

NAPSA CONFERENCE 2020

INTERACTION & COMMUNICATION SKILLS TO USE WITH ADULTS WITH
INTELLECTUAL & DEVELOPMENTAL DISABILITIES

Interaction Skills to Use with Adults with Intellectual & Developmental Disabilities

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&

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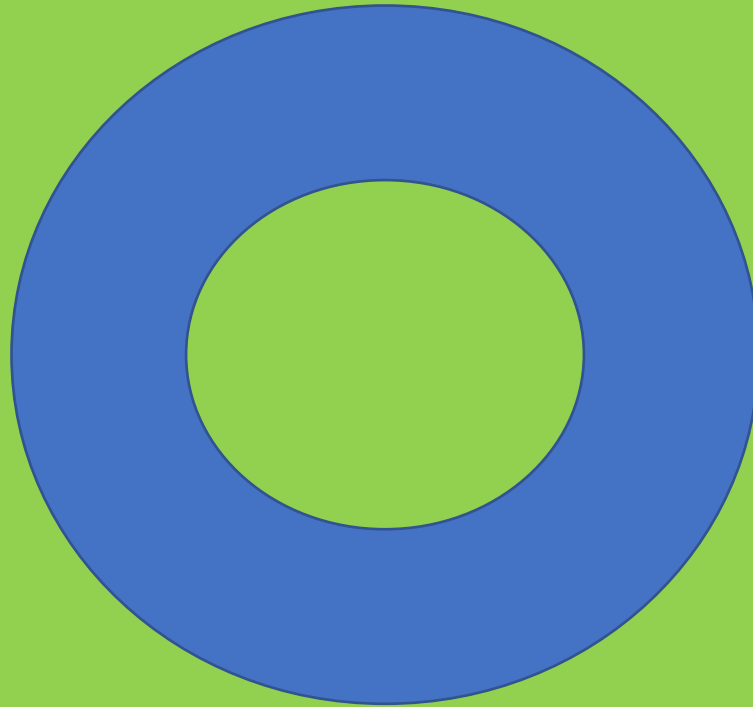
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PRE-INTERVIEW CONSIDERATIONS



BEFORE

The 5 steps of preparing to interview individuals with disabilities are:

- a. Personal Preparation - clearing learned (inadvertent) myths & stereotypes
- b. Developing a *Disability-Positive* Attitude
- c. Victim Knowledge (know about her/him)
- d. Communication style of victim
- e. Site & time Schedule

The 6 primary barriers to conducting an effective interview – Information & Attitudinal barriers.

- a. Lack of knowledge about the individual's disability
- b. Lack of experience or familiarity with unusual behavior, appearance, communication method or style
- c. Lack of training in disability issues
- d. Expecting "less"
- e. Belief an effective interview cannot be executed
- f. "Deeming" the person not credible due to the disability

The 6 aspects of the interview for post contact interpretation and team discussion

1. Behavior (unexpected movements)
2. Responses
3. Body language
4. Spontaneous utterances
5. Doodles or drawings
6. Response *set* (when all answers are “yes,” for example.)

Pre-Interview Information basics

Know about the person's type of disability

- If the person takes medication for the disability or other condition, make sure the person has had their proper dose of medication timely, on the day of the interview (by inquiring with the individual, or their support person or caregiver.)
- Know the best communication style for the individual and make appropriate accommodations
- Know who are the primary contacts (care providers, with whom they live, etc.)

Definition of Developmental Disability

- Federal Definition from DHSS, Administration on Developmental Disability
- Based on functional limitations, not named diagnoses

Developmental Disabilities act of 1970

The Developmental Disabilities Services and Facilities Construction Amendments of **1970**, P.L. 91-517. **constituted the first congressional effort to address the needs of a group of persons with handicaps designated as developmentally disabled.**

P.L. 91-517 amended the Mental Retardation Facilities and Community Health Centers Construction Act of 1963.

The 1970 amendments defined developmental disability to include persons with mental retardation, cerebral palsy, epilepsy, and other neurological conditions closely related to mental retardation which originate prior to age 18 and constitute a substantial handicap.

1975 (Pub. L. 94-103) The Protection and Advocacy System was established. A section on "Rights of the Developmentally Disabled" was now included in the law.

1978 (Pub. L. 95-602) included a functional definition of developmental disabilities.

The Developmental Disabilities Act of 1984 (Pub. L. 98-527)

- added a new emphasis regarding the purpose of the program, to assist States to assure that persons with developmental disabilities receive the care, treatment, and other services necessary to enable them to achieve their maximum potential through increased independence, productivity, and integration into the community.

The Developmental Disabilities Act of 1994 (Pub. L. 103-230)

Included findings that emphasize *respect for individual dignity, personal preference, and cultural differences* in the provision of services, supports and other assistance, and recognize that *individuals with developmental disabilities and their families are the primary decision-makers* regarding services, supports, and other assistance they receive.

The 1990 Amendments, (Pub. L. 101-496)

1. added to the purpose of the Act the commitment toward enabling all people with developmental disabilities, including those with severe disabilities, to achieve *interdependence and inclusion into society*.
2. the *functional definition* of developmental disability was *amended to include infants and young children*. Language was included to strengthen the independence of State Protection and Advocacy Systems.
3. Core awards for University Affiliated program training projects was established.

Developmental Disabilities Assistance and Bill of Rights Act 2000

114 STAT. 1684 PUBLIC LAW 106-402-OCT. 30, 2000

(A) IN GENERAL. -The term "developmental disability" means a severe, chronic disability of an individual that-

- (i) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (ii) is manifested before the individual attains age 22;
- (iii) is likely to continue indefinitely;

Developmental Disabilities Assistance and Bill of Rights Act 2000

(iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:

(I) Self-care.

(II) Receptive and expressive language.

(III) Learning.

(IV) Mobility.

(V) Self-direction.

(VI) Capacity for independent living.

(VII) Economic self-sufficiency; and

(v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Provisions were included to *ensure that the racial and ethnic individuals from diverse backgrounds are fully included in all levels and in all activities authorized under this act.* This includes language regarding unserved and underserved populations and culturally competent services, supports and other assistance.

Requires State Developmental Disabilities Council activities to promote systemic change, capacity building and advocacy.

The amendments also directed the Secretary to support grants to conduct an investigation on the expansion of part B programs (State Developmental Disabilities Councils) to individuals with severe disabilities other than developmental disabilities.

Public Law 106-402, the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 2000 *extended the definition of a developmental disability to infants and young children from birth to age nine (9).*

FREE PUBLIC EDUCATION FOR CHILDREN WITH DISABILITIES

PUBLIC LAW 94-142 “EDUCATION OF ALL HANDICAPPED CHILDREN ACT

In 1975, Congress passed *Public Law 94-142* (Education of All Handicapped Children Act), now codified as IDEA (Individuals with Disabilities Education Act).

FOR THE FIRST TIME, CHILDREN WITH DISABILITIES COULD ATTEND PUBLIC SCHOOL!

Attendance continues up to the age of 22.

ACCESSIBILITY LEGISLATION:
SECTION 504 OF THE 1973
REHABILITATION ACT
&
THE AMERICANS WITH
DISABILITIES ACT OF 1991

Developmental Disability

Federal Laws

- Section 504 of the 1973 Rehabilitation Act and the Developmental Disabilities Act define a “Developmental Disability as a condition which...
- Begins before the individual attains the age of 22;
- Is attributable to a mental or physical impairment or combination of these;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in...

ADA -Americans with Disabilities Act

The term “Qualified Individual with a disability” means an individual who...

Has a physical or mental impairment that substantially limits one or more of the major life activities of such individual;

Has a record of such an impairment; or

Is regarded as having such an impairment

ADA –Applications

PUBLIC ENTITY: Any State or Local Government
Any department, agency, special purpose district or other
instrumentality of ...local government...

- No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.
- This means, the law applies to services provided to the public, as well as internal employment and volunteer policies and practices.

Physical Disability

- Are all entrances accessible, to enter the building as well as throughout the building?
- Are reception desks easily accessible for individuals who use wheelchairs or are of short stature?
- Are the telephones, drinking fountains, alarms set low so everyone can reach them?
- Do the elevator call buttons have the correct lowered location, but a semi-permanent object has been placed in front of it, such as an ashtray or planter?
- Are medical exam tables adjustable with space for patient's wheelchair & plenty of room for transfer?
- Rx: TABLE MANNERS

Communication

- Can individuals with hearing or speech impairments easily telephone your offices...that is do you have TDD's or TTY's installed, operational and staff trained to use them? Do you use a relay service with similar training in place for staff? How do you address confidentiality? Do you have a list of qualified interpreters to hire when needed?
- Are all alarms and signs easily read?
- Are signs Brailled such as elevator call buttons and floors?
- Are alarms adequate for individuals with disabilities?"
(Lights for individuals with hearing impairments, for example.)

Appropriate reference & diagnosis

- There was much controversy over the term “retarded” or “retardation,” as it is used as a pejorative among lay people (as in, “you retard”).
- The term “developmental disability” became a “code word” for mental retardation. AAMR/AAIDD proposed “intellectual disability.” **Rosa’s Law*** was signed into law by President Obama, replacing language in federal documents.
- The DSM 5 now uses “intellectual disability.”
- Individuals with this condition often prefer “slow” or “slow learner.”

***Rosa's Law** ([Pub. L. 111-256](#)) is a [United States](#) law which replaces several instances of "mental retardation" in law with "[intellectual disability](#)". The bill was introduced as S.2781 in the [United States Senate](#) on November 17, 2009 by [Barbara Mikulski \(D-MD\)](#). It passed the Senate unanimously on August 5, 2010, then the [House of Representatives](#) on September 22, and was signed into law by President [Barack Obama](#) on October 5.

CALL OUT

WHAT ARE THE PRINCIPAL TYPES OF INTELLECTUAL OR DEVELOPMENTAL DISABILITY



FOUR Specific Disabilities Typical List

- Intellectual Disability (formerly “Mental Retardation”)
- Autism
- Cerebral Palsy
- Epilepsy
- Other conditions that constitute a substantial handicap to the individual and require a sequence and series of interventions and begin before the age of 22.

Diagnostics of Intellectual Disability

Levels of impairment are classified as:

- Borderline 70-85
- Mild 55-69
- Moderate 40-54
- Severe 21-39
- Profound 5-20

These scores are based on IQ tests that may include cultural biases. They may be administered on a “bad day”. It is now known that IQ can change dramatically over time.

Understanding of Intellectual Disability

- Inapplicability of “mental age” both in understanding the person and using in court as a foundational concept. Ignores one’s life style, self esteem and history.
- Caution with tests: cultural soundness is questioned, look for function over time i.e. school, work or ADL.
- One cannot diagnose intellectual disability solely based on IQ level, but in the context of an assessment of adaptive living skills.

DSM-5: Diagnostic and Standards Manual-5

Renames and redefines some disabilities/conditions

Autism

Asperger's

NOTE: Medical diagnoses, whether or not to include certain conditions is done by vote. Homosexuality was a diagnosed psychiatric condition, until a vote was taken in 1987 to eliminate sexual orientation as a "condition."

CO-OCCURRING CONDITIONS

May have ADD or ADHD

May have OCD

May have intellectual disability and PDD (pervasive developmental delay)

May have seizure disorder (good to ask prior to interview, especially if stress triggers a seizure)

May be bilingual or trilingual, including spoken languages and American Sign Language. Many with Down Syndrome use ASL

May have depression, anxiety, PTSD

Special Considerations

Reduced ability to converse...Or not

Reduced ability to read and write...Or not

Most likely have been teased, belittled or bullied

Live according to cultural rules of obedience

May have no understanding of sexual matters

May have no vocabulary for sexual body parts or actions

May have been threatened not to speak of what happened

May not initiate any questions

May do as they are told: draw, show me, describe

May not be able to render *chronological* order of events

May not have clear concept of time (if not ask if it was daytime, before medications, after specific TV program or lunch

Autism Spectrum ~~Disorders~~

- Cause: Unknown Cure: None (although the condition changes as the individual matures)
- Spectrum from Asperger's, Autism, Severe Autism, ADD
- - Every year since the CDC began tracking the prevalence of autism in 2000 through the Autism and Developmental Disabilities Monitoring (ADDM) Network, the numbers have consistently gone up. This year is no different. The report shows that the number of eight-year-old children diagnosed is now 1 in 54. The previous rate released in 2018 was 1 in 59. Whether increases in ASD prevalence are partly attributable to a true increase in the risk of developing ASD or solely to changes in community awareness and identification patterns is not known. Among **boys** aged eight years, the prevalence was 29.7 per 1,000, 4.3 times higher than the 6.9 per 1,000 prevalence among girls aged eight years.
- Language may be extremely limited, not related to the topic at hand OR more extensive than yours!
- Social interactions typified by objectification (by history)
- IQ's range from severe impairment to very bright
- Usual "Treatment": Behavioral rehearsal; Behavior Modification (some use aversive "therapy"...electric shock wands, which most consider extremely abusive), 1:1 assistance, now starting to move towards relationship-based training and interaction.

Stereotypical behaviors may/may not be present:

Rocking, vocalizing (grunts, tics, humming)

Hand wringing

Hyperactive, fidgety

Dislike eye contact (it seems it is painful sensory overload)

Interactional synchrony (do not repeat your question!)

Touch toxic (may benefit from firm touching)

Require longer transition times

Require sameness in environment (furniture)

MAY Require explicit and repeated instruction and information transfers.

May require concrete demonstrations.

May have exceedingly high intellectual ability

Do not typically initiate interactions or activities

Sensory Disabilities

- Hearing Disability (Deaf, deaf or Hard of Hearing)
 - Must identify how individual normally communicates
 - Use standard practice rules for interpreters
 - State Certified,
 - NEVER** a family member or care provider,
 - **Best if trained in working forensically in trauma issues**
- **However...in some special situations family members can be of great assistance.

Vision Impairment

- Must learn how the individual operates in terms of getting around (do they have a service dog? Where is it? A cane?)
- Learn how they deal with written materials (taking notes, reading, consent forms) options include large print, Braille.
- Learn when vision became impaired, which will make a difference in terms of having a “visual” memory of places etc.
- Know and cooperate with standard rules regarding service dogs. For example, do not pet the dog without permission from the owner; understand the dog is working, not ready for play.

Other Senses

- What are the senses? Vision, hearing, taste, smell, touch and intuition
- Touch: Touch may be painful to an individual either physically or psychologically. It is advisable to not touch the person at all or standard “shaking hands” being the limit. This is typical in autism, but for other conditions as well. Touching someone with autism can trigger traumatic reaction.
- If an individual cannot smell or taste, certain questions cannot be answered about an assault.
- They may have had a feeling about the person, or a sense of danger prior to the assault.

Cerebral Palsy

- A neuromuscular impairment resulting from brain injury either through head trauma or anoxia.
- Characterized by lack of control of body movement
- May impair speech production
- May or may not affect intellectual function
- Frequently mistaken & treated as if low IQ
- May be able to communicate best using non- verbal options such as Facilitated Communication or other computer assisted technology.

Epilepsy

- A neurological impairment which may have onset at any time and also may recede at anytime.
- Can be managed with medication (but not cured). In some cases, seizures cannot be eliminated.
- Usually a result of brain trauma such as fever, meningitis or other illness. Can run in families.

Mental Illness

- Foundational concept: *Perception of reality is impaired.*
- Neurobiological conditions: psychosis, bi- polar disorder
- Affective Disorders: depression, anxiety, Post Traumatic Stress Disorder
- Consciousness: Coma, Semi-coma
- Acute/chronic -temporary due to illness or toxicity
- Hallucinations (visual/auditory)
- Delusions (beliefs in things others do not in general)

Other common developmental disabilities

- FASD/FAE - Fetal alcohol spectrum disorder / fetal alcohol exposure (do not learn from experience, later high rates of arrest for petty crimes.)
- FRAGILE X – Most common although Down Syndrome most well-known
- PKU-phenylketonuria –now tested at birth (urine test) If results are positive can treat with special diet, intellectual disability does not develop
- CMV-prenatal cytomegalovirus causes global sensory problems
- Friedreich's Ataxia – normal development until age 6, motor impairments begin, not associated with intellectual disability

PWIDD REPRESENT 3% OF THE GENERAL POPULATION.
OVERALL: ONLY 5% HAVE KNOWN GENETIC CAUSE

Behavior that results from neurological effects

- **Tourette's:** Individual may have a seizure; suffer from involuntary bursts of language, usually offensive language, a known part of this disability.
- **Epilepsy*** There are several types, some look like the individual is not paying attention (spacing out), may drool, and quickly recover.
- **ADD/ADHD:** Individual may need to move around, have something to do with their hands (koosh ball, paper and pen, other non-invasive activity). May need to get up, walk around, take breaks.

*Make sure you know if the individual has epilepsy, if they are on medication; if they took their medication as usual prior to interview; if the individual has seizures when under stress; you must know what to do when you see warning signs of seizure or a seizure begins.

SENSORY DISABILITIES: DEAF OR HARD OF HEARING

ASK:

When did hearing disability begin?

Are caregivers able to communicate with this adult? (over 80% of parents of Deaf children do not learn sign language and cannot communicate more than basic needs with their children)

How does individual communicate?

If the individual uses an interpreter, you'll need to know what kind of sign language they use to locate an appropriate interpreter.

Do not interview without an interpreter

American sign language speakers use English differently than English speaker, grammatical rules are different.

Follow the R.I.D. Ethical guidelines for working with an interpreter.

Use of Interpreters

- Best to use RID Certified (Code of Conduct)
- Interpreters adhere to standards of confidential communication.
- Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
- Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
- Many Deaf individuals need a Certified Deaf Interpreter as well as a Certified Sign Language Interpreter.

Use of Family and Household Members as Interpreters

Do not use people connected to child victim unless emergency situation....Why not?

May be the offender or allied with offender

May also be a victim

May inhibit individual from complete disclosure

Not familiar with forensic considerations

Use of Family and Household Members as Interpreters

May use a family member when

Exigent circumstances

It is determined that the individual is only understood by a family member because of unique circumstances

If you must use a family/household member:

Fully brief the person on your expectations

Debrief them afterwards, never use children to interpret (when possible!!)

SENSORY DISABILITIES

BLIND OR VISUALLY IMPAIRED

Most have some vision. Ask about his

Some use a cane, some use a service animal, either must be present during the interview

Individual may be great at reading braille

Okay to use visual references

Good to ask about things they may have smelled or felt (physically) that helps provide essential information

What are the essential differences?

- How they communicate (ASL, FC, AAC, etc.)
- How they understand what is said to them
- How their natural body language works for them
 - Eye contact, body movement,
- Initiation (ASD)
- Cultural difference: compliance, wanting to please, avoiding getting into trouble, doing their best

Avoid having expectations for the ability of the person to communicate with you.

- I have interviewed “non-verbal” individuals who keep talking and are hard to get away from!!
- I have interviewed verbal people who chose not to talk or chose not to talk to me.
- I have interviewed electively mute people who haven’t spoken to others, but engage in very poignant and descriptive play that illustrates the abuses they have suffered.

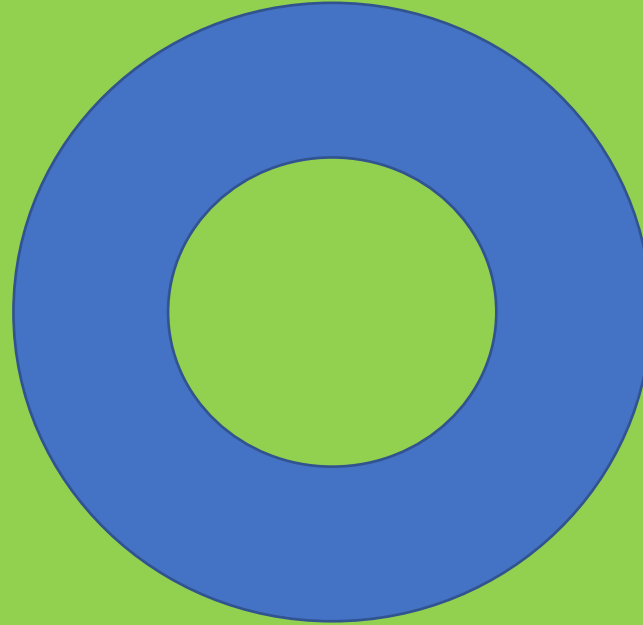
What are the essential similarities?

- Want to be believed, heard, respected
- Want to have listener understand them
- Want to get help when victimized
- Like interaction with others who respect them

MYTHS/STEREOTYPES/BELIEFS

2

5



LAW ENFORCEMENT OR PROTECTIVE SERVICES – Interviewing Errors from which we can learn...

Cascade of System problems...“don’ts”

1. Responders may not have had sufficient training time in interaction and interviewing skills to use with people with I/DD (Intellectual and Developmental Disabilities) and thus:
2. May Interview the person WITH the victim, rather than the victim (example: ER doc only spoke to group home staff, not the verbal adult with a disability)
3. “Determine” or decide based upon *appearance, warning or the records*, that the person cannot be interviewed
4. “Automatically” ascribe characteristics such as problems with credibility to the victim, or inability to describe the crime.

Person First Language

- How to properly and respectfully describe an individual with a disability, when talking with or about them, or documenting your contact.

The concept is to describe or name the individual prior to making any reference to a disability/diagnosis.

While speaking and in your documentation, refers first to the person, then to their disability

Avoid making the individual's disability the main focus.

Say, the individual “has” a disability, not “is” a disability

Say, the interviewee “acquired a brain injury” not “is brain injured.”

For example you would say you “had” the flu, not “are” the flu.

More on language skills

- Don't say or write that a person “suffers from” x disability, say “has”
- Don't say, “they” , creating a grouping of individuals who likely have disparate characteristics
- Don't say “caretaker” say “care provider” or “caregiver.”

MYTHS AND STEREOTYPES

Which can become barriers to Effective & Sensitive Interviewing of Individuals with Intellectual and/or Communication Impairments/Differences...which we will strive to overcome today!!

“CHAT” EXERCISE



SECTION ONE:

WHAT WERE YOU TAUGHT AS TO HOW TO ACT/NOT ACT AROUND PEOPLE WITH DISABILITIES?

If you have little experience interacting with people with disabilities, keep an open attitude of warmth and interest. (Example: Tourette's)

SECTION TWO

NAME MYTHS OR STEREOTYPES WHICH COULD INTERFERE WITH A GOOD INTERVIEW (Add to chat Box)

Common Beliefs re. People with Disabilities (which interfere with planning services.

- Have multiple disabilities
- Are asexual
- Are naturally “over-sexed”
- Are unable to
 - Understand and learn
 - Feel
 - Feel pain (physical or emotional) (therapy is often not secured for victim of sexual and other abuses).
- Cannot distinguish truth from fantasy
- Are unable to reliably, effectively communicate

Individuals With Disabilities

- Most people with disabilities have a single disability
- Have the same sex drives as their peers (varies by person)
- Have less information about sexuality
- Often have little or no prior sex education, thus no understanding of sexual acts or names for such acts
- Terms for sexual body parts and acts vary among geographic areas and cultures. Learn about these to be able to quickly discern meaning of victim's statement.
- “Pocketbook” means:
- “Cock” means (varies geographically referring to male/female)
- What is the difference if the female was touched on the outside of her body (vulva) versus the inside (vagina)?

People With Disabilities (cont.'d)

Similar to others:

- can be accurate historians and reporters
- a similar ability as others to know the difference between truth and untruth
- a range of abilities within any disability type
- We cannot generalize about people with disabilities, or the type, severity, or number of disabilities present

EARLY LEARNING ON ENCOUNTERING INDIVIDUALS WITH DISABILITIES

Adults teach beliefs and attitudes. What did you learn?

Most frequently:

Don't look.

Don't stare!

Don't approach or get near "them."

Attitudes:

Pity

Shame

Disgust

Fear

...?

Common Reactions to Persons With Disabilities

- Dread
 - Embarrassment
 - Shame
 - Pity
 - Disbelieve, disregard and discount
 - Dehumanize
-
- It's ok...we all start at the beginning! Then grow into deeper understanding and compassion.

DEVIANCY VS. COMPETENCY BALANCE

CULTURAL BIAS:

The more competency is perceived,
The greater deviancy is permitted.

An example is the absent-minded
professor whose appearance may
be “mussed,” and forgetful (focused
on something else).



Significance of Beliefs

Can make those with disabilities more of a target for victimization

Can make us less effective in handling crimes against them

What may look like threatening conduct may be behaviors associated with a disability

Importance of distinguishing a disability from suspicious conduct

Significance of Beliefs

- Lack of information about intellectual disability, autism & other (developmental) disabilities, and thus
- The cultural and informational differences that exist among members of these populations due in part to segregation, in part to exclusion, and in part due to the disability.
- Unexamined myths and stereotypes that are the basis for prejudice and fear & negative attitudes...corrected by acquisition of information & interaction.

RIVERSIDE COUNTY, CA 2004:

Outcry Halts Desert Rehab Center

The state backs off plans for a sex-offender group home in tiny Phelan after San Bernardino County supervisors vote to sue to block it. [March 17, 2004](#) | Hugo Martin | Times Staff Writer

State officials have temporarily halted plans to open a group home for developmentally disabled sex offenders in Phelan, saying they could not guarantee residents' safety because of the strong outcry from angry neighbors. The group home...was scheduled to open March 8 but has remained empty since residents began protesting and holding vigils to prevent the facility from opening. One of the loudest protests took place Tuesday, when radio talk show hosts John Kobylt and Ken Chiampou from KFI-AM (640) in Los Angeles began a live broadcast outside the house. **During the rally, the hosts and some guests referred to the sex offenders as "animals, perverts and predators."** The statement said the state would not allow the developmentally disabled sex offenders to be placed in the home until their safety can be ensured.

The protesters carried placards including one that read:
“BOARD HORSES NOT RETARDS”

CALL OUT !!



What are outcomes of unexamined belief in these ideas and reactions?

Type in to chat box your thoughts!

Preconceptions that THEY... (shared myths)

- Cannot remember
- Make up stories to get attention
- Will never be a credible witness
- Cannot understand enough
- Cannot be understood by the interviewer
- Are not really necessary as a witness
- Will later change their story & are therefore unreliable...they were lying then or now.

MYTHS IMPLY THAT THEY...

- Cannot distinguish the truth from a lie
- Cannot understand the consequences for lying
- Don't have a sufficient or correct vocabulary to describe the abuse...their communication style is suspect.
- Alternative methods of communication cannot be used.
- Are just plain not bright enough to be able to repeat their story...

WHEN MYTHS ARE BELIEFS, THE VICTIMS SUFFER

Some (including physicians) believe that:

People with I/DD *do not experience physical pain** ...resulting in conducting medical procedures (surgery, etc.) without anesthetic, or *failing to treat* individuals who are in pain due to accident or illness. This includes “behavioral treatment” such as the electrical shocks given when “misbehaving” at The Judge Rotenberg Center Program in MA, still operating today.

People with I/DD do not experience *emotional pain*, thus do not require or benefit from treatment for trauma, loss, depression, etc.

People who cannot talk *do not understand* what is said in their presence. The “Theory of Mind” says that people who cannot communicate are unable to think and feel like “normal” people, thus do not need healing services/therapy.

***Until the 1950’s physicians believed young children did not experience physical pain thus conducted surgery without anesthetics (including on me!)**

Why Is This Important?

- Individuals with cognitive impairments are identical to and different from “the norm”.
- Both the similarities and differences get overlooked when one’s lack of familiarity & lack of academic preparation allow myths and stereotypes to invade or even dominate one’s thinking, attitudes & behavior. Thus, unintended conclusions may be drawn, and inappropriate actions taken...check things out!

Why Is This Important?

- Skilled & trained professionals improve the experience of abuse victims with disabilities,
- Professionals expand their skills, knowledge, and cultural understanding of members of this population
- And can recognize or avoid “Crazy Thinking” (which is the implementation of intervention recommendations that would never be used with individuals without disabilities) – (sex education for sexual assault victims, out of home placement for pre-teen patting younger child, vasectomy for teen suspected of being gay).

FOUNDATION OF CREDIBILITY BIAS

- Interviewer's negative attitudes towards those who communicate in other than standard verbal expression.
- Ongoing belief in myths and/or stereotypes about individuals with disabilities that may negatively impact on the interviewer's understanding or believing what the interviewee communicates.
- Knowing about different types of disability & communication methods.

OVERCOMING CREDIBILITY BIAS

FOUNDATION:

Overcoming general societal value for verbal fluency and assuming this is the only important/functional/valid method of communication.

Accepting that all methods of communication are equally valid.

Maintaining an open mind when interacting with each new person.

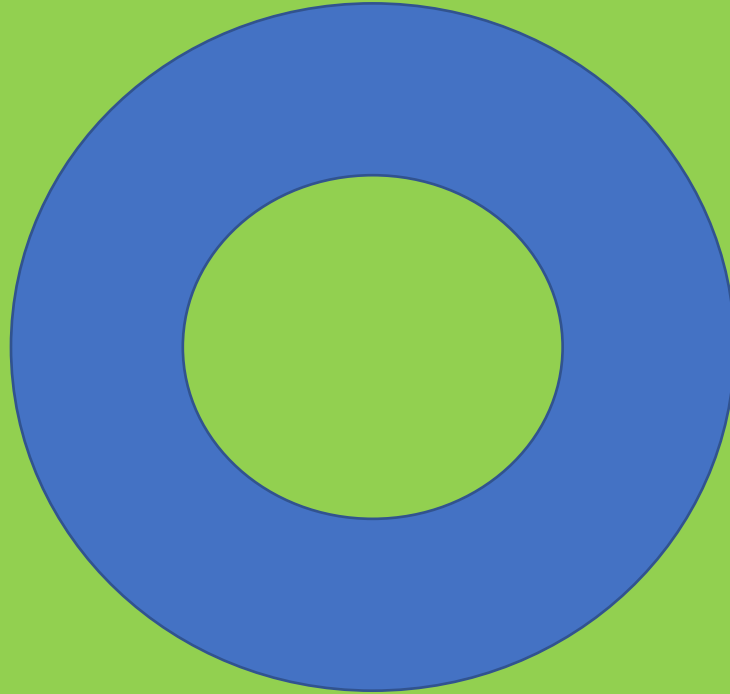
MODULE SUMMARY



CONTRIBUTIONS FROM CLASS:

WHAT ARE THE MOST IMPORTANT POINTS?

CULTURAL ISSUES



Cultural Issues

- Individuals with severe disabilities that began in childhood have a life experience quite distinct from the generic population.
- Additionally, those who have acquired disabilities later in life, also have learned that full participation in the generic society is different once the disability has occurred.

Cultural differences include...

- Physical inability to normally enter/exit buildings, homes, courts, museums.
- Exclusion from depictions of consumers of services of all kinds: sexual assault treatment, domestic violence centers, movie goers, shoppers, etc.
- Being a member of a class of person that is poorly regarded in terms of societal value. These values are: youthful and dynamic appearance, healthy, wealthy, male, tall, educated, has a “good” job, among others.

Cultural differences continued...

- Full participation in acquisition of information. Many individuals with intellectual disability may not read the paper, receive information about community services, or the infrastructure. Many do not vote. They require direct teaching using concrete teaching skills to match their learning modality.
- Most individuals with severe cognitive and/or communication impairments have separate: transportation, vocations, homes, social activities and religious activities.

The rules....that are learned through experience:

Don't get anyone else in trouble

Obey the rules...don't be a troublemaker

Always obey anyone who acts “in charge”

Act nice Don't get angry Don't ask for much

Agree with others *Other's opinions are important - not yours*

It is bad to be assertive/dangerous *Don't talk to strangers*

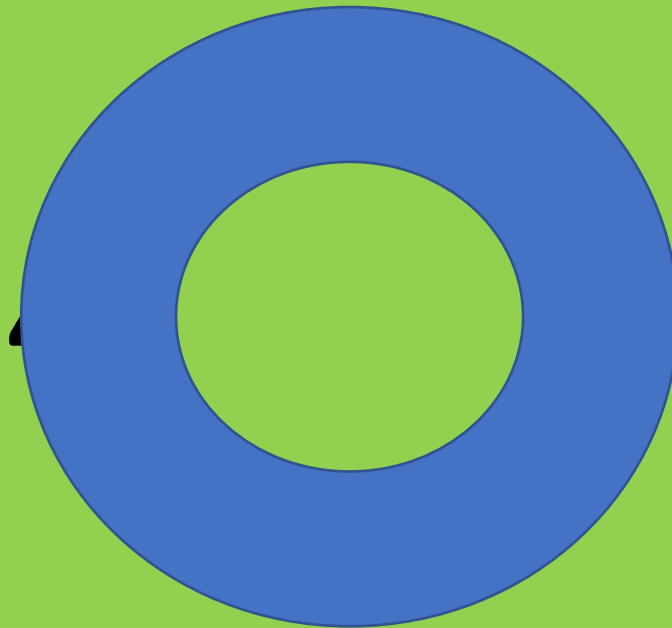
How do these impact your interview?

Class Exercise (Chat entry)

1. How is their world different?
2. How will you use this information?
3. Identify 2 or 3 ways in which you can incorporate this into your work.



COMMUNICATION



“Non-Verbal”

- What is “non-verbal communication”?
- Denotation: Communication done without words.
- Eye contact
- Gestures (pointing, showing using one’s hands, facial expressions)
- Non-word vocalizations
- Showing through acting out a role using oneself or implements such as dolls, objects used as people.
- Showing through actually going somewhere and acting out what happened there.
- Showing emotions or acting out emotions

“Non-Verbal Communication”

- Connotation of “non-verbal” is that the individual is unable to communicate.
- Yet, we know that much is communicated without words, in fact some say that much more is said nonverbally than with words.
- In our culture, we emphasize, perhaps overemphasize the importance of words and ignore, demean or pay only minimal attention to body language and other forms of non-verbal communication. Else why would they include the word communication in the appellation?

Non-Verbal

- Non-verbal communication must be interpreted by the communication partner. How to interpret language (such as gestured or vocalized yes/no responses) is one issue.
- Interpreting body language: very different from law enforcement training in “suspect” body language!!

Pre-Verbal

Communication used before speech is acquired.

- Although infants, post trauma patients and others who may or may not understand all of the words presented to her/him, may be unable to produce spoken words, there is a great deal of agreement that they do communicate and some quite effectively.
- Some say even that such individuals “run the house” ... through their behavior but not words.

MUTISM

CHRONIC

SELECTIVE

CHECK FOR TRAUMA

Augmentative and Alternative Communication (AAC)

Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas. We all use AAC when we make facial expressions or gestures, use symbols or pictures, or write.

People with severe speech or language problems rely on AAC to supplement existing speech or replace speech that is not functional.

Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help people express themselves. This may increase social interaction, school performance, and feelings of self-worth.

AAC users should not stop using speech if they are able to do so. The AAC aids and devices are used to enhance their communication.

Types of AAC

When children or adults cannot use speech to communicate effectively in all situations, there are options.

Unaided communication systems – rely on the user's body to convey messages. Examples include gestures, body language, and/or sign language.

Aided communication systems – require the use of tools or equipment in addition to the user's body. Aided communication methods can range from paper and pencil to communication books or boards to devices that produce voice output (speech generating devices or SGD's) and/or written output. Electronic communication aids allow the user to use picture symbols, letters, and/or words and phrases to create messages. Some devices can be programmed to produce different spoken languages.

More on Practice Standards

- The [Preferred Practice Patterns](http://www.asha.org/policy/PP2004-00191/) for the Profession of Speech-Language Pathology outline the common practices followed by SLPs when engaging in various aspects of the profession. The Preferred Practice Patterns for AAC assessment and intervention are outlined in Sections 26 and 27.
- <http://www.asha.org/policy/PP2004-00191/>

Different Types of Assistive Communication Devices and Services

ASL – American Sign Language

SE – Signed English

VRS – Video Relay Service

FC – Facilitated communication board and computerized devices

Computerized systems used independently

Braille typing

Ubiduo – two screens, one for each communication partner, typed only

Assistive Technology

- Simple books, drawings, letter or communication boards
- Computerized systems
- Lite writers (typing or laser), iPads, tablets
- Apps with voice-output
- VRS (Video Relay Systems)
- TDD/TTY (older systems)
- Pictographs (PECS)

Facilitated Communication

- The interviewee types out their communication
 - With assistance, fading to less and less support (however may require more support due to abuse/trauma)
 - FC and SOMA methods such as RPM
 - (Facilitated Communication, Rapid Prompting Method)
 - Pros and Cons
 - Forensic recommendation:
 - Do 2 interviews with qualified facilitators
 - Not subject to Daubert
 - Not yet full acceptance in lay (professional) communities

1	2	3	4	5	6	7
8	9	10	+	-	20	100
A	B	C	D	E	F	G
H	I	J	K	L	M	N
O	P	Q	R	S	T	U
V	W	X	Y	Z	<	.
YES		SPACE				NO

WANT	DON'T	GO	STAY	FOOD
BATH-ROOM	DRINK	NOW	LATER	PLEASE
TEACHER	DAD	MOM	DRIVER	HOUSE
SCHOOL	CAMP	HURT	COMB	ANGRY
SCARED	SAD	HAPPY	LIKE	CHURCH

What is missing?

FACILITATED COMMUNICATION AND CONTROVERSY

Why is this method of communication in question?

It is the only one for which the communicator requires the physical assistance of a support person (facilitator) in order to select the word or letter desired.

The neurological makeup of the autistic FC user requires the physical touch, or physical support to be able to select the word or letter desired. When individuals with other disabilities (cerebral palsy) use FC, they similarly need physical support.

FACILITATED COMMUNICATION AND CONTROVERSY

It is the physical support part that leads to the question: is the individual communicating his/her own thoughts, or is the facilitator imposing his/her own thoughts? If so, is he/she doing so knowingly or without intention?

Many studies have been done that demonstrate the communication comes directly from the individual with a disability, while other studies (that do not accommodate the communicator's disability) show that they do not. Critiques of these studies show how the research failed in a variety of ways.

FACILITATED COMMUNICATION AND CONTROVERSY

Thus, those who are trained in providing support to FC users, are also trained in the ethics of such work.

The ethics are the same as for any other interpreter or translator.

Are there individuals who violate ethics? Of course. Thus, it is recommended that for legal purposes, if there is any doubt about the interview results of a victim using FC, employ the services of a second FC professional support person for another interview.

ASHA New Position on FC & RPM

- ASHA Discourages Use of Facilitated Communication, Rapid Prompting Method
- People With Communication Disabilities Have a Right to Services That Are Effective, Lead to Independent Communication, and Are Not Harmful, ASHA Says
- August 8, 2018
- **(Rockville, MD)** Underscoring the importance of scientifically defensible communication interventions and citing shared concern about harm that could stem from baseless practices, the Board of Directors of the American Speech-Language-Hearing Association (ASHA) has unanimously approved [position statements](#) that discourage the use of Facilitated Communication (FC), the Rapid Prompting Method (RPM), and similar practices such as Spelling to Communicate—techniques where “facilitators” ostensibly elicit communication from individuals with disabilities.

NOTE: ASHA does not offer or recommend an alternative for non-speaking individuals and does not acknowledge the success of thousands in using FC/RPM.

VIDEO

Wretches and Jabberers



Chat Exercise

When greeting an individual with a disability for the interview, what are two things you should do and two things you should refrain from doing?

INTERVIEWER SKILLS



Skills of interviewer

Patience

Becoming familiar with communication modality

Use standard interpreter skills, directing attention to the interviewee (not interpreter or device)

Ensuring authenticity of the interviewee's communication by

Asking questions support person may not know (what are your thoughts about?)

Conducting two interviews with two separate support professionals.

Issues

Memory

Credibility

Stamina

Motivation

Vulnerability

“passing” (trying to not appear to have a disability)

Check vocabulary (use your gut feeling)

- Perpetrators can be as pernicious with people with disabilities as with typically developing individuals
 - Exercises
 - Advocate
 - Outing
- USE your intuition to discern such tricks used by perpetrators. (Case where perpetrator referred to repeated forced sexual contact as “exercises”)
- (my case in which victim referred to perpetrator as his advocate.)
- Case where perpetrator called assaults “outings”

COMMUNICATION

- Non-verbal
 - Elective mutism
 - Truly non-verbal (0 verbal expression)
 - Low Verbal
 - Function of trauma

ABSTRACT CONCEPTS: TIME

Do not ask “how many” or “how long” unless you are sure the individual understands time, telling the time, and the concept of time.

Instead, “what time do you usually get to work”. They will often know this, but not the more abstract, “how much time” or “how many times” or “how long.” If you need “how many times” you can say, “more than one time”, “a few”? “many times.”

Other tips

- Never ask “why”?
- Why? Because the question implies an understanding of abstract concepts, implies an understanding of the motive of the perpetrator, may only lead to an answer of “I don’t know”, which always, just about, feels bad and leads nowhere.
- Except sometimes, when the individual can answer why questions!

Other tips

Ask concrete questions:
what, how, where, when.

Don't start questions with "if..." as
hypothetical questions may not work if
the person is a concrete thinker.

Say "I heard that..." to introduce a topic.
Say "is it this, that or something else?"

Other “don’t” tips

Avoid infantilizing the victim

1. Do not touch
2. Do not hug
3. Do not use terms of endearment
4. Do not use baby talk or “kiddy” words
5. Do not use items for illustration that are meant for much younger persons.
6. Do not pretend you do not remember or understand when in fact you do...in other words, don’t lie.

Handling Distractions

Every effort should be made to avoid distractions such as noise, foot traffic, sounds inside the room (phones, clocks, P.A. systems, police radio, pagers, cell phones) or outside (other people's voices). For autistic people these are more than distractions, they are painful and attention-grabbing.
(perfume, after-shave scents)

Compare Body Language Interpretation of Suspects & Characteristics of Individuals with Disabilities

Lack of eye contact (Too much input)

Delay in response

Act like they do not understand your questions

Refuses to agree with specific “facts”

Does not appear to understand Miranda

Appears too nervous

(Chat: How to interpret?)

Behavioral Rules for Individuals with Developmental Disabilities are

Trained passivity

Obedience

Consider all generic adults as “in charge” of them

Strong desire to please -be like everyone else

Don't make requests unasked

Don't embarrass others (Parents/In loco parentis)

Don't make any autonomous decisions

Biggest Disability: Attitudes that nurture or create Myths/Stereotypes/Prejudices

- Speech production problem = intellectual impairment
- Cognitive impairment = person cannot distinguish truth from a lie, or
- Their memory cannot be considered reliable
- Having a mental illness = veracity of person's statement is suspect automatically.
- Consider making list of negative appellations

VIDEO

Perception

The Monkey Business
Illusion

YouTube

Published on Apr 28, 2010

[Daniel Simons](#)



MODULE SUMMARY



CONTRIBUTIONS FROM CLASS:

WHAT ARE THE MOST IMPORTANT POINTS?

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