

Communication Skills Assessment

Jane Smith

November 1, 2013

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. Smith was referred for the Communication Skills Assessment by Someone who was requesting assistance in determining the communication needs of Ms. Smith. The CSA was given on October 20, 2013.

Background Information:

Ms. Smith is a 26 year old white deaf female. She has a profound sensori-neural hearing loss of unknown etiology with presumed onset at birth. Ms. S lives independently with her husband and three daughters. During the interview, she communicated in a combination of Pidgin Signed English and American Sign Language.

Ms. Smith attended the School for the Deaf through kindergarten and, when her parents moved, attended public schools in self-contained classrooms and mainstreamed settings until graduating with a high school diploma. 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. She states she can understand her mother and one sister reasonably well and that her father didn't talk to her very often.

She communicates with her children by sign-supported speech. Her children communicate with her in a similar fashion.

Ms. Smith was able to answer all the questions on the CSA. She does not use amplification. Ms. Smith has a cochlear implant but finds it of little benefit and does not use it regularly. Ms. Smith uses interpreter occasionally and is familiar with assistive equipment including signaling devices, TTY's, 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, both in her current location in Missouri and at her former residence in Florida. 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.

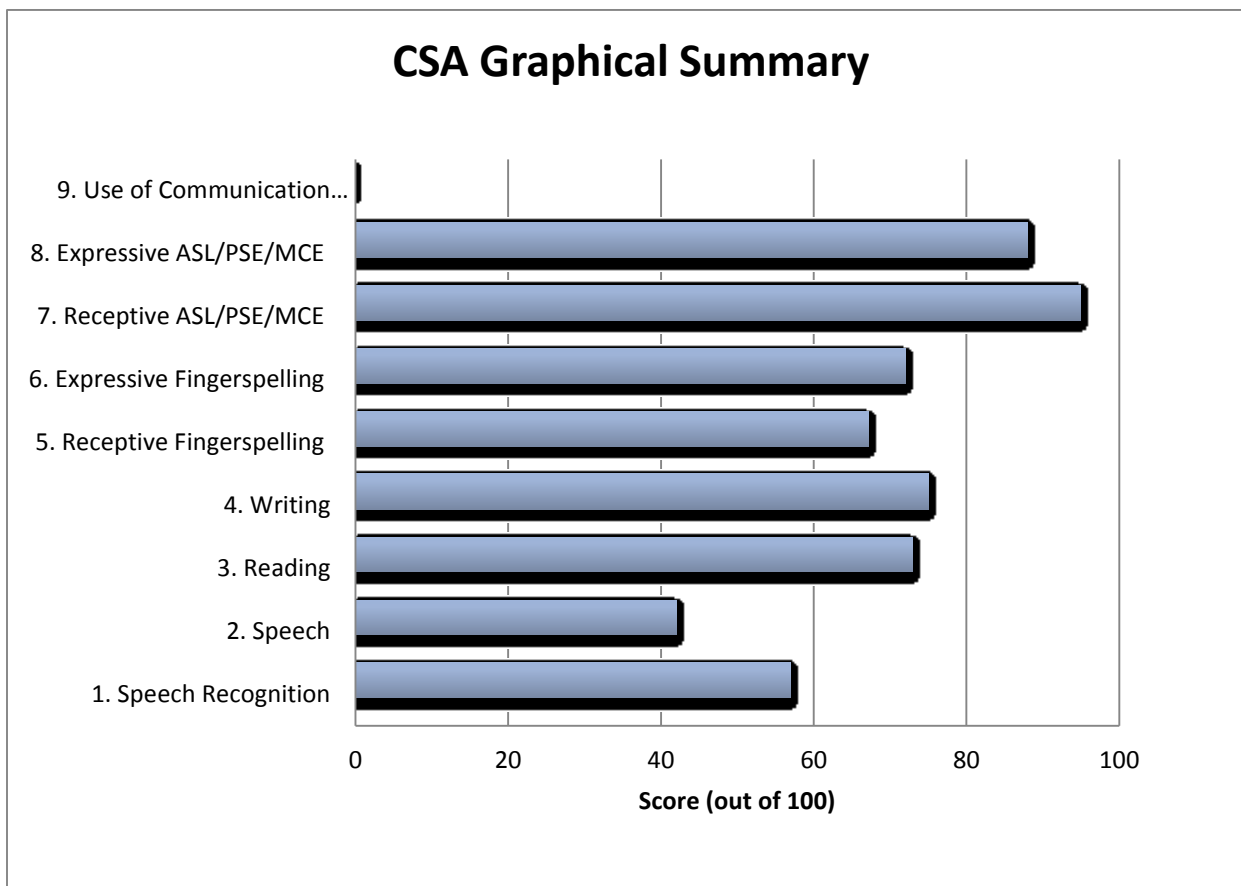
She does not use communication aids beyond writing notes when necessary.

Testing Administration

Ms. Smith was interviewed on December 5, 2010 at the home of her friend. Present for the interview were Ms. Smith and, intermittently, her two older children. This was a location familiar to her and she appeared comfortable in both the setting and with the process. In addition to the formal interview, Ms. Smith was observed communicating with her friend and with her children. It is felt that her performance was a good representation of her communication abilities.

Testing Results

Scoring Grid



Discussion:

Ms. Smith performed at the upper end 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. Smith demonstrated more than basic skills in fingerspelling and reading/writing, she performed best in the American Sign Language segment. 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 highly typical of individuals born deaf with a significant hearing loss and educated in an inconsistent educational program with mixed use of Manually Coded English systems and American Sign Language. Her written English reflects a lack of education in complex grammatical structures. 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 American Sign Language was generally clear but lacked a few spatial referential and classifier features. She generally used appropriate ASL grammar structure but would often have English word order or conceptually inaccurate signs (for example, signing the word “right” as in “correct” when she meant “legal rights”). This is again typical for an individual who has had inconsistent language exposure.

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 well, and then only for simple words (“baby”) or familiar phrases (“I don’t know”).

Conclusions:

Ms. Smith is a 26-year-old white deaf female with a profound bilateral sensori-neural hearing loss, with onset at birth with unknown etiology. She identifies sign language as her preferred mode of communication and this is consistent with her performance on this assessment. She also displayed a moderate competency in the reading and writing areas. However, her educational 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 or where multiple meanings exist for a single English word (for example, the word “right” which has multiple diverse meanings).

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

Instructions given to this client are best presented in a manual communication format, using American Sign Language or Pidgin Signed English. Interpreters working with her need to be cautious about her use of conceptually inaccurate signs to ensure that her English usage is not confusing her receptive or expressive message. 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 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. Smith should have access to manual communication, ensuring conceptual accuracy, on a regular basis for social and functional communication.
- 2) Ms. Smith 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. Smith uses her speech to answer questions, misunderstandings are likely and confirmation of verbal responses should be obtained by writing or sign language.
- 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. Smith. If we can be of additional assistance, please do not hesitate to ask.

Submitted by:

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Date

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11/01/2013
Date