Communication Skills Assessment

Jane Doe

November 1, 2019

Prepared for: Whoever needs it

Assessors: Roger C. Williams & Charlene Crump

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The Communication Skills Assessment reviews an individual's relative strengths and weaknesses across a spectrum of communication methods and provides information about their performance in various settings. It is designed to assess the communication skills of clients who have significant communication disabilities and to document specific communication needs and abilities in order to best match individuals with accessible and appropriate treatment. The assessment is structured so to permit those with severe language deficits to demonstrate skills, thus the definition of competence does not necessarily reflect a high degree of fluency or skill. It does not allow for meaningful comparisons between individuals, nor does it compare one individual to a group norm. Attempts to interpret scores in these ways represent invalid applications of this instrument.

Referral Information:

Ms. Doe was referred for the Communication Skills Assessment by a local mental health center who was requesting assistance in determining the communication needs of Ms. Doe. The CSA was given on October 20, 2019.

Background Information:

Ms. Doe is a 56-year-old white deaf female. She has a profound sensori-neural hearing loss of presumed onset at birth as a result of Congenital Rubella Syndrome. Ms. Doe lives independently with her husband and two children. During the interview, she communicated in a combination of Pidgin Signed English and American Sign Language (ASL).

Language information related to Congenital Rubella Syndrome (CRS)/German Measles:

Although not all individuals are impacted the same way, individuals deafened as a result of CRS may exhibit a variety of issues that can be progressive throughout their lives. There are a host of conditions that may be present, manifest later or worsen throughout the remainder of their lives.

Language abnormalities which may present in some individuals, and may or may not indicate a pattern for all individuals deafened by CRS may include

- Brief intermittent periods of language incoherence (similar to, but with a different origin to incoherence as a psycholinguistic error) in either expressive or receptive language.
- Asymmetrical language in expressive/receptive sign or in writing or reading English.
- May use one modality of sign language expressively and another modality receptively. (for example, may use an English based signing expressively but

understand ASL receptively).

- Signing produced at a slightly slower than normal rate.
- Difficulty learning newer vocabulary words.
- Difficulty finding the right word (sign) to convey their thoughts.
- Difficulty expressing and receiving fingerspelled words.
- Comments that diverge from the message – the signs/comment made sense within the comment itself, but not within the context of the overall message. After the short comment, conversation would return to the original discussion.
- May copy signs of other people as they are communicating (simultaneously) before responding.

Specific language dysfluencies noted during the interview which may be related to CRS, as discussed above, include asymmetrical language use (uses English based signing expressively but understands ASL receptively), signing produced at a slightly slower than normal rate, difficulty learning new concepts/vocabulary, some difficulty with receiving fingerspelled words.

Ms. Doe graduated from the School for the Deaf. She attended the school for the deaf for the majority of her education but was removed by her parents and placed in a local mainstreamed school on two different occasions, but each time returned to the school for the deaf the following year. She graduated from the School for the Deaf. Neither her parents nor her siblings knew sign language, although she states her mother could fingerspell some. Mostly they communicated with her by gestures and speech/speechreading. She states she can understand her mother reasonably well when gestures or fingerspelling supplemented her speech but does not interact with her family often now that she is an adult.

She communicates with her children by through ASL. Her children communicate with her in a combination of gestures and ASL.

Ms. Doe does not use amplification. Ms. Doe uses an interpreter occasionally and is familiar with assistive equipment including signaling devices, TTY's, Videophones (VP's) and hearing aids. She has closed captioning on her television and a VP at her home. She uses text messaging and e-mail for daily communication. She knows how to obtain an interpreter and states she needs an interpreter in order to understand conversation. She was able to identify interpreter resources in the community. She was able to make the distinction between an interpreter and someone who knows sign language. She did not know what a CDI was or how a CDI would be helpful to her.

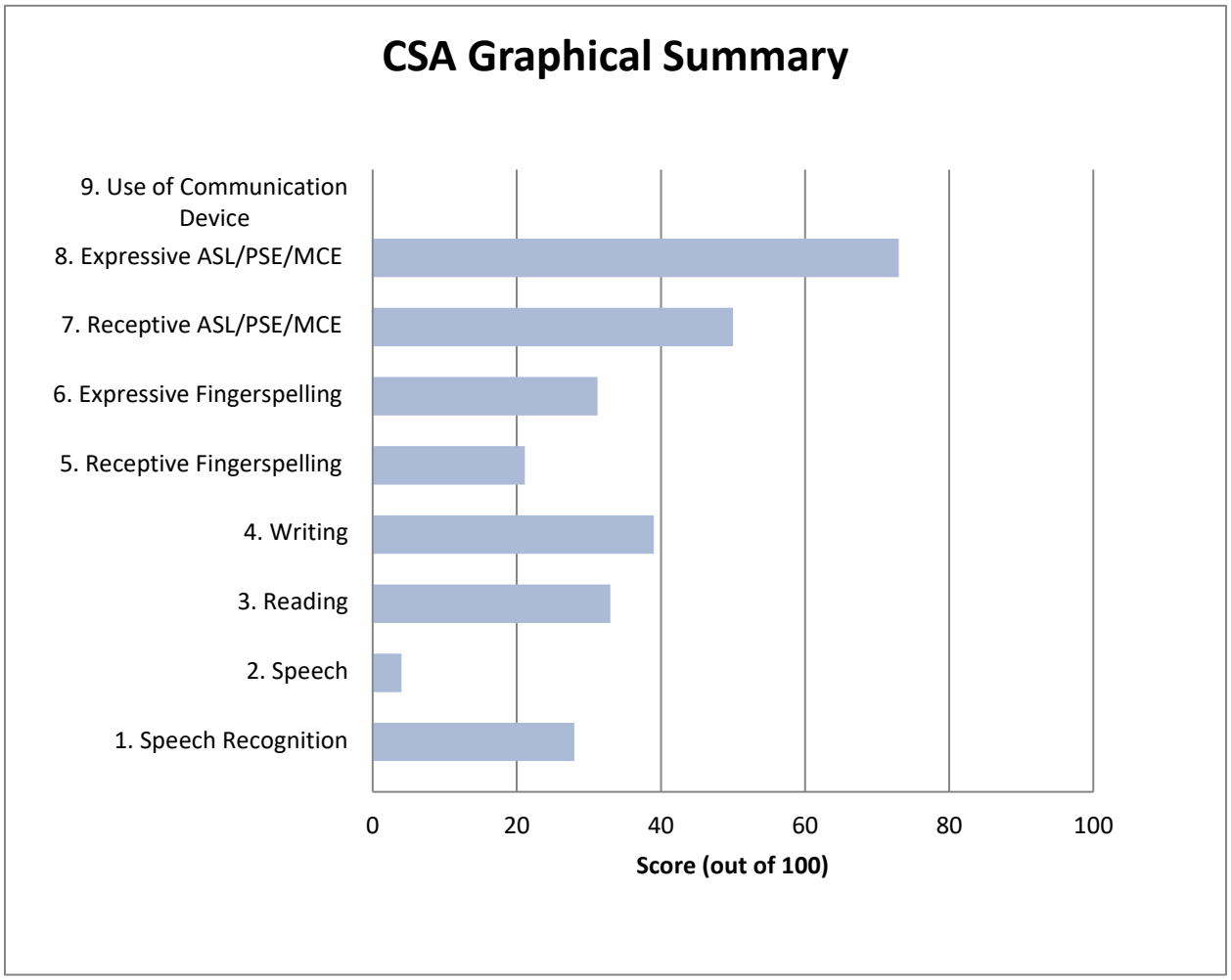
She does not use communication aids beyond writing notes when necessary.

Testing Administration

Ms. Doe was interviewed on October 20, 2019 at the local mental health center. Present for the interview were Ms. Doe and the two evaluators. This was a location familiar to her and she appeared comfortable in both the setting and with the process. It is felt that her performance was a good representation of her communication abilities.

Testing Results

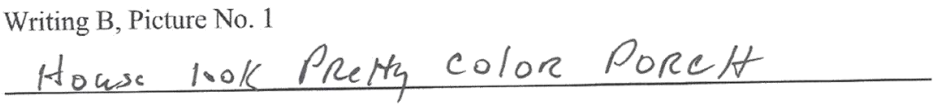
Scoring Grid



Discussion:

Ms. Doe performed at the middle range of the utility of this assessment. This assessment is designed for individuals with a wide range of communication skills and therefore has a relatively low "ceiling" with an upper testing limit of approximately 6th grade competence. Unfortunately, there are no more appropriate cross modality assessment tools available. While Ms. Doe demonstrated basic skills in fingerspelling and reading/writing, she performed best in the American Sign Language segment. However, her expressive skills were somewhat better than her receptive skills. It was noted during testing that her best expressive modality was Pidgin Signed English, while her best receptive language was American Sign Language – which may have resulted in some of the difference in the scoring. Her written and signed English reflected conceptual misunderstandings. She did not have these misunderstandings when the messages were provided in American Sign Language. She could accurately spell words and understand the simpler grammar required in the fingerspelling section, but fingerspelling fluency is dependent on English fluency, so her fingerspelling scores are constrained by her English competence.

Her communication pattern is typical of individuals born deaf with a significant hearing loss and exposed to inconsistent language models - a mixed use of American Sign Language, some English-based signing, and a home environment that included gestures, fingerspelling, and basic signs. Her written English reflects a lack of education in complex grammatical structures. Such as:



These grammatical errors may cause her to be misunderstood or, more likely, to misunderstand written information. She may not realize she has misunderstood written communication and think she has understood information where grammar structure is critical to comprehension. This inability to assess when she has correctly understood a message also applies to her speech and speechreading. Her production of sign language was generally clear but lacked a few spatial referential and classifier features, and she sometimes struggled to stay on topic or would change topics without clear transitions. She generally used sign language with an English-like word order.

She is able to speech-read simple words ("father") and sentences ("What is your name?") but not more complex words or phrases. Her speech is not likely to be understood, except by individuals who know her very well and understand the context of the situation, and then only for simple words ("baby") or familiar phrases ("I don't know").

Conclusions:

Ms. Doe is a 56-year-old white deaf female with a profound bilateral sensori-neural hearing loss, at birth as a result of Congenital Rubella Syndrome. She identifies sign language as her preferred mode of communication and this is consistent with her performance on this assessment. She also displayed a basic competency in the reading and writing areas. However, her educational and linguistic background has left her without complete fluency in English. She has difficulties in both vocabulary and grammar comprehension. This makes comprehension difficult in those circumstances where nuance and connotation are needed to fully comprehend the message.

She is aware of the technological devices available such as a VP, closed captioning, and signaling devices which enhance her everyday functioning.

Instructions given to this client are best presented in a manual communication format, using American Sign Language, not the Pidgin Signed English which she produces. Interpreters and other sign-fluent staff working with her need to be cautious that she seems to fare better when important information is repeated. Individuals working with her need to be aware that her etiology of Maternal Rubella may cause a delay in response and therefore may need to give her extra time to respond. They should also be aware that her expressive ASL skills are greater than her receptive ASL skills, meaning she may be more likely to express language than to understand at an equivalent level. Some of this variance may be due to the differences in communication modalities.

In those situations where she does not have access to someone who is fluent in ASL, communication is best accomplished by written notes, of limited vocabulary and simple grammar. Situations requiring complex or abstract communication, and/or with the potential for threat to safety or property would require an individual who is sign fluent or an interpreter. She is knowledgeable about interpreters and their use and can effectively use an interpreter to communicate with those who do not know manual communication. She is clear about the role of the interpreter but does not know how to use an intermediary interpreter or CDI.

Recommendations:

1) Ms. Doe should have access to manual communication, ensuring conceptual accuracy, on a regular basis for social and functional communication. Individuals communicating with her should be mindful of the variance between her best expressive (PSE) and receptive (ASL) languages.

2) Ms. Doe would not understand spoken English sufficiently well to have a conversation by speech and lipreading. She would understand single word responses to questions with a limited set of answers (what color is this?, what time is my appointment?) but not complicated questions or extended interaction.

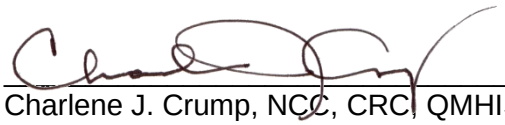
3) While Ms. Doe does not effectively use speech or speechreading.

4) Instructions given to this client be presented in American Sign Language as a first option, with a second choice being notes written in English with a limited vocabulary (6th grade equivalence to reduce the potential for miscommunication) and simple grammar (for example, no double negatives or predicate clauses). This alternative communication method can be used as a "stopgap" measure until an interpreter is available or in situations where the information to be communicated is basic with no serious consequences if communication is misunderstood.

5) Treatment services, including both individual and group therapy, should be provided by sign fluent staff or with the assistance of a qualified interpreter.

We appreciated the opportunity to assess Ms. Doe. If we can be of additional assistance, please do not hesitate to ask.

Submitted by:



11/02/2019

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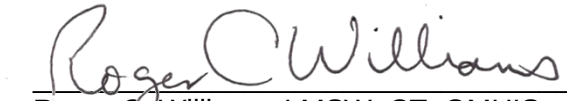

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