

Section “C”

Interviewing Children and Youth with Disabilities and Conditions Affecting Communication.

INTERVIEWING CHILDREN AND YOUTH WITH DISABILITIES AND CONDITIONS AFFECTING COMMUNICATION

Police and Social Services personnel may also be required to interview children and youth with disabilities and medical conditions. Significant difficulties in communication are demonstrated by children and youth with disabilities, including those who are deaf and hard of hearing, and those with intellectual disabilities, autism, speech and language disorders, and learning disabilities.

There are also children or youth with physical or mental conditions which may affect their ability to communicate. These include diabetes, epilepsy, depression, schizophrenia, psychosis, anxiety disorder, and substance abuse.

Interviewing a child or youth with a disability or condition may pose a problem for the interview team. Information on specific disabilities and conditions, and suggestions for conducting interviews are provided in the following two sections:

1. Interviewing Children and Youth with Disabilities and Conditions Affecting Communication - General Guidelines
2. Characteristics Associated with Specific Disabilities and Conditions
 - *Intellectual Disability*
 - *Autism*
 - *Attention Deficit/Hyperactivity Disorder (ADHD)*
 - *Fetal Alcohol Syndrome (FAS)*
 - *Learning Disability*
 - *Deaf and Hard of Hearing*
 - *Visual Impairment*
 - *Diabetes*
 - *Epilepsy*
 - *Mental Disorders*

Interviewing Children and Youth with Disabilities and Conditions Affecting Communication - General Guidelines

- Identify the disability or condition (i.e. hearing impairment, comprehension level, speech impairment, physical disability)
- When preparing for the interview, consult with the adults in the child's world who understand the nature of his/her disability and are familiar with how the child communicates. Teachers and other professionals or paraprofessionals have experience in communicating with the child, and are an invaluable resource to the interview team. This may include

speech/language pathologists, educational psychologists, counselors, teacher assistants, clinical psychologists, social workers, nurses, child and adolescent psychiatrists, pediatricians, and alcohol and drug counsellors.

- In some situations, depending on the level of development of the child, a standard interview may not be successful. In other situations, it may be possible to proceed with the normal interview protocol, adapting it to the level of understanding of the individual. Familiar adults, such as the teacher or speech and language pathologist may be able to help in making appropriate adaptations. Be prepared to take extra time as needed.
- Remember to use vocabulary and sentences that are at the individual's level of cognitive and language development. It may be helpful to ask a few non-critical sample questions to determine how simple or complex the questions can be.
- Ask one question at a time, and avoid lengthy complex questions.
- Speak slowly and pause to allow the child to process what you have said. It will often take the child with a disability longer to process the question, formulate and express his/her answer. It is important to provide sufficient "wait time" between your question and the child's response.
- It may be helpful to repeat questions in simpler forms, as the child may have problems processing complex questions and sentences.
- Some children, such as those with autism and FAS may be very literal in their interpretation of speech. It is best to avoid words with double meanings, and to use clear concrete vocabulary.
- Some children may have difficulty with verb tenses. For example, using the present tense to describe a past event.
- The child may experience difficulty with the concept of time, such as the concept of before and after, and being able to sequence events. The child may not be able to accurately define when something happened. It may be helpful to link events with major activities in the child's life, school events, or routines such as mealtimes.
- Some children, such as those with ADHD, FAS and autism, may have difficulty remaining on task and attending for long periods of time. It may be necessary to allow time for the child to take a break from the interview to do other things.
- The use of visual prompts and gestures may help the child to understand. This is particularly helpful with children who are deaf or hard of hearing and autistic children. It is also frequently helpful for children with FAS, ADHD and intellectual disabilities.

Characteristics Associated with Specific Disabilities and Conditions

All disabilities and conditions range in severity from mild to moderate to severe, and each child presents with his/her unique personality and patterns of strengths and needs. However, the following general information is provided to assist the interviewers in understanding the child's disability or condition, and the learning and behavioural characteristics which may impact on the interview situations.

Intellectual Disability

A person with an intellectual disability generally tends to learn more slowly, and can have limited ability to learn. This disability may cause difficulty in coping with the demands of daily life. Frequently children and youth with intellectual disabilities have speech deficits and their language level is considerably below the level of same age peers. Consequently, they may have difficulty understanding and responding to complex questions.

It is important to note that there is a great range of abilities among people who have been identified as having an intellectual disability. Those children with severe intellectual disabilities may have very limited or no speech. Others with a mild intellectual disability may be able to carry on a conversation, but demonstrate difficulty with recalling details and sequencing events. Adults who are familiar with the child can provide specific information on communication and cognitive abilities.

In addition to the *General Guidelines*, the following suggestions can aid in the interview process:

- determine whether the person requires assistance with communication, and whether they are using an alternative or augmentative communication system.
- deal with one issue at a time, and be as concrete as possible in your conversation
- while it may be necessary to use plain language and speak slowly and clearly, it is important to treat older students and adults in an age-appropriate manner.
- give the individual time to respond
- be prepared that the interview process may require additional time and patience.

Autism

Autism may be characterized by the following observable behaviours:

- There may be a range of difficulties in expression as well as understanding of language. The teacher, teacher assistant, or speech and language pathologist will be able to provide information on whether or not the child is using visual supports in communicating, and to describe how they are used.
- Up to 50% of people with autism do not develop functional speech. Those who do may have difficulty carrying on a conversation, and their speech may have unusual qualities such as a monotone or lilting quality, or a distinct repetitive rhythm.
- Some individuals may be echolalic; that is, they may repeat what is said to them. Sometimes this repetition occurs immediately after the model, and sometimes it is delayed. For example, some individuals may repeat a statement that was said to them in a specific situation.
- Difficulties with social interaction are demonstrated by all individuals with autism. Some may be very withdrawn, while others may be overly active and approach others in peculiar ways. There may be little or no eye contact.
- There are frequently different responses to sensory stimuli. Some children are extremely sensitive to specific sensory experiences, such as touch, sound, or smell.
- Unusual repetitive behaviours such as hand flapping, rocking, or spinning are common.
- There are frequently problems with attention and resistance to change. A child with autism may have difficulty adjusting to new settings and new people. It is helpful to conduct interviews in familiar settings, and may be necessary to see the child 2- 3 times to establish some familiarity.

Attention Deficit/Hyperactivity Disorder

ADHD is a syndrome, or set of symptoms which includes inattention and hyperactivity/impulsivity as demonstrated in the following behaviours:

- difficulties with paying attention to details
- difficulty with sustaining attention
- often does not seem to listen when spoken to
- has difficulties organizing him/herself
- often loses things
- is easily distracted, and often forgetful in daily activities
- often fidgety, may leave seat or room
- often talks excessively
- often blurts out answers before questions are completed and may interrupt or intrude on others.

Fetal Alcohol Syndrome

FAS can affect overall intellectual development, social judgement and attention. Some of the characteristics which may impact on the interviewing process are:

- problems with gaps and inconsistencies in understanding, sequencing and processing information
- the individual may have a limited attention span and/or may be easily distracted and impulsive. It is estimated that 80% of children with FAS demonstrate hyperactivity
- there may be difficulties with memory and recalling information in a specific order
- problems with clarity of speech
- problems with comprehension of speech and language. The individual may need extra time to process information, and may need repetition
- there may be hearing deficits
- the child/youth may be over or under sensitive to light, sound, touch, smell and taste. Sometime the child/youth may act out if they are experiencing “sensory overload”.

Learning Disability

Children and youth with learning disabilities may present with a wide range of characteristics:

- the disability may affect performance in academic areas such as reading and mathematics
- there may be problems with visual or auditory perception, concept formation, memory, and/or behavioural difficulties
- some children with learning disabilities also present with difficulties with attending, similar to those with ADHD
- it is estimated that up to 50% of children with learning disabilities have difficulty with oral language.

Deaf and Hard of Hearing

The single most overwhelming issue for children who are deaf and hard of hearing is communication. Some children are oral; that is, they utilize whatever hearing they have to listen and to communicate through speech. Children with severe to profound hearing loss may use manual communication or sign language.

Whether a student has an interpreter, a hearing aid, or uses total communication, communication is very hard work. It requires a great deal of concentration, and the child may become very tired. Small breaks may be necessary depending on the length of the interview.

In addition to the *General Guidelines*, the following information is important in conducting the interview.

- Keep your mouth at the student's eye level, and try to remain in one position as much as possible when speaking. Walking around the room will make it more difficult for the child.
- Look at the child or youth when speaking.
- Be sure that lighting is appropriate so that the child can see you face and the movement of your lips.
- Speak clearly at a reduced rate without exaggerating your lip movements.
- Be sure that the child who wears a hearing aid has it turned on.
- If the student uses an interpreter, the interviewer can consult with the teacher or principal to determine who would be the best interpreter for the situation. Interpreter services can also be accessed through Saskatchewan Deaf and Hard of Hearing Services Inc. (see Appendix "A").
- When speaking, look at the child/youth, not the interpreter.
- Allow extra time for the interpreter to transfer your complete message and for the student for form answers.
- Permit the interpreter to ask for clarification or repetition of information.
- Speak clearly in normal tones, rate, and volume.

Visual Impairment

Legal blindness is defined as a distance acuity of 20/200 or less in the better eye, or having no usable vision, or a field of vision reduced to an angle of 20 degrees. Visual acuity of 20/200 means that the person must stand at twenty feet or less to see an object which would normally be seen at two hundred feet. Total blindness, the inability to see anything, is uncommon.

The following special considerations can assist in preparing for and conducting the interview.

- The child or youth will need to be oriented to the room in which the interview will take place. It is best if a familiar location is used.
- It is best to have someone who is familiar to the child escort him/her to the interview.
- Inform the child about the general layout of the room and about other details, such as the presence of a tape recorder.
- Allow the child to explore the interview room if it unfamiliar to them, provide verbal descriptions as needed, and guide them to where they should sit.
- The child/youth should know who everyone in the room is, and who comes or goes during the interview. The interviewer can make contact with the child by voice and by touch, such as a handshake.
- For a child or youth who is blind, remembering places, events, and activities will have a physical component. They may describe events in a physical manner, according to what their other senses perceived.

- The child may demonstrate different body language than what is expected. For example, exaggerated movements may occur, facial expressions may be different than expected. It is important to note that these characteristics may be associated with the visual impairment and the lack of opportunity to see and model facial expressions.

Diabetes

Diabetes may affect an individual's response within the interview situation. The following behaviors and reactions may be an indication of low blood sugar:

- cold, clammy sweaty
- trembling, shaking of hands
- confused or disoriented
- irritability, hostility
- uncoordinated, staggering gait
- difficulty speaking
- eventual fainting or unconsciousness, if untreated

Epilepsy

The child or youth with epilepsy that is not well controlled may have lapses in attention. In some situations, the seizure may not be obvious and may appear as daydreaming or staring spells.

Mental Disorders

Depression

The child or youth with depression may be relatively unresponsive, lacking in energy or motivation, cautious or withdrawn.

Schizophrenia

The child or youth with schizophrenia may have difficulty concentrating or paying attention, disordered thoughts and hallucinations, and may be unmotivated.

Psychosis

The child with a psychosis may demonstrate similar difficulties to the child or youth with schizophrenia.

Anxiety Disorders

The child or youth with an anxiety disorder may have difficulty concentrating and may be preoccupied or distracted by their own thoughts or physiological experiences (manifestations of their anxiety).

Alcohol and Drug Use/Abuse

The child or youth who uses or abuses alcohol or drugs may demonstrate difficulty concentrating, irritability, impatience, lack of motivation, lack of energy, or hallucinations.

***Note:** Although individuals with a specific disability or condition may share some common features, no two individuals are the same. The common characteristics help to understand the general needs associated with a disability or condition, but it is important to acquire information on the specific needs, abilities and personality of each child or youth.*

Additional information can be acquired by contacting the resources and community services listed in Appendix “A”.

Appendix “A”

Resources and Services for Persons with Disabilities and Conditions Affecting Communication

When preparing for an interview, specific information on the child’s disability or condition can be acquired through discussions with teachers and personnel involved with the child. In addition, physicians from Departments of Pediatrics and Child Psychiatry in local urban hospitals can provide information on medical and mental health conditions. Finally, additional general information on the disability or condition may be obtained from the following community agencies and services.

Saskatchewan Association for Community Living

Regina

405 2631 28th Ave.

Regina S4S 6X3

Phone: 586-7988

Fax: 586-7899

Head Office

3031 Louise St.

Saskatoon S7J 3L1

Phone: 955-3344

Fax: 373-3070

Provides information, services, and advocacy for persons with intellectual disabilities.

Alvin Buckwold Child Development Program

Kinsmen Children’s Centre

1319 Colony St.

Saskatoon S7N 2Z1

Phone: 655-1070

Information, assessment and intervention for children with intellectual disabilities, autism, fetal alcohol syndrome, physical, and multiple disabilities.

Autism Resource Centre

2941 Lakeview Ave

Regina S4S 1G8

Phone: 569-0858

Saskatoon Society for Autism Inc.

302 – 506- 25th Street E.

Saskatoon S7K 4A7

Phone: 665-7013

Saskatchewan Institute for the Prevention of Handicaps

1319 Colony St.
Saskatoon S7N 2Z1
Phone: 655-2512
Fax: 655-2511
email: skiph@sk.sympatico.ca

Provides information on numerous handicapping conditions, including Fetal Alcohol Syndrome, in addition to its mandate to raise awareness of preventive measures to reduce incidence of handicapping conditions in children.

Learning Disabilities Association of Saskatchewan

Albert Community Centre	<u>Regina Chapter</u>
26 - 610 Clarence Ave. S.	Box 826
Saskatoon S7H 2E2	Regina S4P 3B1
Phone: 652-4114	Phone: 352-5327
Fax: 652-3220	

Saskatchewan Deaf and Hard of Hearing Services Inc.

<u>Saskatoon</u>	<u>Regina</u>
109-514 – 23 rd St. E.	2341 Broad St.
Saskatoon S7K 0J8	Regina S4P 1Y9
Phone/TTY: 665-6575	Phone/TTY: 352-3323
Toll Free: 1-800-667-6575	Toll Free: 1-800-565-3323
Fax: 665-7746	Fax: 757-3252
Internet: sdhhs@sk.sympatico.ca	

Provides communications services, such as sign language and oral interpretation.

Canadian National Institute for the Blind

<u>Saskatoon</u>	<u>Regina</u>
1705 McKercher Dr.	2550 Broad St.
Saskatoon S7H 5N6	Regina S4P 3Z4
Phone: 374-4545	Phone: 525-2571
Fax: 955-6224	Fax: 565-3300

Canadian Paraplegic Association (Saskatchewan) Inc.

<u>Head Office</u>	<u>Regina</u>
3 - 3012 Louise St.	210 4401 Albert St
Saskatoon S7J 3L8	Regina S4S 6B6
Phone: 652-9644	Phone: 584-0101
Fax: 652-2957	Fax: 584-0008

Saskatchewan Abilities Council

<u>Provincial Services Office</u>	<u>Regina</u>
2310 Louise Ave	825 McDonald St.
Saskatoon S7J 2C7	Regina S4N 2X5
Phone: 374-4448	Phone: 569-9048
Fax: 373-2665	Fax: 352-3717

Wascana Rehabilitation Centre

2180 23rd Avenue
Regina S4S 0A5
Phone: 766-5100

Saskatchewan Education Special Education Unit

Central Office
2220 College Avenue
Regina S4P 3V7
Phone: 787-1183 Fax: 787-2223

Child and Youth Mental Health Services

Child and Youth Services, Moose Jaw Mental Health Centre, Moose Jaw/Thunder Creek Health District

Moose Jaw Union Hospital, 455 Fairford Street East
Moose Jaw S6H 1H3
Phone: 691-6464 Fax: 691-6461

Child and Youth Services, Regina Health District

1601 College Avenue
Regina S4P 1B8
Phone: 766-7400 Fax: 766-7888

Child and Youth Services, Swift Current Mental Health Clinic, Swift Current Health District

350 Cheadle Street West
Swift Current S9H 4G3
Phone: 778-5250 Fax: 778-5408

Child and Youth Services, Weyburn Mental Health Centre, South Central Health District
Box 2003
Weyburn, S4H 2Z9
Phone: 842-8665 Fax: 842-8690

Child and Youth Services, Yorkton Mental Health Centre, East Central Health District
270 Bradbrooke Drive
Yorkton, S3N 2K6
Phone: 786-0558 Fax: 786-0540

Child and Youth Services, Mental Health Services, Saskatoon Health District
715 Queen Street
Saskatoon, S7K 4X4
Phone: 655-7800 Fax: 655-7811

Child and Youth Services, Battlefords Health District
Don Ross Centre
891 – 99th Street
North Battleford, S9A 0N8
Phone: 446-6555 Fax: 446-8765

Child and Youth Services, Prince Albert Mental Health Centre, Prince Albert Health District
Victoria Square, 2345 - 10th Avenue West
Prince Albert S6V 6G1
Phone: 765- 6055 Fax: 765-6017

Alcohol and Drug Services

Mamaweeatan Churchill River Health District

La Ronge Addiction Services Office

Box 5000

La Ronge, S0J 1L0

Phone: 425-4359 Fax: 425-3093

Addiction Services, North Central Health District

Box 1480

Melfort, S0E 1A0

Phone: 752-8747 Fax: 752-6204

Addiction Services, Moose Jaw/Thunder Creek Health District

116 - 110 Ominica Street West

Moose Jaw, S6H 6V2

Phone: 691-6495 Fax: 694-3609

Addictions Services, Battlefords Health District

1092 - 107th Street

North Battleford, S9A 1Z1

Phone: 446-6440 Fax: 446-7431

Addictions Services, Prince Albert Health District

101 - 15th Street East

Prince Albert S6V 1G1

Phone: 953-5670 Fax: 953-2200

Regina Alcohol and Drug Services, Regina Health District

2110 Hamilton Street

Regina S4P 2E3

Phone: 766-7921 Fax: 776-7909

Addiction Services, Saskatoon Health District

122 - 3rd Avenue North, 8th Floor

Saskatoon, S7K 2H6

Phone: 655-4110 Fax: 655-4115

Addiction Services, South Central Health District

Box 2003

Weyburn, S4H 2Z9

Phone: 842-8693 Fax: 842-2835

Addiction Services, East Central Health District

Broadcast Place, 120 Smith Street East

Yorkton, S3N 3V3

Phone: 786-0520 Fax: 786-1449