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A TOOL FOR ASSESSING SIGN LANGUAGE SKILLS OF REHABILITATION COUNSELORS

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In February of 1981, the Illinois Department of Rehabilitation Services established a division of services for the hearing impaired (known as DSHI) in an effort to improve the vocational rehabilitation services provided by the agency. One of the first goals of DSHI was to develop an objective assessment tool that could be used to evaluate the level of receptive and expressive sign language proficiency of staff members working with people who are deaf. The instrument was designed to be administered to anyone applying for a Rehabilitation Counselor for the Deaf (RCD) position. Both qualitative and quantitative scoring procedures are used. Through an analysis of evaluation data compiled on a pilot group of rehabilitation counselors and other professionals, minimum "acceptable levels" of proficiency for receptive and expressive skills were established. Use of this tool has proved to be an effective screening procedure for RCD candidates in Illinois Department of Rehabilitation Services' quest to provide high quality services with good communication as a foundation. The instrument has also been used to evaluate the sign language skills of current RCD's and their secretaries as well as determine training needs.

Background

Various checklists and assessment tools exist that are designed to evaluate proficiency levels of interpreters (Brasel, Montanelli, & Quigley, 1974; Neesam, 1968; Jones & Quigley, 1974; Strong & Rudser, 1985), most notably the Registry of Interpreters for the Deaf evaluation/certification system (Brasel & Brasel, 1974). Few tools exist, however, that specifically evaluate the sign language competencies required for counselors in a vocational rehabilitation setting working with individuals who are deaf. In an informal survey conducted by the authors with

state vocational rehabilitation agencies in states other than Illinois, it was found that most had no formal assessment system in place, although many acknowledged the use of one or more skilled hearing or deaf persons who evaluated candidates' skills subjectively in an interview-type situation.

Ohio and California do have sign language assessment tools for evaluating RCDs. In Ohio (S. Bergquist, personal communication, February 6, 1986), a team of two hearing interpreters and two deaf consumers screen all candidates for RCD positions; candidates must pass the screening in order to proceed to the actual job interview. The test consists of five parts: A written test (requiring lowering readability levels of written materials for deaf readers), interview, simulated counseling situations, ASL videotape (measuring receptive skills), and an audiotape (measuring expressive skills). If one passes this screening and is hired as an RCD, one is considered to be bilingual and can receive a 5% bilingual pay increment. In California (J. Stephenson, personal communication, January 14, 1986), the California Department of Rehabilitation Bilingual Sign Language Proficiency Examination is used to evaluate sign language skills of RCDs, as well as clerical personnel who have contact with deaf clients. A panel, consisting of two deaf members and one hearing member who holds a Comprehensive Skills Certificate (CSC), assesses skills in three areas: expressive, receptive, and two-way conversation. A score of 70% or better on the test yields bilingual certification for the candidate; persons scoring below 70% are given written suggestions for areas needing improvement.

Both the Georgia Department of Human Resources (D. Fennell, personal communication, August 7, 1987) and the New York Office

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of Vocational Rehabilitation (D. Hehir, personal communication, August 10, 1987) use the Sign Communication Proficiency Interview (SCPI), developed by Newell, Caccamise, Boardman, and Holcomb (1983). The SCPI is an adaptation of the Language Proficiency Interview (LPI), which was developed by the U.S. Foreign Service Institute after World War II, in order to directly assess speaking proficiency in a foreign language. In the LPI, a skilled language user and a second trained observer assess foreign language competency while discussing various professional and social topics with the candidate. Topics of discussion can vary. The LPI consists of four phases: The warm-up, level check, probes, and wind-down. Role playing is sometimes used as an elicitation technique. LPI techniques and rating scales were adapted to develop the Sign Communication Proficiency Interview. The tool has also been used by the Louisiana School for the Deaf to assess skills of dormitory personnel, and by National Technical Institute for the Deaf to evaluate staff and undergraduate and graduate students (Newell, et al., 1983). In addition, the Arkansas Department of Human Services currently has a task force studying the issue of communication assessment and is also considering the use of the SCPI (G. Kemp, personal communication, August 7, 1987).

With existing instruments in mind, then, what was sought by Illinois Department of Rehabilitation Services was a tool that could better satisfy the following criteria:

1. measure both expressive and receptive skills in American Sign Language and Signed English;
2. comprise an objective (quantitative) rating system;
3. provide face validity for the rehabilitation counseling setting;
4. meet standardization and consistency requirements when used by different evaluators and administrations of the test.

It was determined that a predominantly videotape format using staged interviews in a vocational rehabilitation setting, with specific targeted words and concepts to be scored numerically, would fit the criteria and DSHI's needs. These requirements included the use of ASL and rehabilitation-related content, in a format adapted from Kyle, Woll, & Llewellyn-Jones (1981).

Description And Development

The evaluation instrument developed by the

Illinois Department of Rehabilitation Services is divided into five sections. The entire evaluation takes approximately thirty to forty minutes, and must be conducted by a trained evaluator who can communicate effectively in ASL, Pidgin Signed English (PSE), and Signed English. The first section consists of an initial interview which is conducted non-verbally in PSE. The interviewer asks several questions related to the candidate's background in order to obtain a subjective assessment of the person's fluency and signing style. Subjective observations are marked on a checklist-type rating form adapted from the Language Proficiency Interview (Liskin-Gasparro, 1982). Raters are asked to make observations on the form about the candidate's expressive and receptive skills in the areas of grammar, vocabulary, fluency, accent, and comprehension.

The remaining four sections are on videotape, numbered as Parts I-IV. In order to obtain an objective assessment of sign language skills, the first author began with a list of approximately 700 basic vocabulary words/signs. From this list a random sampling of common everyday signs was chosen to develop the script for Parts I and II of the videotape. Vocabulary used in Parts I and II was considered to be basic vocabulary that most beginning signers should know. The scripts were carefully written to be centered around a vocational rehabilitation setting. A careful selection of vocabulary was also chosen to ensure that signs used to measure receptive skills were different from the signs used to measure expressive skills. For Part III, a more difficult script was developed utilizing additional vocational rehabilitation terminology. As it progresses from Part I to Part III, the tape becomes increasingly difficult, using advanced vocabulary and more ASL structures and idioms.

For Parts I, II, and III, the candidate is asked to voice what the deaf person on the tape is signing (receptive ability), and sign what the counselor is voicing (expressive ability). Only the counselor's voice is transmitted over the audio; the counselor's utterances are simultaneously captioned so that the sign language skills of persons who are hearing impaired can also be evaluated using the tool. An extra component is added in Part III. Five vocational rehabilitation terms/concepts currently being used by Illinois Department of Rehabilitation are framed on the screen just after they have come up in the conversation. The videotape is put on "pause," show-

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ing the framed rehabilitation term. The person being evaluated is given the opportunity to explain the concept in his/her own style. This enables the evaluator to further assess the person's signing style and ability to express abstract concepts in ASL.

Part IV of the videotape consists of two stories told by deaf people in American Sign Language. No formal script was written for this section in an effort to have the deaf persons sign as naturally as possible. Once the stories were taped, they were translated into written English, and five comprehension questions pertaining to each story were developed. The candidate does not have to reverse interpret while the stories are running. Rather, after each story, the tape is "paused," and the evaluator asks the questions about the story (in PSE with no voice).

Scoring Procedures

Once scripts were developed, signs were chosen to be used as the basis for developing rating forms (one form for each of the four parts). For Parts I and II, fifty receptive and fifty expressive signs were chosen for each section. Thus, on each evaluation form, 100 signs are listed in the order presented, with spaces for the rater to mark "correct" or "incorrect." The candidate is scored on the number of signs expressed or received correctly. Separate receptive and expressive percentage scores for each part are tabulated. For Part III, a similar scoring process is utilized, except that only twenty-five receptive and twenty-five expressive signs were chosen and listed on the Part III rating form. In addition, for each of the five rehabilitation concepts presented in Part III, a Likert-type scale with "ASL" on one end and "English" on the other is included, so that the rater can indicate the candidate's signing style when explaining the designated concept. For Part IV, candidates are given one point for each correct answer, and a total percentage figure for this section is tabulated.

Proficiency Levels

Six levels of sign language proficiency were established, and descriptions of specific competencies required for each level were compiled. The level ratings and their functional descriptions were adapted from the Sign Communication Proficiency Interview (SCPI) Rating Scale (Newell, Caccamise, Boardman, and Holcomb, 1983). The six levels are as follows:

Level I – Novice/Survival

Level II – Beginner

Level III – Intermediate

Level IV – Intermediate Plus

Level V – Advanced

Level VI – Superior

In a pilot study, the assessment tool was used to evaluate current RCDs and their secretaries in Illinois. All of these individuals were working with hearing impaired clients at the time of the evaluation. Raw data from the evaluations were compiled, and compared with subjective placement on the six-level scale by the first author ("Rater 1") who was familiar with the skills of all pilot study participants. Specific proficiency levels for each section of the test were established (see Table I).

In order to further validate the assigned proficiency levels, additional subjective ratings for each person were obtained from two other skilled signers ("Raters 2 and 3") familiar with the subjects' skills. Inter-rater reliability for the three raters was determined using the Pearson Product-Moment Correlation Coefficient formula (Bruning & Kintz, 1977). A correlation coefficient of .89 ($P < .001$) was obtained, indicating high inter-rater reliability. Rater 2 and Rater 3's overall estimates of ability exhibited strong correlation with already established levels (.85 and .94 respectively, $P < .001$). Based on comparison of actual test data, the preliminary level placements by Rater 1, and the two additional rater's subjective ratings on the six-level scale, then, proficiency levels and corresponding percentage ranges for each section of the test remained as shown in Table 1.

The Division of Services for the Hearing Impaired then established minimum levels of sign language proficiency recommended for Rehabilitation Counselors for the Deaf, specifically a Level IV for expressive skills and a Level III for receptive skills. Receptive and expressive skills at Level II are recommended as a minimum for clerical staff who have contact with deaf clients. DSHI has been successful in establishing sign language evaluation using the Assessment Tool as part of the process of screening RCD applicants. (However, unlike Ohio, no pay increment for bilingual abilities exists to date.) In addition, the tool has been used to evaluate skills of already-hired RCDs to determine training needs. To ensure that staff members continue to develop their skills, DSHI conducts ongoing small-group ASL instruction consisting of "Sign Language

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Encounters” held twice a year for RCDs, their secretaries, non-agency rehabilitation personnel and, in some cases, individual tutoring in sign language.

Conclusion

The Department of Rehabilitation Services (DORS) Sign Language Assessment Tool was developed for use in evaluating sign language skills of vocational rehabilitation counselors and their support staff who work with people who are deaf. It offers a predominantly quantitative rating system that measures both expressive and receptive ASL skills, and whose content is based around rehabilitation concepts and vocabulary. The videotape format allows the tool to be used consistently by more than one evaluator, and ensures that administration of the test will be the same for all persons being evaluated. Although the authors acknowledge that the receptive tasks involved in the test (signing what someone is voicing) may test interpreting skills more than spontaneous expressive skills, the advantage of having a carefully selected vocabulary list to

observe and an instrument geared to the rehabilitation setting far outweigh this drawback. Wisconsin Division of Vocational Rehabilitation expressed interest in using the DORS Sign Language Assessment Tool with their RCDs, and the authors have trained a team of evaluators there on the use of the instrument. Further normative data on a larger number of persons need to be compiled. Ideally, a second form of the test should be developed to be used alternately with the original to evaluate training outcomes.

The Illinois Department of Rehabilitation Services, under the directorship of Susan Suter, has demonstrated strong support for DSHI’s commitment to assisting in hiring qualified staff and training existing staff. Past and future work in this regard fit very appropriately under the first of the agency’s four values: “We value high quality, comprehensive services provided equitably to persons with disabilities.” Indeed, as Walker, Woodrick, Edgerly, Mulkey, & Walker (1978) remind us, competency for rehabilitation counselors of the deaf is much more than the ability to sign well. But without good communication as a base, high quality services cannot begin to exist.

TABLE I
Sign Language Assessment Tool: Levels of Proficiency

	LEVEL I Novice/Survival	LEVEL II Beginner	LEVEL III Intermediate	LEVEL IV Intermediate plus	LEVEL V Advanced	LEVEL VI Superior
PART I						
Expressive	80% or less	80% - 90%	90% above	90% above	90% - 100%	100%
Receptive	50% or less	50% - 80%	80% - 85%	85% - 90%	90% - 100%	100%
PART II						
Expressive		80% above	85% above	90% above	90% - 100%	100%
Receptive		40% - 60%	60% - 70%	70% above	90% - 100%	100%
PART III						
Expressive		30% - 85%	85% above	90% above	90% - 100%	90% - 100%
Receptive		10% - 30%	30% - 70%	50% - 80%	80% - 90%	90% - 100%
PART IV						
Receptive		At least 10%	At least 10% - 35%	35% - 80%	80% - 90%	90% - 100%

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