointment in an exam room with the patient and doctor discussing spinal issues after a recent surgery gone wrong. Would the interpreter assigned to physical therapy be qualified to interpret this consultation? It depends. Generalist certification alone may not be enough to assure clients that their interpreter is competent and prepared for the intricacies of their encounter. The Deaf community should not be burdened with the task of screening interpreters and working to understand an interpreter that is skillfully and personally unprepared for the assignment they accept – unqualified.

Although with these concerns in mind, a low pass rate for these interpreter certifications may have seemed like a positive outcome: interpreters that have not met the minimum standards have not been passing the exams. That may not have been the case. These certification exams were designed to ensure the minimum standard of skill for an interpreter and allow interpreters to

enter the professional realm after graduation from interpreter training programs (ITPs).

Interpreters have the potential to have an off day where their interpreting work is not to their usual standard. They may have faced challenges with accessibility for their examinations either due to disability (which both the NIC and BEI provide accommodations for when requested) or other factors such as the testing site's proximity to their homes. Tests have been offered at various locations and could require applicants to face a long drive ahead of their exam or stay in an unfamiliar environment in order to be close to the exam site. In addition to the mental and physical barriers that may affect an interpreter's performance, they may also be subjected to biased raters or subjective scoring mechanisms. What one rater may find satisfactory, another may not. It is for this reason that the researcher asked in this study, "What are the identifiable differences in types of errors and their occurrences by certified early professional interpreters (EPI) and non-certified EPIs?"

## LITERATURE REVIEW

At the time of publication, the researcher had not found research regarding the implications of certification on ASL-English interpreters' quality of work. Research on ASL-English interpreting as a field was plentiful, however. Additionally, the researcher had not found any research analyzing EPIs and error occurrences in the way that this study intended to. Considering the lack of existing research, this literature review focuses on the need for ASL interpreters, how certification has been used in the field of ASL-English interpreting, and errors that have been seen in ASL interpreting.

### **History of Signed Languages in North America**

The use of signed languages has existed on the land that is now occupied by the United States of America for hundreds of years dating to when the land belonged to Mexico, Native American tribes, and other communities (Davis, 2010) (Gunn, 2015). Plains Indian Sign Language (PISL) was used to communicate between Native American tribes and colonial settlers, and as a bridge between language barriers between tribes with separate languages. As PISL began to wane in the face of European colonization, it became an integral part of the development of ASL as it is known today (Davis, 2010).

In the late 1600s, a so-called Deaf Utopia began to develop in Martha's Vineyard on the east coast of what is now the United States (Kusters, 2009). The Deaf population on Martha's Vineyard was significantly more concentrated than the rest of the population of the U.S. on record by the mid-1800s; Martha's Vineyard had a Deaf to hearing ratio of approximately 1:25, whereas the rest of the U.S. was nearly 1:5,700 (Romm, 2015). As a result of this concentration of Deaf residents, a unique signed language began to develop. The last resident of Martha's

Vineyard to have the hereditary deafness common on the island passed away in 1952, but the effects of the language live on (Romm, 2015). Per Cameron (2005), Martha's Vineyard Sign Language (MVSL) has contributed to the development of what is now ASL despite MVSL quickly fading into the past.

### **History of American Sign Language Interpreting**

There is a documented history of over 400 years of Deafness and Deaf culture in North America, but only a brief documented history of ASL interpreters as a profession. According to Simon (1993), "sign language was most often provided by hearing family members, neighbors, school officials or members of the deaf person's church. There was little distinction between a 'helper' who know some signs and a qualified interpreter" (p.165). Ties to the Deaf community were all but necessary for interpreters at this time because there was a lack of a documented history of sign language classes or interpreter training programs (ITPs) prior to the late 1950s. Before 1964, ASL interpreters performed services on a voluntary basis and out of obligation or "the goodness of their hearts" (Humphrey & Alcorn, p.262, 2007).

In 1964, a registry was developed to identify interpreters who were qualified to interpret nationally, birthing the National Registry of Professional Interpreters and Translators for the Deaf – later to become the Registry of Interpreters for the Deaf (RID) (Humphrey & Alcorn, p. 263, 2007). RID in turn developed a national certification for interpreters. The earliest iteration of this certification debuted in 1972, one year before the Rehabilitation Act of 1973 (Section 504), and phased out in 1989 – one year prior to the passing of the ADA. As previously mentioned, the first generalist certification exam was offered one year before Section 504 came into effect; Section 504 served as a protection for people with disabilities to ensure equitable

access at any entity that receives financial assistance from the federal government (O.C.R., 2017). The certification exam ceased one year prior to the pivotal ADA passing in 1990. The original documentation of the ADA protected qualified individuals with disabilities in employment, government services, public accommodations, transportation, and telecommunications (O.C.R., 2017). The ADA ensured that reasonable accommodations would be made – including providing ASL interpreters – so long as it did not cause undue hardship to the provider of services. The ADA was modified effective March 15, 2011, to add specifications for entities required to provide services, and a publication making clear the rules for entities, whether public or government, was released. The newly revised publication identified explicitly that one option for a reasonable accommodation for Deaf and Hard of Hearing (DHH) individuals is a qualified interpreter which they defined as, “someone who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary” (ADA.gov, 2012, para. 41).

Despite the existence of national laws such as the ADA and Section 504, it has remained up to each state to govern the practice of sign language interpreting. The usage of the term qualified interpreter in the ADA has left much to the discretion of state and local governments to determine the meaning of the term qualified. According to the Tennessee Deaf Library (n.d.), at the time this research was conducted, 37 states required some level or form of certification for ASL interpreters to be able to perform services in various specialties; many of these states had additional licensure requirements that stipulated certification requirements, as well.

## **Interpreter Certifications**

This study recognizes that there have been many options for interpreter certifications that have been dependent on the state in which the interpreter practices. While there exist state-based certification practices, there have remained two certification systems that continue to be recognized across multiple states: RID certification (known as the NIC - National Interpreter Certification) and BEI certifications (Board for Evaluation of Interpreters). The NIC exam has been recognized as a valid certification across the U.S., but some states, like Texas, opted to recognize the BEI as another valid certification.

## **RID Certification**

RID's website has offered a list of previously offered certifications that date back to 1971 when the Specialist Certificate: Performing Arts (SC: PA) was offered; this certification required interpreters to have previously attained the Comprehensive Skills Certificate (CSC) (per RID's website, the CSC was not available until 1972) before they became eligible to sit for the SC: PA (RID, 2022). Over the years, RID had changed its examination to keep current certifications matching the standards expected of working interpreters. The interpreter examination had seen many variations and different formats, including a NIC exam that assessed interpreters by skill levels (NIC Advanced and NIC Master). The leveled examination had interpreters complete the same assessment, but a standard score in the interview and performance portion of the exam received NIC Advanced whereas a (not disclosed) high score received the NIC Master certification (RID, 2022).

The NIC in its current iteration has remained similar to its leveled predecessor in terms of its design but has shifted to a pass/fail certification. The generalist certification has now been

partnered with CASLI, an administrative LLC established by RID, to maintain exams. Although CASLI has only continued to certify interpreters with the NIC as opposed to an advanced or master status, all previous iterations of certification remain honored by RID so long as they have been maintained. In 2021, an update to the NIC certification process was enacted however, due to a lack of information on the new test and its implementation, it will not be detailed in this review. Instead, the statistics utilized pertain to the most recent version of the NIC before this shift. CASLI has compiled an annual report since its inception which has included statistics about the interpreting examinations with pass/fail rates for each assessment. From the Fiscal Years (FY) 2017-2021, an average of only 30.4% of NIC interview and performance exams were passed; the lowest pass rate being 25% in FY 2017 and the highest at 39% in FY 2020 (CASLI, 2022a). Of 3,293 of these assessments taken in the span of five years, 2,276 failed. The annual reports provided by CASLI have not included information indicating how many assessments were taken by the same interpreters, regardless, the statistics are poignant.

### **Board for Evaluation of Interpreters (BEI)**

The Texas Department of Assistive and Rehabilitative Services (DARS) – specifically the Office for the Deaf and Hard of Hearing Services (DHHS) division, opted to contract out of state with the University of Arizona (UA) to redevelop its licensing examinations in 2001. According to a publication from the BEI, they contracted with the State of Illinois upon their acquisition of the exam in the state of Illinois (n.d.). While this publication alludes to prior iterations of the BEI assessment, the researcher was unable to find reliable documentation detailing the history prior to 2001 with the exception of an in-text reference on [lifeprint.com](http://lifeprint.com) citing a Texas state document from 1993 and a brief mention of a procedure from 1990 (Meyer, 2002). At that time, the BEI was the certifying body for the state of Texas and had a five-level

certification (I-V). At its origin, the BEI certification exam consisted of three assessments for levels I, III, and V, each consisted of a written exam and performance evaluation (Meyer, 2002).

Meyer (2002) noted the level I assessment consisted of a 20-question written ethics and standards multiple-choice exam, an expressive assessment interpreting (interpreting English – ASL) from recorded stimuli, an interactive dialogue, and a receptive skills assessment (interpreting ASL-English) of recorded stimuli. In order to have passed, a candidate must have received at least a score of 70% on all portions of the exam including written.

The level III evaluation was greatly similar to the level I assessment, consisting of the same four components; however, the written exam was 26 questions long for level III. This exam had two expressive portions separating interpretation and transliteration and had split the receptive stimulus in the same manner. To pass at a level III certification, an interpreter needed to score at least 75% on all components of the exam. Should a candidate receive less than 75% on any portion of the assessment, they are awarded a level II provided all sections are above 70% (Meyer, 2002).

The final level of the early iteration of the BEI assessment, per Meyer (2002), was the Level V, which consisted of a 26-question multiple-choice written exam (with a minimum passing score of 84%), two stimuli for expressive interpreting, two stimuli for expressive transliterating, and three receptive stimuli on advanced material (Meyer noted legal terms and medical references as potential topics). To receive a level V certification, a candidate must have passed the written exam with an 84% or greater, an average of at least 90% on expressive interpreting, an average of at least 90% on expressive transliterating, and 90% or greater on all

three segments of receptive material (Meyer, 2002). If a candidate did not meet these scores but earned at least 80% in all components, they were awarded a level IV certification (Meyer, 2002).

DARS DHHS contracted UA's National Center for Interpretation Testing, Research and Policy and subsequently developed the BEI certification examination as it has remained to date, a three-level examination awarding Basic, Advanced, and Master certification (as well as several specialized certifications) (Texas Health and Human Services Commission, 2021a). The levels I-V have still been honored to date as a result of UA's streamlining of the testing process to become more efficient in 2001. The new examination recognized the importance of English knowledge for ASL interpreters and implemented a standard English examination that must be passed prior to performance testing. This examination is a maximum of 75 minutes, multiple-choice, and tests the following English skills at a minimum 11<sup>th</sup>-12<sup>th</sup> grade level: reading comprehension, synonyms, usage and grammar, sentence completion, and antonyms (Gonzalez, 2020a, p.6). Each level of the newly refined BEI certification assessment has unique stimuli to test for the complexity at which a certified interpreter at that level may be expected to work. Interpreters must take each test in order from Basic, Advanced, to Master to level up from their current certification and may not skip a level. Each level was developed with controlled complexity in the stimuli monitoring speed, the complexity of topics/settings, and the complexity of language used (Gonzalez, 2020b.). Candidates received ratings by "a large number of specific, discrete language and interpreting features," (Gonzalez, 2020b, p.8) with 170 measured items in the Basic level and 220 items in the Advanced and Master level assessments. Candidates are assessed by only the features mentioned above and remain undisclosed to the interpreter.

The BEI has presented its pass rates through online publishing on its government-affiliated web page with data for FY 2016 – FY 2019. As the BEI continues to offer three

separate levels of examinations, the pass rates will remain separated by examination level for transparency and relevance. Similar to the NIC assessment, the BEI indicated pass rates that have been consistently greatly lower than 50% in all three levels – the TEP has been excluded from statistical data as a written English examination is not comparable to a performance assessment measuring the ability to interpret between ASL and English. The average pass rate for the BEI basic as listed on the BEI website was 40.75% including data from 828 tests given; the highest yearly average was 44% passing in FY 2018 and the lowest at 34% in FY 2016 (Texas Health and Human Services Commission, 2021b). The Advanced test offered 403 examinations in the same timeframe with 114 passing for an average pass rate of 28.25%. The highest pass rate for the Advanced Performance test in this timeframe was 37%, a notable 11% increase from the year before (Texas Health and Human Services Commission, 2021b). Finally, the Master Performance test was given only 96 times in the same four fiscal years averaging 33.25%. In FY 2016, the pass rate for the Master examination was 48%, a stark difference from the other rates listed on the HHS website (Texas Health and Human Services Commission, 2021b).

### **Spoken Language Interpretation Certification Precedence**

In a study into the primary drivers for National Medical Interpreter certification, achieved in 2009, Arocha and Joyce (2013) found accounts of compromised patient safety as a direct result of dysfluent or unskilled bilingual individuals that had assumed the role of an interpreter. They identified that unskilled, unqualified pseudo interpreters resulted in a lower standard of care for patients referred to as minority-language patients (those that are not fluent in English). While their study did not look explicitly at the role of ASL interpreters in a medical setting, Deaf patients, as minority-language patients, have remained likely to be at risk for the same detriments caused by unqualified and unskilled individuals assuming the role of translator/interpreter.

Separately, a study was conducted in two pediatric emergency departments in Massachusetts taking recorded audio from 57 encounters with parents of patients that were Spanish-speaking and identified as “limited-English-proficient” (Flores, et. al., 2012). The study compared the number of errors in the encounters and was broken down by encounters with a professional interpreter (20); encounters with ad-hoc interpreters (those with no professional training, family members, friends, etc.) (27); and encounters with no interpreter (10). Between the 57 encounters, a total of 1,884 interpreter errors were identified with potential clinical consequences with 18% of the errors (Flores, et. al., 2012). The study found that professional interpreters significantly decreased the likelihood of errors bearing potential clinical consequences in comparison to the use of ad-hoc interpreters, but also identified the number of training hours and hours of professional experience as factors that further decreased errors.

### **Goal of ASL Interpreter Certification**

Interpreter certification for ASL interpreters has not been limited to only the medical field. There remain specialized certifications available for interpreters wishing to have niche training in medical interpreting and mental health interpreting, but the examinations for interpreters to become certified to do routine work in many states are generalist exams. These exams test for a variety of settings that an interpreter might find themselves in so as to certify the interpreter is generally qualified to be in the field. The NIC exam developed by RID and its affiliate CASLI was designed to assess interpreters’ ability in ethical decision-making and general knowledge of the interpreting field in addition to gross interpreting skill. The exam was designed to ensure that interpreters “meet or exceed the minimum professional standards necessary to perform in a broad range of interpretation and transliteration assignments” (RID, 2021, para. 1). The NIC’s counterpart, the BEI, boasted, “The primary goal of the BEI

certification program is to ensure that prospective interpreters are proficient in their ability to meaningfully and accurately comprehend, produce, and transform ASL to and from English” (Texas Health and Human Services Commission, 2021c, para. 2). The HHS government site offered manuals and guides for the BEI, but the primary focus of the examinations has been to screen and assess the skill level of interpreters. This differs from the purpose of the NIC which assesses the well-roundedness of interpreters’ professionalism over solely their interpreting skill. Commonly, the certifications aimed to ensure capable and skilled interpreters working in the profession.

### **English to ASL Common Errors**

Interpreter educator, Dr. Marty Taylor (2018), studied, identified, and documented the key skills - or major features - of an interpreter working from English to ASL. She identified 85 key skills in eight separate categories including interpreter fingerspelling, appropriate use of ASL lexicon, and accurate usage of ASL grammar in their interpretations. Of these eight categories, three have been identified as knowledge-lean skills, meaning that the skills are able to be produced or improved in a short amount of time; these skills are fingerspelling, numbers, and lexicon. The remaining five interpretation skills in this modality – classifiers, space, grammar, interpreting, and composure, appearance, and health – are knowledge-rich, or take a longer time with dedicated practice to increase accuracy and fluency. These knowledge-lean skills were closely assessed in this research as the participants have recently entered the field of interpreting, and these skills may have been first exposed in an ITP.

**ASL to English Common Errors**

In addition to her research on interpreter errors from English to ASL interpretations, Taylor (2002) documented research on possible error types and interpreting skills for interpreting ASL to English. Similarly, to its directional counterpart, ASL to English interpreting skills have been categorized by knowledge-lean and knowledge-rich skills indicating, again, skills that can be learned more quickly and those learned by more deliberate practice over extended periods of time, respectively. Of the six skills identified in her work, Taylor identifies the following as knowledge-lean skills: comprehension of ASL lexicon; comprehension of ASL discourse; and production of English lexicon. Comprehension of ASL lexicon includes the ability to understand many of the same skills interpreters need to work into ASL such as fingerspelling, numbers, and vocabulary knowledge (Taylor, 2002). The knowledge-lean skills have been included more prevalently in the assessment for this research, but it is important to note the knowledge-rich skills Taylor (2002) identifies in interpreters working from ASL to English: production of English discourse; delivery/public speaking; composure and appearance.

## METHODOLOGY

### Research Question

Prior to formally beginning research, the researcher recognized a curiosity that demanded to be satiated about the idea of a qualified sign language interpreter. While developing this study and designing the proposal, many changes were made. The definition of a qualified interpreter varies greatly if one were to ask a Deaf consumer, a hearing consumer, an interpreter educator, or an interpreter. The definition each would give may not be wrong, but do the profession and community have a singular right definition? Beginning with that concept, eventually, the study was narrowed down to looking at an aspect of interpreting that can influence consumers to consider an EPI to be more qualified than another: certification.

In an effort to explore the idea of certification, the study focused on the research question: What are the identifiable differences in types of errors and their occurrences by certified EPIs and non-certified EPIs? Through exploring the error rates and patterns between certified and non-certified EPIs, the research explored whether certification on its own is an efficient way of determining a more qualified EPI over another. While there are various types of certifications available, this study compared EPIs that are non-certified and those that have obtained a BEI Basic certification (available to take the assessment in several states and recognized in more). The limitation of the BEI Basic certification was established to create consistency in the ability of interpreters that participate as part of the certified sample; if some certified interpreters held a high-level certification, such as the BEI Master, and some held the BEI Basic, results may be skewed as higher-level certified interpreters would be expected to have fewer errors in the types being identified.

## Measures

For participants to be able to provide equitable samples for the study, a mock interview scenario was scripted. After an initial script had been developed (see appendix A), a Deaf community member with an M.A. in sign language education was consulted for edits on the script and recorded the ASL video used for the interpreting stimulus. With the final script in hand, the researcher recorded audio of the spoken stimulus and edited the video and audio together to create one video with dialogue in ASL and English to be used as the interpreting stimulus for participants to provide their cold (unrehearsed) interpretations. Brief pauses were added in the stimulus after dialogue for participants to finish their interpretation if needed.

Following the development of the script, a rubric was developed (see appendix B) to aid the researcher in a consistent rating process. In the rubric, items in the script were identified as one of six types of knowledge-lean skills that EPIs would be expected to demonstrate in their interpretations, and each item was rated as either present or not present. The skills assessed and screened for errors included fingerspelling, numbers, and lexicon for English to ASL interpreting and comprehension of ASL lexicon; comprehension of ASL discourse; and production of English lexicon. These skills were chosen as a focal point since they are skills identified as knowledge-lean skills, or skills that do not require as long to study and become proficient in as other interpreting skills (Taylor, 2002, 2018). Participants were assessed based on these knowledge-lean skills rather than having included knowledge-rich skills because participants were only eligible for the study if they had less than five years of experience which reduced the amount of time they may have spent learning ASL or the interpretation process.

Once participants had completed their interpretation, the researcher watched and listened to the sample twice to mark rubric information as either present or not present (error). Using this process of error analysis and a fixed rubric aimed to reduce potential biases from the researcher

altering the results of the study with prejudice or a skewed expectation toward either group of participants.

### **Sample and Sample Size**

This study sought participants for two sample groups to compare the error rates between interpreters with various backgrounds. Groups were determined looking only at their certification status. Initially, this study focused its search for interpreters based in Texas as the BEI was only consistently available in its home state of Texas due to the coronavirus (COVID-19) pandemic when this study was being developed. After the study had been submitted for review and approval, more states began to resume testing, but participants were still only eligible from Texas. After receiving very few eligible participants from the limited eligible area, an amendment was made to the study and participants were eligible from anywhere in the United States.

Following the amendment, thirteen participants expressed interest and made an appointment for their interpretation sample. Two potential participants were ineligible for the study as they had been professionally interpreting for more than five years leaving eleven participants to produce an interpreting sample to be rated. Of the eleven participants, six were eligible as non-certified EPIs and five were eligible as certified EPIs. After the samples had been completed and the rating had begun, the researcher determined that one of the non-certified EPIs qualified only due to an issue with the eligibility wording. This participant previously sat for and passed a BEI exam at a level no longer offered but had let their certification lapse. Despite their certification lapsing and no longer holding certification, the researcher decided to omit that sample before it received a final rating as the interpreter that provided the sample would have been in the certified group had the certification not lapsed.

**Procedures**

Participants for this study were recruited from Facebook with a post made on the researcher's personal page which was shared by various Facebook account holders. Additional posts with the same message were made in Facebook groups targeting new-to-the-field ASL interpreters and prospective interpreters. Facebook groups such as Discover Interpreting!, NIC Test Prep Group, and Educational Interpreter Support Group approved posts for recruitment and Deaf Network Texas shared a recruitment message for the study in its newsletter and Facebook feed.

As participants joined the study from across the United States, participants communicated with the researcher via email to receive consent forms, ask questions, and establish an appointment to meet via Zoom and provide their interpreting sample to be recorded by the researcher for analysis. When participants met with the researcher, they were offered a time and space to ask any questions they had about the study (that would not give them any additional information about the interpreting sample than other participants had), answered demographic and personal questions, and provided their recorded interpreting sample after getting a brief description of the interpreting scenario.

**Data Analysis**

After the samples had been completed, the researcher screened each sample against a script-based rubric marked to distinguish which major feature it was categorized under. Each sample was rated twice on the same rubric for the presence of the source material/errors made against scored items. If the rubric item was present, the sample was marked with a checkmark. If the rubric item was not present, it was marked by an 'X.' After the sample had been rated twice, the number of errors in each major feature was totaled.

The data was then inputted into a spreadsheet rubric (see appendix C) to chart the data efficiently by utilizing the functions of the spreadsheet to calculate errors across interpreter groups and major features. Data was inputted using a '0' if the item had a checkmark (present) and a '1' if the item had an 'X' (not present) to count the number of errors. Once the data had been inputted, the calculations made by the spreadsheet were compared to the marked rubric to ensure the data was accurately inputted.

## FINDINGS

### **Intent, Impression, and Demographics**

This study sought to identify if there were any differences between the interpretation error rate of EPIs that held BEI Basic certification and those who held no certification at the time of participation. In an overall and initial impression of the results, certified interpreters had slightly fewer errors on average, with 25.8 errors to non-certified interpreters' 27.6 errors out of 98 possible errors identified on the rubric.

Participants of the study were asked to identify themselves and were given the opportunity to abstain from demographic information, however, all participants provided responses. Of the ten participants ultimately included in the study, seven identified themselves as female, one as trans non-binary, and two as male. The gender representation of the study loosely reflected that of the interpreting community and aligned with RID's most recent annual report data (RID, 2019) which represents the field as 92% female-identified, 0.8% genderqueer, and non-binary, and 12.8% male-identified. Seven participants identified themselves as white and three identified as mixed-race - the participants' specific identities have been withheld to protect their anonymity. Due to the format of publication for the 2019 RID Annual Report, it was unclear which data points represent the racial and ethnic profile of RID's members and if the study is in alignment with the racial representation of the field.

### **English to ASL Error Occurrences**

Study participants demonstrated strength in interpreting from an English source to an ASL target language (English to ASL interpreting). The rubric identified 46 possible errors in the knowledge-lean major feature categories of fingerspelling, numbers, and lexicon (Taylor, 2018). Certified participants produced a mean of nine errors across all major categories, whereas their

uncertified counterparts averaged slightly less with eight errors in this modality. The most prevalent error working from English to ASL was an inability to provide a functionally equivalent interpretation for the concept of “filling a gap” in a workplace; only three interpretations had this concept present in their interpretations, and all three were certified.

While the uncertified interpreters had a lower mean or average error count, they produced a larger spread in these categories. Uncertified interpreters ranged from as low as three errors to twenty-one errors of the forty-six possible errors. Certified interpreters, however, maintained more consistency among the sample with error counts from two to eighteen in this modality.

### **ASL to English Error Occurrences**

While there were more possible errors working from ASL to English (an ASL source language being interpreted into English as the target language), the average error rate increase was disproportionately high. Working in this modality interpreters had 52 possible errors, six more than when working from English to ASL. Certified interpreters’ mean error rate, however, spiked to 16.8 errors, and non-certified interpreters’ mean was even higher at 19.6 errors of the possible 52. The study looked for the presence of Taylor’s (2002) knowledge-lean major feature skills comprehension of ASL lexicon, comprehension of ASL discourse, and production of English lexicon.

Both certified and non-certified interpreters had a participant that produced their interpretation with only twelve errors working into English, however, the certified interpreters showed less variance in their samples with two participants producing only thirteen errors, one producing twenty-two, and one producing twenty-four to achieve their mean of 16.8 errors in these categories. The non-certified interpreters’ samples ranged from twelve errors to twenty-nine.

Each major feature assessed was separated and scored by its rubric items, though each major feature varied in the number of possible errors. When participants worked from ASL to English, they were assessed on all of the knowledge-lean major features Taylor (2002) identified, but the majority of possible errors in this modality came from the ASL lexicon comprehension skill (34 possible errors of the 52 total possible in this modality). Per Taylor (2002) this skill contains aspects of interpreting which include the accuracy of interpreting receptive (or comprehension of) fingerspelling, numbers, ASL vocabulary, etc. Both certified and non-certified interpreters had the highest number of errors in this skill (certified EPIs had a mean error rate of 13.4 and non-certified EPIs had a mean error rate of 14.4). Non-certified interpreters had the sample with the fewest errors in this category, seven, while both groups had a participant produce nineteen errors. Of the errors produced in this category, one rubric item (a fingerspelled city, Kress) was missed by all participants and was considered by the researcher to be a result of poor lighting in the stimulus video.

### **Overall Error Findings**

The certified EPIs that participated in the study collectively interpreted the sample with an average of 73.7% accuracy throughout the dialogue while uncertified EPIs achieved a slightly lower average of 71.8% accuracy in their samples. For a breakdown of the total errors produced (*Table 1*).

Table 1: Error Rate Data

Possible Errors	Cert. 1	Cert. 2	Cert. 3	Cert. 4	Cert. 5	Uncert. 1	Uncert. 2	Uncert. 3	Uncert. 4	Uncert. 5
Total English to ASL (out of 46)	5	18	14	6	2	21	4	7	3	5
Total ASL to English (out of 52)	13	22	24	12	13	29	15	24	18	12
TOTAL ERRORS (x/98)	18	40	38	18	15	50	19	31	21	17

Cert. refers to a certified interpreter’s sample provided through the study. Uncert. indicates a sample provided from a non-certified interpreter.

Certified EPIs accuracy ranged from 59.1% to 84.7% across both modalities. Uncertified EPIs’ interpretations ranged from 49% accuracy to 82.7%, which fell short of their certified counterparts with even the lowest-scoring certified EPI having fewer errors than the lowest-performing non-certified EPI. The non-certified participants have one score that, within a larger data set, may have proven to be an outlier with 50 errors, 19 more errors than the next highest error rate, and 33 higher than their best performer in the samples.

**Discussion**

This study faced challenges from the day it began. Initially limiting participants to only those from Texas in addition to the certification requirements and years of professional experience provided only a handful of leads and fewer participants that were eligible and interested in participating after receiving the informed consent document (see appendix D).

Following the amendment to the application to open the study to invite participants from other states, participant numbers began to increase and became satisfactory for the initial expectation of at least five non-certified and five certified EPIs to participate in the study. Having at least five of each group provided a stronger sample consistency but reaching more participants could have provided a more solid data sample.

Another consideration to be made was the way in which the interpreting samples were provided. This study welcomed EPIs from across the United States and, to provide an equitable and fixed environment for participants, conducted all interpretations via Zoom with a pre-recorded stimulus on the shared screen system built-in on Zoom. Two participants, one certified and one non-certified, had their interpretation paused before the two-minute cut-off to clarify whether the pauses in the video were technical errors or built-in for the interpretation. Both were informed that there were short pauses in the video for their interpretation and to address the researcher again if there were technical difficulties. In addition to the edited pauses, the ASL stimulus lighting created a glare over the hands of the signer at various points during the video. While the researcher was prepared to omit rubric items if they were missed by all participants due to lighting, only one error was made by every interpreter (the fingerspelled city of Kress in the ASL lexicon comprehension skill) and could be considered as an error made due to the lighting of the video.

Although the data suggested non-certified and certified EPIs may perform similarly, the data collected indicated consistency in interpretations by certified EPIs that is not indicated in the interpretations by uncertified EPIs whose scores showed more variance in their interpreting abilities. The three interpreters with the fewest errors in each group aligned closely with one another's performances, though the non-certified interpreters had one to three more errors than

their counterparts. Where the skills of certified and non-certified EPIs may have been similar, the data sample suggested that certification may be indicative of an EPI's accuracy and consistency in their skills.

## CONCLUSION

### Further Research

It is the belief of the researcher that further research is sorely needed into the validity of certification as a means of determining a qualified interpreter. While this study assessed interpreters with no certification and those that hold their BEI Basic, future studies may assess the difference between those certified with the NIC and those that have their BEI Basic certification using either Taylor's knowledge-lean, knowledge-rich, or both sets of major features. Research may analyze the higher certification levels offered by the BEI (Advanced, Master) against the NIC to assess the possible differences between these interpreters and their abilities to interpret with strong skills in the knowledge-rich major features as these interpreters would have more experience with the languages. Another study recommendation by the researcher is a qualitative study conducted by surveying and interviewing members of the (d)Deaf community that use interpreters regularly. When members of the (d)Deaf community are presented with a space and platform to detail the traits that make an individual a qualified interpreter, the field will benefit tremendously.

### Final Thoughts

This study and results provided an early indication that certification may provide insight to an interpreter's consistency but may not be a strong indicator of accuracy when compared to a non-certified interpreter. As interpreters in this study produced their samples with only an average of two (precisely, 1.8 errors were the difference between the groups sampled, however an error in work is a whole) errors separating those certified and those non-certified. Although the study findings did not indicate a stark difference in overall ability, it may have identified a

strength in a certified interpreter's ability to work from ASL to English as these interpreters produced notably fewer errors than their non-certified counterparts.

Certification may be used as one part of an assessment of an interpreter's qualification level but should be used in conjunction with other screening strategies such as interviewing, site- or agency-specific assessments, and client references. A non-certified interpreter should follow best practices when interpreting (such as not accepting an assignment that legally requires certification) but should be otherwise screened similarly to a certified interpreter to ensure that a qualified candidate is not overlooked based on their certification status.

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**APPENDIX A: SCRIPT**

## Interpreting Stimulus Script: Job Interview

J: Hello!

A: Hello! Thank you for coming in to interview at Johnson Farms! What's your name?

J: Johnny Hill

A: Nice to meet you, Johnny! Please, have a seat! We'll get started now.

J: Thank you.

A: Johnny, what position were you interested in interviewing for?

J: I am interviewing for the available/open position as the manager of the children's play area.

A: That's wonderful and would really fill a gap around here! Right now we're running the children's play area without a manager and it can get pretty chaotic. With Halloween right around the corner we are getting ready for families to start making their way to the farm. They'll be bringing their children to find pumpkins, go through the corn maze, and feed the animals. We'll be very busy!

J: That will be perfect! I like to keep busy and stay active. I hate sitting around being bored, so being busy? \*ROLL SLEEVES\* I'm ready to get started with some work.

A: Great! Could you share your work experience with me? Have you worked in similar settings?

J: Thank you for asking! As far as my work history, I have some experience working in high school and at Gallaudet University (fs) that will benefit me here. In high school, I worked at a

local restaurant called Amelia's as a dishwasher. That job was very fast paced and busy like it is here. I was the only dishwasher and we would often have around 150 customers in one night! After I graduated, I went to Gallaudet University (use sign) and got my degree in Business Administration. While I was getting my degree, I worked at a local book store as a manager. I managed there for the entire four years I was earning my degree. Now that I've earned my degree, I'm ready to join management and be a part of the team at the farm!

A: That's wonderful! It's neat that you used to work at a book store! Do you have a favorite?

J: My favorite is Harry Potter by J.K. Rowling

A: That's one of my favorites. I'll have to reread it soon. For the next question, I was hoping you could tell me about your greatest weakness.

J: My greatest weakness is that I sometimes become *too* focused on one task and I can overlook other tasks that need to be completed, too.

A: Thank you for acknowledging that. How do you think you can overcome it?

J: How can I overcome it? I have recognized the importance of establishing a schedule. I limit myself to 30 minutes on one task; after those 30 minutes, I move on to another task. All of my tasks follow and I am able to keep my schedule balanced.

A: Well! It seems like you have some success strategies already! An easier question for you: what is your greatest strength?

J: My greatest strength... Well, for example, on the farm with the animals and patrons (signed CL: come), I can be very creative to ensure everything runs smoothly and easily. I have a very visual conceptualization of events and use that to make sure everything works out.

A: Wonderful! I wanna warn you, we can get really busy. Last year around this time we had 137, 419 visitors to our farm between.

J: 137, 419 people?! Wow!

A: Oh absolutely! We're a very popular place. Halloween, of course, is our busiest time of year. Are you sure you can handle a fast-paced environment?

J: Absolutely! I thrive in a fast-paced environment like this! I'm looking forward to the challenges it could bring.

A: Good! You know, I hate to bring this up, but I wanted to talk about you being Deaf and a manager. I know we have an interpreter now, but how will we be able to make this work going forward? How will can you interact with the families that come through?

J: Yes, I am Deaf, but I adapt very easily. I love when people come to me and we can gesture and work things out (interact) or even write back and forth. Sometimes, I will read lips a bit, but usually I'll write or gesture.

A: Ooh! What a relief! It would be tough to get an interpreter every day for you. Did you know they're expensive?! This interpreter is from Amarillo and charges \$78/hour!

J: Wow! That is expensive! I know the common cost in Kress is around \$40/hour.

A: \$40/hour? That's a lot more affordable. I didn't know there were any interpreters in this area even.

J: Yes! There is a great agency I like to use called Terp Tex. The owner, Sheila Cox, is wonderful and very helpful. I can give you their information.

A: Do you have their number?

J: Yeah! It's 512-138-8390.

A: Thank you so much! I will keep that on file. Do you have any questions for me?

J: Yes, actually. What does scheduling look like here?

A: Well, we actually have our Grand Opening Event for our Fall season soon called Fall Harvest Fest. That's going to be October 3<sup>rd</sup>. I'd be hoping to have you onboarded by that date so you can at least start to shadow and train. After a few weeks, we'd have you start to go solo. Your schedule would be pretty flexible, but we do require weekends as they are our busy days. If that is okay, I'd love to offer you the position.

J: I would love to accept! Thank you for this opportunity.

**APPENDIX B: MARKED SCRIPT RUBRIC**

## Rubric

J: Hello!

A: Hello! Thank you for coming in to interview at **Johnson Farms!** What's your name?

J: **Johnny Hill**

A: Nice to meet you, **Johnny!** Please, have a seat! We'll get started now.

J: Thank you.

A: **Johnny**, what position were you interested in interviewing for?

J: I am interviewing for the **available/open** position as the manager of the children's play area.

A: That's wonderful and would really **fill a gap** around here! Right now we're **running** the children's play area without a manager and it can get **pretty chaotic**. With Halloween **right around the corner** we are getting ready for families to start **making their way to the farm**. They'll be bringing their children to find **pumpkins, go through the corn maze, and feed the animals**. We'll be very busy!

J: That will be perfect! I like to keep busy and stay active. I hate sitting around being bored, so being busy? **\*ROLL SLEEVES\*** I'm ready to get started with some work.

A: Great! Could you **share** your work experience with me? **Have you worked in similar settings?**

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After I graduated, I went to Gallaudet University and got my degree in Business

**Administration.** While I was getting my degree, I worked at a local book store as a manager. I managed there for the entire four years I was earning my degree. Now that I've earned my degree, I'm ready to join management and be a part of the team at the farm!

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J: My favorite is Harry Potter by J.K. Rowling

A: That's one of my favorites. I'll have to reread it soon. For the next question, I was hoping you could tell me about your greatest weakness.

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J: How can I overcome it? I have recognized the importance of establishing a schedule. I limit myself to 30 minutes on one task; after those 30 minutes, I move on to another task. All of my tasks follow and I am able to keep my schedule balanced.

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J: **137, 419** people?! Wow!

A: Oh absolutely! We're a very popular place. **Halloween**, of course, is our busiest time of year. Are you sure you can handle a fast-paced environment?

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A: Good! You know, I hate to bring this up, but I wanted to talk about you being Deaf and a manager. I know we have an interpreter now, but how will we be able to make this work going forward? How will you interact with the families that come through?

J: Yes, I am Deaf, but I adapt very easily. I love when people come to me and we can **gesture** and work things out (interact) or even **write back and forth**. Sometimes, I will **read lips** a bit, but usually I'll write or gesture.

A: Ooh! What a relief! It would be tough to **get an interpreter** every day for you. Did you know they're **expensive**?! This interpreter is from **Amarillo** and charges **\$78/hour**!

J: Wow! That is expensive! I know the common cost in **Kress** is around **\$40/hour**.

A: **\$40/hour**? That's a lot **more affordable**. I didn't know there were any interpreters in this area even.

J: Yes! There is a great agency I like to use called **Terp Tex**. The owner, **Sheila Cox**, is wonderful and very helpful. I can give you their information.

A: Do you have their number?

J: Yeah! It's 512-138-8390.

A: Thank you so much! I will keep that on file. Do you have any questions for me?

J: Yes, actually. What does scheduling look like here?

A: Well, we actually have our **Grand Opening Event** for our Fall season soon called **Fall Harvest Fest**. That's going to be **October 3<sup>rd</sup>**. I'd be hoping to have you **onboarded** by that date so you can at least start to **shadow and train**. After a few weeks, we'd have you start to go solo. Your schedule would be pretty flexible, but we do require weekends as they are our busy days. If that is okay, I'd love to offer you the position.

J: I would love to accept! Thank you for this opportunity.





Halloween												0
get an interpreter												0
expensive												0
an hour												0
an hour												0
more affordable												0
questions for me?												0
Grand												0
Opening												0
Event												0
onboarded												0
shadow												0
train												0
Total out of 28	0	0	0	0	0	0	0	0	0	0		
Numbers												0
1												0

3												0
7												0
4												0
1												0
9												0
\$78												0
\$40												0
3rd												0
Total out of 9	0	0	0	0	0	0	0	0	0	0		
Errors English -> ASL (46 possible)	0	0	0	0	0	0	0	0	0	0		
	0					0						
English -> ASL												0
ASL Lexicon												0
name(1)												0
name												0
Gallaudet												0
University												0



Sheila												0
Cox												0
5												0
1												0
2												0
1												0
3												0
8												0
8												0
3												0
9												0
0												0
<b>Total Possible</b>												
<b>out of 34</b>	0	0	0	0	0	0	0	0	0	0		
<b>ASL Discourse</b>												0
<b>4 years</b>												0
<b>earned degree</b>												0

greatest strength (rh)												0
(\$40) per hour												0
Total possible out of 4	0	0	0	0	0	0	0	0	0	0		
English Lexicon												0
available/open												0
(roll sleeves) go getter, etc.												0
high school												0
dishwasher												0
Gallaudet University												0
Business Admin[istration]												0
schedule balanced												0
greatest strength (vocab)												0

conceptualization/visualization													0
thrive													0
gesture													0
write back and forth													0
read lips													0
Total Possible out of 13	0	0	0	0	0	0	0	0	0	0			
Total Errors ASL - > English (52)	0	0	0	0	0	0	0	0	0	0			
	0					0							
TOTAL ERRORS (x/97)	0	0	0	0	0	0	0	0	0	0			
	0					0							

**APPENDIX D: INFORMED CONSENT FORM****ST CATHERINE UNIVERSITY****Informed Consent for a Research Study****Study Title: Error Occurrences and Types Between Certified and Non-Certified Interpreters**

You are invited to participate in a research study. This study is called Error Occurrences and Types Between Certified and Non-Certified Interpreters. The study is being done by Ariel Baeseman, a Masters' candidate at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Justin Small, Ed.D., Department Chair/MAISCE Director, ASL & Interpreting Department at St. Catherine University. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

**Why are the researchers doing this study?**

The purpose of this study is to identify differences in interpreting quality – as identified by error rates – in beginning professional American Sign Language (ASL) interpreters. This study will gather hearing interpreters with similar professional time in the field and attempt to distinguish a difference in interpreter errors between certified and non-certified interpreters. This study is important because it may help to identify strengths or weaknesses in certification as a basis for interpreter qualifications which may strengthen the ability to provide qualified ASL interpreters for Deaf individuals. Approximately 10 - 20 people are expected to participate in this research. Participants will be assessed objectively against a script-based rubric developed by the researcher to identify key information and vocabulary present in the source material that should be present in the interpretation for a clear and accurate message. Key information included on the rubric will be scored as “present” or “not present” which will minimize the degree of bias in rating interpretations. The researcher is qualified to rate assessments as a BEI Advanced certified ASL interpreter.

**Why have I been asked to be in this study?**

You have been selected to participate in this research study because you are an Early Professional Interpreter (EPI) with less than five years of professional interpreting experience. You may have been selected to participate because you hold BEI certification and will be part of the certified interpreter group, or you may be currently uncertified and will be part of the uncertified interpreter group to provide an interpreting sample.

**If I decide to participate, what will I be asked to do?**

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Provide your email address to the researcher to receive and sign this consent form (this address will be used to provide your compensation, as well).
- Schedule a 45 minute Zoom meeting via email with the researcher to provide demographic information and your interpreting sample.
- Participate in the Zoom meeting including disclosing your certification status, demographic information (such as age, race, and gender identity), years in the field of interpreting, relation to the Deaf community (CODA, SODA, no association, etc.), and the amount of attempts made at any performance certification assessment for ASL interpreting. This meeting will be a maximum of 45 minutes.

In total, this study will take approximately 45 minutes over one session.

**What if I decide I don't want to be in this study?**

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. You may withdraw until data is already de-identified, after which time withdrawal will no longer be possible. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

**What are the risks (dangers or harms) to me if I am in this study?**

Participants may experience performance anxiety while recording their interpreting sample. In an effort to minimize the risk of performance anxiety, the researcher will remind participants of their right to remove themselves from the study at any time. While the interpreter is providing their sample, the researcher will have their camera off to provide a more comforting atmosphere for interpretation.

Participants may experience anxiety in fear of being found incompetent in their work or underperforming; the researcher understands that this is one sample of participants' work in one fixed situation and not a determination of their worth or work. If a participant has many errors it will be documented the same as a participant with few errors and will be stored securely to be used for research purposes only.

There is a risk that the researcher may express bias while assessing participants; for this reason, participants will be assessed objectively against a script-based rubric developed by the researcher

to identify key information and vocabulary present in the source material that should be present in the interpretation for a clear and accurate message.

**What are the benefits (good things) that may happen if I am in this study?**

Interpreters that participate in this study will have an opportunity outside of work to consider their own interpreting performance. The information from this study will have the ability to shape the future of interpreter screening systems. By learning from this study, the interpreting field may be able to identify strengths and weaknesses in using certification as a screening tool for early professional interpreters. This study may identify that other factors (such as years of experience and relation to the Deaf community) could be considered in conjunction or in replace of certification. The results of this study will be able to provide insight into how interpreters can be more effectively and consistently screened to ensure more equitable interpreting services for the Deaf community. Participants may elect to be sent the completed thesis to the provided email to view the findings of the overall study.

**Will I receive any compensation for participating in this study?**

Participants that complete their Zoom meeting with the researcher will receive a \$10 digital gift card to Amazon.com which will be sent to the same email address provided for the signing of the consent form. If participants schedule a Zoom meeting but fail to attend the meeting, they will not be compensated unless they reschedule and attend the new date.

**What will you do with the information you get from me and how will you protect my privacy?**

The information that you provide in this study will be kept confidential for the researcher and faculty advisor's use only. Names will be obscured, covered, or cropped out of recordings of interpreting work. All data collected from the sample will include only rubric-based errors, demographic information obtained prior to interpreting the sample, and professional information asked as indicated above. Minimal personal data will be collected and documented in the research. This personal data is limited to: years of experience, certification(s) held; identity within the Deaf community; and attempts made toward certification. The researcher will keep the research results on a password-protected computer and only the researcher and their advisor will have access to the records while they work on this project. The researcher will finish analyzing the data by May 10, 2022, and will then destroy all original reports and identifying information that can be linked back to you. The recordings of interpreting samples and demographic questions will only be available to the researcher and faculty advisor. Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in any written reports or publications. If it becomes useful to disclose any of your information, the

researcher will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

**Could my information be used for future research?**

No, your data will not be used or distributed for future research even if de-identified without gaining further consent from you.

**Are there possible changes to the study once it gets started?**

If during the course of this research study the researcher team learns about new findings that might influence your willingness to continue participating in the study, they will inform you of these findings

**How can I get more information?**

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at [email redacted for publication] or at [phone number redacted for publication]. If you have any additional questions later and would like to talk to the faculty advisor, please contact Justin Small, Ed.D. at [email redacted for publication] or [phone number redacted for publication]. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at [phone number redacted for publication] or [email redacted for publication].

You should keep a copy of this form for your records.