

Communication Skills Assessment

Mary Smith

1/1/2014

Prepared for SCDMH
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Test Instrument

The Communication Skills Assessment assesses an individual's relative strengths and weaknesses across a continuum of communication modalities. It is designed to identify individual strengths and weaknesses in addition to assisting in identifying an individual's most effective communication strategies. The test 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. Smith was referred for the Communication Skills Assessment by her counselor as part of a psychological assessment. In addition, Ms. Smith is being referred by the Department of Social Services who is concerned about her ability to parent her children.

Background Information:

Ms. Smith is a 47-year-old white deaf female with no motor disabilities. She has a slight vision impairment for which she wears prescription glasses. She reported no difficulty in seeing or understanding the examiner. During the interview, information was somewhat vague and difficult to obtain. Ms. Smith had difficulty remembering life events although she seemed to understand the question. For example, she was unable to remember how old she was when she left school or how old her brother was. However, overall, the information is considered to be accurate although not necessarily complete. She has a profound congenital sensori-neural hearing loss. She reports that she became deaf at six years of age although was not sure of the reason. She states she went to the hospital and had a high fever and a "rash". As with many questions, she suggested that we contact her mother for more information. She is the only deaf person in her family. Ms. Smith was educated at the School for the Deaf from age six to approximately fifteen when she withdrew from school. She was unable to give a reason for withdrawing from school. She states that she did not receive a diploma and that she finished eighth grade. Ms. Smith is the middle of three children. Her sister died about eight years ago from a "lung problem", she is not sure of the exact reason for her death. She lives with her husband, John, who is deaf and her two children, who are also deaf. Her father-in-law lives on the same property. Her father does not know sign language and she is very dependent on her parents, especially her mother for support. Her two children both attend the school for the deaf as residential students. She communicates with her mother by writing notes and reports she is not able to communicate with the rest of her family of origin. She communicates with her current family by sign language.

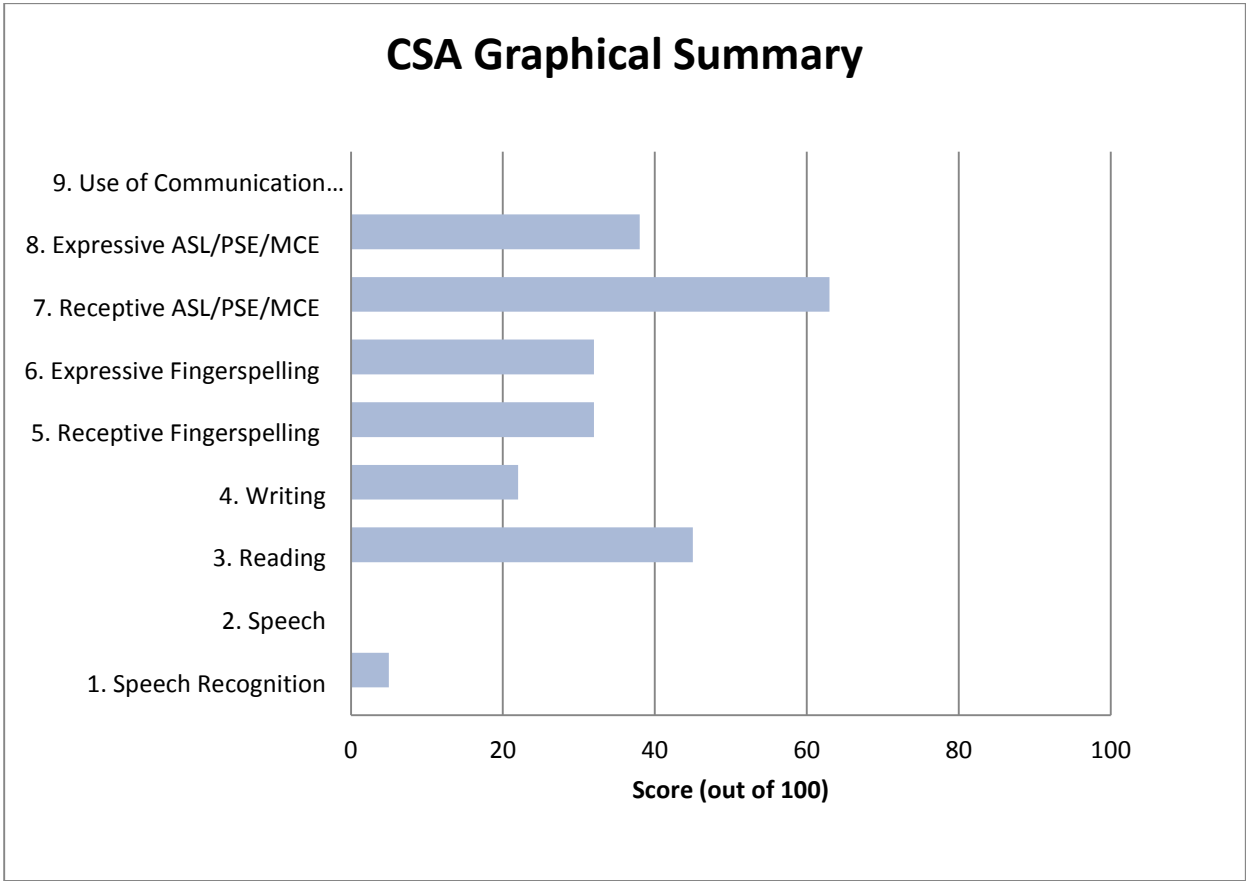
Ms. Smith had difficulty with the concept of an interpreter. She denied ever using one or knowing what one was although with repeated questioning acknowledged that there was an interpreter at church. She does not know how to arrange for an interpreter or know what their role should be. She seemed surprised at the idea that she should ask for an interpreter, even in situations such as medical or legal appointments. She does not wear a hearing aid or use an amplified telephone. She states she used she used a hearing aid while at school but that it was of little benefit. She is aware of signaling devices but at present does not use them. Similarly, she knows about a TTY and thinks it would be a good idea, but does not own one and does not think she could learn how to type. She has captioning on her television.

Testing Administration

Ms. Smith was interviewed on 1/1/2014 at the Mental Health Center. The initial interview and testing instructions were conducted in American Sign Language. Client appeared to understand the instructions, although multiple repetitions were sometimes necessary. She appeared fretful and required repeated encouragement when she thought she had given the “wrong” answer. She was very attentive to the examiner’s responses and scoring and was visibly concerned when unable to complete a task. Once client understood the instructions, she was cooperative and made good effort to complete all portions of the process. Overall, her performance is thought to be a good representation of her communication abilities.

Testing Results

Scoring Grid



Discussion:

This client's profile is typical of an individual of limited intellectual skills and educational neglect. She has had limited opportunity to develop her language, whether in English or American Sign Language. She does not have adequate fluency in any area of communication. She has difficulties with varied areas and did not demonstrate complete language fluency in any one area. For everyday communication and during the test administration, client performed best in American Sign Language. She has no usable skills in the oral domain. She is able to read simple words and recognize key words in a sentence. However, she has almost no awareness of English grammar and would be unable to understand any sentence where grammatical structure would be integral to understanding the meaning. In addition, her written English is almost incomprehensible and she can only write simple words. She fingerspells up to the limit of her English skills, i.e. she cannot fingerspell a word she cannot read or write and her limited Her knowledge of English prevents her from understanding fingerspelled sentences.

Her American Sign Language showed the effects of limited contact with the Deaf community and limited education. She had difficulty with vocabulary and with any of the abstract grammatical structures of ASL. As with English, where sentence structure or

non-manual markers dictate sentence meaning she was not able to comprehend the meaning. Similarly, her expressive ASL was lacking in complex ASL grammar or structure. For example, there was no evidence of eyebrow movement to indicate topic or the use of incorporated numbers in her sentences. When understanding ASL, she has difficulty with sentences that use the rhetorical question format or require spatial visualization. She could answer questions about identity and concrete events.

Conclusions:

Ms. Smith is a 47-year-old white female, deaf from six years of age, of an apparent high fever. Her communication strength is in the manual communication arena and this should be used as her primary mode of communication. However, in no communication arena were her communication skills sufficient to understand abstract or complicated information. While she can read simple words, this is not an effective or dependable mode for daily communication. Her oral skills are insufficient for any communication, although someone who knows her very well may be able to identify familiar words. Ms. Smith is insecure with her communication skills and will not ask for clarification or repetition, even if she knows she does not understand the communication. She is likely to nod or respond as she thinks is appropriate without comprehending the interaction.

She is aware of many of the technological devices available such as a ring signalers and TTY's. However, her ability to use a TTY is impaired by her limited fluency in English.

Ms. Smith can benefit from additional instruction in English and American Sign Language. The types of errors she made during the interview were fairly consistent and are more likely to reflect a lack of education and exposure rather than a neurological or learning disorder.

As to the specific questions which resulted in Ms. Smith's referral, Ms. Smith's limited communication skills and ability to handle abstract information have a negative impact on her ability to be an effective parent. She needs information about a number of topics related to parenting. This information will need to be presented in a concrete and situation specific format. She should be given opportunities to demonstrate knowledge acquisition and will most effectively respond to role-play and example rather than written or signed explanation. This will need to be done by someone fluent in American Sign Language as it would be difficult, if not impossible, to communicate this type of information to Ms. Smith through an interpreter.

However, for many situations, Ms. Smith would significantly benefit from the use of an interpreter. She is unclear about the role or function of an interpreter and this would need to be explained to her. She has not had the opportunity to speak directly with her child's physician or with many of the service providers involved in her situation. For this reason, efforts need to be made to help her become aware of her right to an interpreter

and how an interpreter can be obtained. This is particularly critical for medical and legal situations where the potential consequences of misunderstanding are grave. However, given her language comprehension deficits, she would also need someone to serve as an advocate or intermediary to assist her in understanding the presented material, at least initially.

Submitted by:

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Date