Evaluating Special Needs and Deaf Clients: Practical Solutions for Enhancing Accuracy in Evaluation and Treatment



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Goals and Objectives

1. Basic information related to evaluating individuals with ability or linguistic differences

2. Recognize the role Deaf Culture and American Sign Language related to evaluation

3. Understand the challenges when evaluating, diagnosing and treating Deaf individuals with sexual abuse or mental health needs.

4. Gain through demonstration, case examples, and participation knowledge of best practices in forensic / psychosexual evaluations with Deaf examinees
   - Assessing skills to conduct such evaluations
   - Utilizing sign-language interpreters
   - Consulting with experts

Why is all this important?

ATSA Guidelines say…

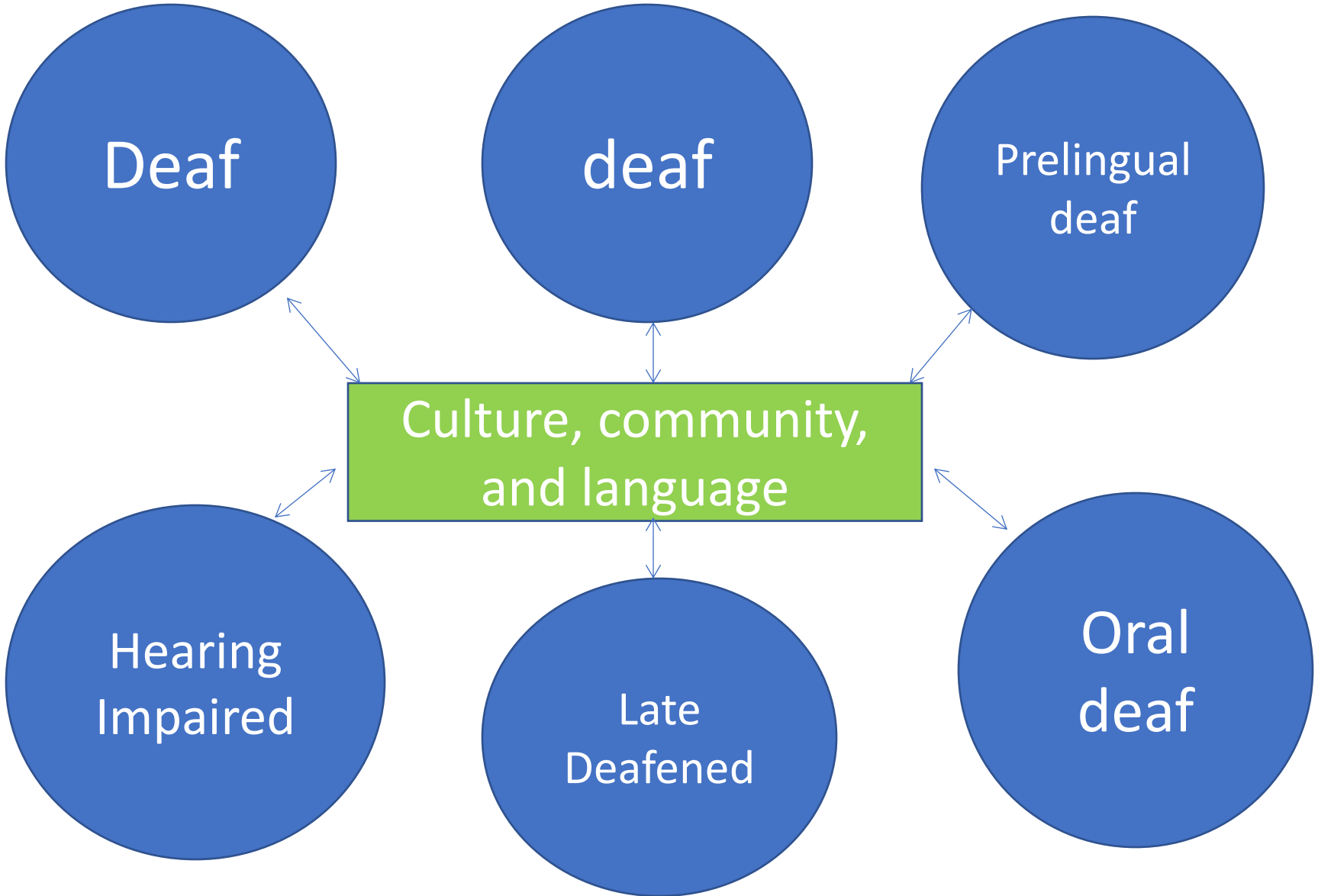
- Evaluations: D. #23: Special Considerations:
  - Members acknowledge and attempt to address any biases or assumptions based on age, ***cultural differences***, socioeconomic differences, education, ***language***, level of intellectual functioning, and mental or physical disability.
- 23.03: Okay to use an interpreter: Need to note that one was used. The interpreter should be professionally trained (i.e. you cannot use family and friends).
- 23.04: Use instruments that are appropriate to the culture, socioeconomic status, education, language, and level of intellectual functioning.
- 23.07: If using alternative methods (taped versions), the test reliability and validity may be different

ATSA
Research. Treat. Prevent.

01.

Deaf Culture and American Sign Language: A Brief Introduction

Variations in “Deafness”



The Historical Role of Culture and The Deaf Community as a “Minority” Group

- Outdated View
  - Medical, impairment, loss, handicap, auditory focus
- Modern View with focus on sociocultural aspects
  - Similar to other minority groups
  - Community involvement
  - Positive self-identity
  - Language
  - Heritage, art, shared experiences of oppression, etc.
- In a “hearing environment,” a deaf individual may be more passive and withdrawn, while in the Deaf community they may be much more active and involved.
  - Similar to other minority groups



What is American Sign Language?

- Third most used ***language*** in the U.S.
- Based on the premise: “sight is the most useful tool a deaf person has to communicate”
  - Employs signs made with the hands
    - ***and*** *movements of the body and face*
- ASL is distinct and ***independent*** of English
  - Rules of grammar, production, and structure
- Other forms of signed communication
  - ***Not every deaf person uses ASL, or any signed communication***



“Deaf” is Not a Single Variable: Causes, Language Acquisition & Learning

- Multiple causes + multiple experiences
  - Nongenetic and/or Genetic
  - Family, education, social

- Patterns of onset and implications
  - Pre-lingual, late deafened
  - Extent of hearing loss
  - Development of language, personality
  - Educational, assistive technology needs
  - Social interaction

- All of which will affect evaluation: selection, administration, and interpretation

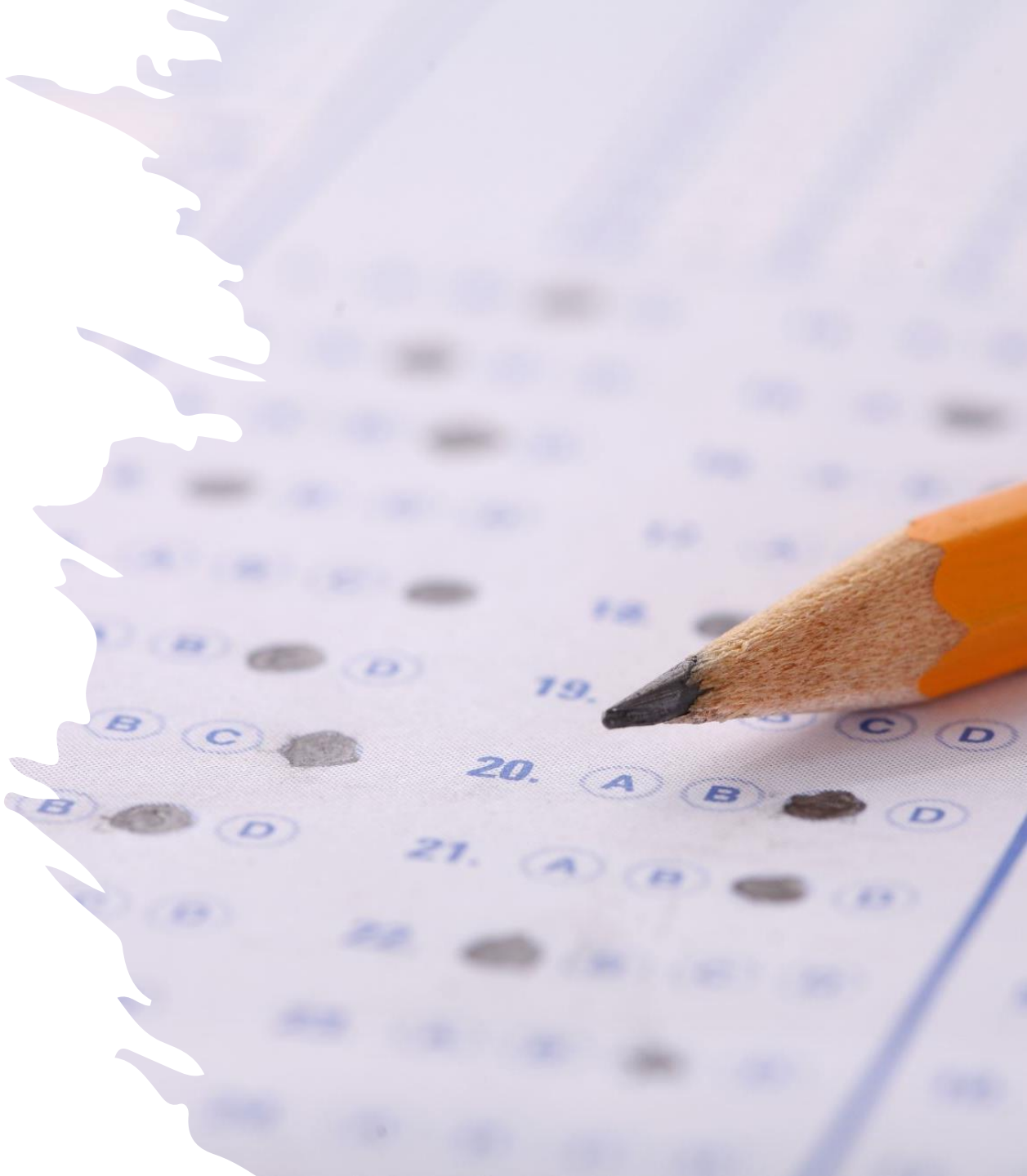


02.

Psychological, Forensic, and Psychosexual Evaluations

Culture, Language, and Testing

- Few tests have any deaf norms
  - "Hearing impaired" norms?
- English to ASL translations
  - Is a signed presentation of instructions and materials really equivalent?
- Interpreters and testing
  - More on this later…



Considerations in Testing, pt 1

- Misinterpreting culture as evidence of pathology
  - "Normal" vs. normal-for-Deaf

- Common Challenges and Potential (psychopathology) Misunderstandings

  - Language and Culture

  - Limited knowledge of personal or historical information

  - Knowledge of current situation may be limited by lack of accessible explanations

  - Apprehension of hearing examiners



Considerations in Testing, pt 2

- Does the client know ASL?
  - Vs. communication
    - Vs. nonverbal
- Ability level?
  - Would an Interpreter be helpful
- Reading (English) Ability*
  - Tends to be lower than hearing peers
    - Limited access
    - English as a 2nd language
- Tests of nonverbal abilities?
  - TONI-3 / CTONI



*Be careful here.

Considerations in Testing, pt 3

- Language Based
  - Iconic signs
  - Vocabulary or spelling test?
  - Timed verbal response tests

- Self-report (objective) measures
  - Reading
  - Many English words have no signed equivalent
  - Legal and professional Jargon

- Administration or Interpretation
  - *“Apple, Table, Penny”*
  - *“Right”*
  - *“I often feel downhearted and blue”*

- Context vs. Pathology
  - *“No one understands me”*
  - *“I have often felt that strangers were looking at me”*
  - *“I am bothered by people outside, on the streets, in stores, watching me”*

Considerations in Testing, pt 4

- Objective
  - No norms
  - Interpretations may indicate isolation, paranoia, depression, anxiety, and psychosis
  - Algorithms vs. context?

- Projective
  - No Norms
  - Signs to coded scoring
    - Movement - Butterfly, fish
    - Defensiveness, emotionally constricted
  - Symbolic vs. bizarre drawings



Sexual Attitudes/Behavior Inventories

- When asking questions about sexual behaviors need to know the context of how it was handled in their family/community.
  - Depending on their context/environment and how communication was handled, what they know or don't know,
- Sexual terminology and ASL
- Barrier of communication
  - Think about your own sexual experiences: How much do you rely on your sense of hearing?
    - Clear communication about consent or boundaries to stop
    - Gives indication of pleasure of your partner
  - Reliance on visual / tactile cues
    - Positions/lighting



Example: The LOOK Assessment

- **Consent Form**

- You are about to take a test that is measuring your sexual attraction. I want you to look at the consent form. This test takes about 20 minutes to take. There are no known risks other than you might be uncomfortable with reporting your sexual attraction. We will maintain strict confidentiality around your responses and records. You have the right to refuse to take this test; however, that impacts our ability to better understand where your sexual attractions are. If you agree to participate with the test and the ongoing research studies, please touch “yes” on the i-Pad and then “I agree”. If you are not willing to allow this data to be used for further research, please touch “no” and then “I agree.”

- **Sexual Attraction Preference**

- I am showing you 10 categories of people. This is a touch screen so when you touch 1 of the boxes it will go away. I want you to touch the categories of people from most sexually attractive to least sexually attractive. Leave the categories that you do not find sexually attractive. At the end then touch “continue.”

- **While Waiting for the First Image**

- I am going to show you pictures of men, women, boys and girls of different ages and races. I want you to look at the picture and find the dot. The dot will move to a different position on the page with each picture. Once you have found the dot touch it and it will go away. In your head, I want you to decide if that person is sexually attractive to you or sexually unattractive to you.
- Then I want you to notice the numbers at the bottom of the screen. The positive number represents sexually attractive people, and negative numbers represent sexually unattractive people. I would like you to rate the person based on their sexual attraction for you. 3 is very sexually attractive, 2 is moderately sexually attractive, and 1 is mildly sexually attractive. -1 is mildly sexually unattractive, -2 is moderately sexually unattractive and -3 is very sexually unattractive. Once you have selected the rating for sexual attraction for the picture, a new picture will come into view.
- To review, look at the picture and find the dot, make the decision in your mind whether that person is sexually attractive or sexually unattractive and then rate the person. You will do this a total of 154 times.
- Do you have any questions before you begin?
- Press “Ok” in the dialog box and the first image will appear

Diagnosis

- The DSM was not designed with Deaf pathology and diagnostic criteria in mind
- Frustrations with communication and confusion misinterpreted as noncompliance, anger, paranoia, avoidance, impairment, or other pathology
- Assumptions of being deaf as pathology
  - Just being deaf does not = trauma, depression, or anxiety

Legal Rights and Competency to “X”

- The Miranda Warnings
  - Comprehension of meaning
    - “rights”
    - The “Deaf nod”
- Factual Information without signs
- Capacity vs. accommodation
- Competency restoration

Criminal Responsibility, Risk, Registry

- What was the communication situation “at the time of the crime?”

- No norms for static or dynamic factors
  - Different factors and rates of recidivism?
  - Variables may not be the same
    - ex – Family support / stability, access to health / mental health care.

- Registry
  - Isolation from Deaf community, fewer options

04.

Collaboration with ASL Interpreters

The Purpose of an Interpreter is to Facilitate Effective Communication

- **Not to provide training, advice, advocacy, or opinion.**

- **What Qualifies as an Interpreter?**
  - Specific training – not just sign language / ASL skill
  - The Registry of Interpreters of the Deaf (RID)



- What is **NOT** a ***qualified*** interpreter for an evaluation?
  - Professionals or staff who "can sign" because they had "a sign language class"
  - Family members – even if fluent, even if certified interpreters
  - Other defendants/inmates/patients/residents
  - Writing back and forth - key pads, note pads, texting
  - Gesturing
  - Anyone with any stake or investment in the outcome of the examination

  - Lip/speech reading – Unless *clearly* stated as preferred communications by the Deaf person

Working with Interpreters

- ASL vs. Certified Deaf Interpreters (CDI)
  - And spoken language interpreters

- Often interpreters are sent on jobs with
  - Little knowledge of what is to take place.
  - Minimal legal or psychological knowledge or background
  - Minimal understanding of assessment, testing, or evaluation

- Meet with the interpreter before the examination
  - Important to communicate before testing to avoid Influences on responses
    - Familiarize the clinician with the role of the interpreter
    - Familiarize the interpreter with the process of evaluation

- On-site, over-the-phone vs. video remote interpreting

Demonstration

05.

Take Home Message: Future Considerations

Where do we go from here?

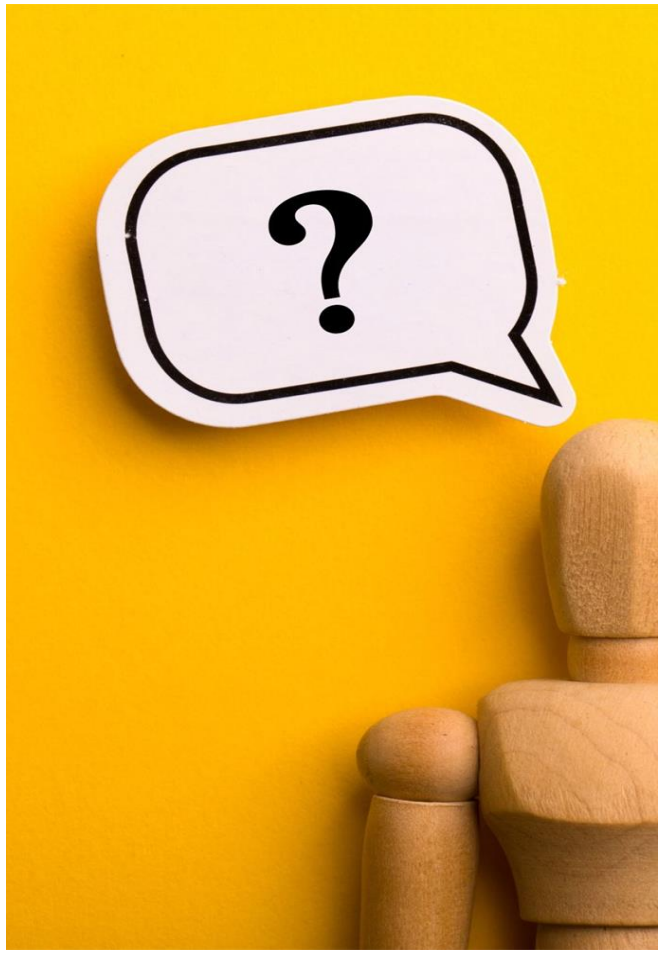
- Limited resources
  - Getting better
  - Not likely to dramatically shift in the near future

- Responsibility falls on the clinician
  - Competency
  - Communication
  - Consult



Questions to ask yourself before agreeing to an evaluation with a Deaf client

- Is it ethical for me to do this?
  - Professional **C**ompetency?
- Do I have the resources to do it correctly ?
- Do I have anyone with whom to consult?



Do's…

- Do ask their preferred **C**ommunication method
- Do ensure Cultural and Linguistic Competency and Access
  - Be aware of your own potential biases
- Do consider the validity of your tests
  - Special accommodations?
  - Culturally sensitive measures?
- Do consult, ask questions, refer



Don’ts…

- Don’t make assumptions about language, **C**ommunication, or accommodations
- Don’t ask to lipread for your benefit
- Don’t assume an ASL interpreter will make everything “equal”
- Don’t administer testing, because you “do it all the time” / “have done it for XX years”



Document, Document, Document

- What accommodations did you make?
- Why did you make them?
- Is there evidence to support your decisions?
- Did you **C**onsult? With whom? About what?

- Ex. 1
  - All tests completed by Mr. Doe were administered in American Sign Language *(through a sign language interpreter)*. It is important to note that these tests are normed on hearing populations and intended to be presented in sign language, therefore results should be interpreted with caution. These results indicate Mr. Doe's performance in relation to other hearing defendants, but not in relation to Deaf peers.
- Ex 2
  - Consultation via personal communication on February 16, 2024, with Mary J. Smith, Ph.D., Licensed Psychologist. Dr. Smith is a Professor with Department of Clinical Psychology at Pacific University. She has expertise with forensic examinations and in practice with the Deaf community. Dr. Smith provided….





Questions?

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