

Effective Communication and Interviewing Skills for Children with Disabilities

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Disability in Perspective

- 50 Million Americans
- Only minority group anyone can join at any time
 - “TAB’s”
- Over 3,000 different disabilities
 - Ex. Xeroderma Pigmentosum
 - Ex. Blepharophimosis
- Do not need to be an expert
 - Google



Who Does This?

- Q: "How many children did you molest?"
- A: "How many snowflakes are there out there?"
- Told investigators he molested as many as half the children he treated in his 10 years working in the convalescent ward
- Took tens of thousands of pornographic photographs of others including pictures he took of himself abusing his patients
- Plead to 45 years and eight months for molesting five patients with disabilities
- Prosecutors said he targeted those who were comatose, brain-damaged or too disabled to talk.



Wayne Albert Bleyle
Respiratory Therapist

I swore never to be silent whenever and wherever human beings endure suffering and humiliation. We must always take sides. Neutrality helps the oppressor, not the victims. Silence encourages the tormentor, not the tormented.”

Eli Wiesel

Myths and Stereotypes

- Associated Disabilities
 - CP and ID
 - Contagious
 - “I can ‘catch’ or my child can ‘catch’ the disability”
 - Persons with disabilities are not reliable witnesses
 - Truthfully and accurately
 - People with Intellectual Disabilities are Asexual
 - Recognizing sexual abuse and providing education
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Myths and Stereotypes

- Most adults with disabilities are dependent on others for care
 - “Dependent” can be a misnomer. Ex. Steve
 - Persons with intellectual disabilities should be treated like their “IQ” age
 - Age-appropriateness. Ex. Skiing
 - How do I act?
 - Greetings? Inquiring about Disability? Staring? Ex. 7ft.
 - People with disabilities don’t feel or learn things like normal people do
 - Reception, expression and rate may be different
-

The Power of Language

Understanding and respecting disability begins with language –

Comments from Eulogy:

“He never seemed disabled to me”

“He was the least disabled person I know”

- Person First Terminology
 - “Lebensunwertes Leben”
 - Eugenics
 - 1942 American Journal of Psychiatry
 - Larry James McAfee
 - Ulysses
 - 2004 Wounded Warriors
 - Student in Coma
 - Diving Bell and the Butterfly
-

Realities for Children with Disabilities

- Privacy is greatly reduced or does not exist
- Expectations for life and achievement are reduced
- Obedience and passivity are rewarded
- Negative attitudes and being ignored are common
- Few general friendships
- Social isolation
- Difficulty being accepted in activities, clubs, etc.
- Understanding and perception of the criminal justice system
- Disproportionately criminally victimized



Disproportionate Victimizations

- Individuals with disabilities experience higher rates of violence than people without a disability (USDOJ, 2009)
 - Appx. 15,000 to 19,000 people with developmental disabilities are raped each year in the United States (Sobsey, D. 1994)
 - People with developmental disabilities are disproportionately at high risk for violent victimization, abuse, and neglect (USDOJ, 2009; Petersilia et al., 2001)
 - Victimization rates for persons with disabilities is highest for sexual assault (more than 10 times as high) and robbery (more than 12 times as high) (Sobsey, et al., 1995; Sobsey, 1994)
 - Some offenders specifically seek victims with disabilities because they are perceived (Lang & Frenzel, 1988):
 - To be vulnerable
 - Unable to seek help
 - Cannot or will not report the crime
 - Risk of victimization is likely increased if the offender believes the victim will not be able to successfully or credibly tell anyone about the crime (Bryen, Carey, & Frantz, 2003)
-

Disproportionate Victimizations

- Individuals with intellectual disabilities experienced violent crime at a rate higher than persons with other types of disabilities (USDODJ, 2009)
 - Males with disabilities are twice as likely than males without disabilities to be sexually abused in their lifetime (Roehrer Institute, 1995)
 - More than 90 % of people with developmental disabilities will experience sexual abuse at some point in their lives
 - 49% of people with developmental disabilities who are victims of sexual abuse will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995).
 - 88 to 98% of sexual abusers are known by the victims with disabilities (Sobsey & Mansell, 1994)
 - About a quarter of all victims of violent crime with disabilities were injured (USDODJ, 2009)
-

Women with Disabilities

- Over 80% of females with developmental disabilities have been sexually assaulted at some point in their lives (Sorenson, 2002; Johnson & Sigler, 2000; Stimson & Best, 1991)
 - Domestic violence against women with disabilities:
 - Raped and abused at a rate at least twice that of the general population of women (Sobsey, 1994)
 - More likely to stay longer in an abusive situation
 - More likely than males to be victimized by intimate partner (USDOJ, 2009)
 - Have fewer options for safety due to systemic and physical barriers in the community
 - In one study, 40% of women with physical disabilities reported being sexually assaulted (Young, et. all, 1997)
 - 38% of women with disabilities who have been married experienced sexual violence by their partner (Roehrer Institute, 1995)
-

Women and Children with Disabilities

- Youth ages 12 to 19 with a disability experienced violence at nearly twice the rate as those without a disability (USDOJ, 2009)
 - Children and youth with disabilities are more likely than children and youth without disabilities:
 - To experience physical abuse resulting in bodily injury
 - To experience serious sexual offenses including those involving:
 - Penetration, repeated abuse, use of force, and threats (Hershkowitz, Lamb, & Horowitz, 2007)
 - The Colorado Department of Health estimates that upward of 85 percent of women with disabilities are victims of domestic abuse, in comparison with, on average, 25 to 50 percent of the general population
 - In a five-year retrospective study of 4,340 child patients with disabilities in a pediatric hospital, 68 percent were found to be victims of sexual abuse and 32 percent were victims of physical abuse. (Willging, Bower, and Cotton, 1992)
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Children with Intellectual Disabilities

- According to studies including almost 160,000 children: Children with Intellectual Disabilities are:
 - 2.9 - 3.7 times as likely to have been neglected
 - 3.4 - 3.8 times as likely to be emotionally abused
 - 3.8 - 5.3 times as likely to be physically abused
 - 4.0 - 6.4 times as likely to be sexually abused
 - (Spencer et al., 2005; Sullivan & Knutson, 2000)
-

Victimizations, Prosecutions and Reporting

- According to a study involving the sexual abuse of persons with disabilities (Sobsey, & Doe, 1991)
 - 79.6% were sexually assaulted on more than one occasion
 - 50% of those experienced more than 10 victimizations
 - People with disabilities are more likely to experience severe abuse over longer durations with multiple incidences and multiple abusers (Schaller & Fieberg, 1998; Young et al., 1997).
 - A recent study in Boston suggested that only 5% of serious crime against people with disabilities were prosecuted compared to 70% general population (Boston Globe, 2001).
 - Underreporting
 - Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported (Valenti-Hein & Schwartz, 1995.)
 - Over 70% of crimes against individuals with severe mental retardation are unreported (Wilson & Brewer, 1992).
-

Susceptibility to Victimizations: Intellectual Disabilities

■ Intellectual Disability

- ❑ Infantilized
- ❑ Obedience to those in authority
- ❑ Lack of understanding of what constitutes abuse
- ❑ Lack of assertiveness
- ❑ Memory difficulties
- ❑ Restricted vocabulary
- ❑ Fear of retribution or vacancy



Susceptibility to Victimization: Autism

- Autism
 - Behavior is not well understood
 - May have aggressive behavior that results in retaliation
 - Make good victims
 - May not be good reporters of information
 - Have social/interpersonal deficits
 - Difficulties understanding concepts of sex and sexuality



Susceptibility to Victimization: Speech/Language Disorder

- Communication Disorder
 - Not good communicators
 - Use of alternative communication
 - Repeated victimizations
 - Assumed intellectual deficit*
- *Disparity between receptive and expressive language
- Correlation between intelligence and expressive language?
 - Bias in the United States
- Issue of “Non-Verbal” vs. “VVB”
 - Vocal Verbal Behavior



Traza: Speech Disorder

Video Clip courtesy of Barbara Wheeler, Ph.D.

Director, Center for Disability Studies and Community Inclusion

USC University Center for Excellence in DD Research, Education and Service (USC UCEDD)

Susceptibility to Victimization: Cerebral Palsy

- Cerebral Palsy
 - ❑ Reliance on others for ADL's
 - ❑ Poor motor control
 - ❑ Not good communicators
 - ❑ Validity of alternative communication
 - ❑ Repeated victimizations
 - ❑ Assumed intellectual deficit*



Susceptibility to Victimization: Traumatic Brain Injury

- Traumatic Brain Injury (TBI)
 - ❑ Memory Issues
 - ❑ High variability in function
 - ❑ Communication
 - ❑ Frustration / Anger
 - ❑ Fear of retribution and vacancy



Case Studies

Case: 10 Year Old Developmental Disability

- "A 10-year-old girl with developmental disabilities severely burned by scalding bath water died after going more than a week without medical treatment, authorities said Tuesday. Her father and another relative have been charged in her death.
 - "If you'd see the photos and the condition that she was left in - just to lay in that bed with all those burns," said Harrisburg Police Chief Charles Kellar. "I mean, it was horrible."
 - The victim was blind, partially paralyzed and had cerebral palsy, Kellar said.
 - An autopsy on Monday concluded she died of complications from thermal burns. Police charged her father, Shaun A. Lockett, 32, and another relative, Lashawn S. Brown, 27, with criminal homicide, endangering a child's welfare and two counts of conspiracy.
 - Kellar said she suffered burns on nearly half her body during a bath that Brown gave her on April 21, but medical help was not summoned until the child became unresponsive on Sunday. The ambulance crew performed cardiopulmonary resuscitation, but she was declared dead at the hospital.
-

5 Year Old Boy with Autism

- A 5-year-old boy with autism was pronounced dead just after midnight Thursday, March 22nd, 2007.
 - His mother, Diane March, 35 was arrested on first degree murder charges and four counts child abuse.
 - The mother gave the boy 12 adult strength Tylenol pills hours before he died.
 - The boy also had marks on his wrists and ankles from being tied up, and his feet were blistered and bleeding from being dipped in scalding hot water to discipline him.
 - The mother was ordered 12 years ago to undergo counseling after pleading guilty to endangering the life health of a minor.
-

Sentencing when disability is involved

- Roger Took plead guilty to:
 - 17 counts of pornography and sexual abuse of children
 - Sexual abuse of his own granddaughter who has mental and physical disabilities
 - Bragged in chat rooms about it
 - Posted repeatedly on the internet about the rape, torture and murder of a five-year-old Cambodian girl that he committed along with 4 other men.
 - Sentenced to 9 years in prison and eligible for parole in 4 ½ years

 - 63 year-old unnamed offender (identity withheld to protect his victims) raped his 24-year-old daughter who has severe mental retardation
 - Previous convictions:
 - Indecent assault on same daughter when she was 7
 - Incest with her when she was 21
 - Sexual assault on his six-year-old niece
 - Sentenced to 18-months in jail
-

Case: 16 year old Developmental Disability

- A recent trial in Korea found four men guilty of repeatedly raping a sixteen-year-old girl with developmental disabilities.
 - The grandfather and three uncles of the victim were convicted after years of sexual violence that the police described as gruesome.
 - The judge in the case gave all four men suspended sentences, suggesting that this would allow the offenders to continue to care for the victim.
-

Billy Ray – Intellectual Disability

- On a Saturday night three years ago, a black man with an intellectual disability was taken to a party filled with white kids half his age where he was ridiculed, called racial slurs and knocked unconscious. A few hours later, he was dumped by the side of the road, bleeding and unconscious.
 - Billy Ray suffered trauma to his head that resulted in permanent brain damage.
 - He drooled and soiled himself
 - His speech was severely impaired
 - He had difficulty swallowing food and walking unassisted
 - He often sat in his hospital bed and cried in frustration
 - Even after a month, he still could not feed or dress himself
 - He was transferred to a nursing home where he gradually learned to walk again and recovered control of his bodily functions.
 - Corey, Wes, Colt, and Dallas were each arrested and charged that October with aggravated assault
 - “These boys’ names are ruined for life,” Corey’s mother, Martha Howell, later told one reporter. “And [Billy Ray] is better off today than he’s ever been in his life. He roamed the streets, the family never knew where he was. Now in the nursing home he’s got someone to take care of him.”
-

Autism – Case Study

- Michael Renner-Lewis - Dead
 - Restrained by school officials
 - Became agitated
 - Four staffers restrained the boy by grabbing his limbs and holding him to the ground
 - Lost consciousness
 - Pronounced dead at Bronson Methodist Hospital.
 - Autopsy Report Cause of Death
 - "prolonged physical restraint in prone position associated with extreme mental and motor agitation"
 - Death was ruled "Accidental"
-

Autism – Case Study

- 911 Call
 - “I’ve terminated the life of my autistic son”
 - Police Respond to Home
 - Father sitting on couch
 - Two bloody knives in kitchen sink
 - Ulysses in bathroom
 - Bathroom
 - Father – 10 previous arrests for domestic violence
 - Neighbor comment
-

Cerebral Palsy – Case Study

- **Danieal Kelly died from malnutrition and maggot-infested bedsores that ate her flesh**
 - She died alone on a putrid mattress in her mother's home, the floor covered in feces
 - She was 14 but weighed just 42 pounds
 - **Mother embarrassed by her daughter and didn't want to touch her, take her out in public, change her diapers**
 - The mother was confronted repeatedly by her own mother, uncle, friends and even two of her sons about Danieal's deteriorating health
 - In the meantime, she entertained friends, attended classes and fed her other children
 - **The Department of Human Services received at least five reports of Danieal being mistreated between 2003 and 2005**
 - All described a "helpless child sitting unattended, unkempt and unwashed, in a small stroller in her own urine and feces," her screams ignored by her mother
 - **Ambulance responded to 911 call - she had been dead for several hours**
 - She was so emaciated she looked like the victim of a concentration camp
 - She had been lying on the filthy mattress for so long that her body outline was imprinted on it
-

Cerebral Palsy – Case Study

- Casey – 19 yr Quadriplegic Spastic CP and Severe Intellectual Disability
 - Annual – doctor reports scratches / lacerated hymen
 - Parents report that “she was masturbating when we walked in her room and she quickly removed her hand....and that caused the laceration to her hymen”
 - APS investigation – found four finger bruises on each upper thigh
 - Confession
-

Intellectual Disability – Case Study

- Liz Carroll was sentenced Thursday to 54 years to life in prison for causing the death of her 3-year-old developmentally disabled foster son by leaving him bound cocoon-like in a closet.
 - She caused foster son Marcus Fiesel's death by leaving him alone, bound in a blanket and packing tape, while she went to a family reunion in Kentucky.
 - Her husband David Carroll Jr., 29, allegedly burned the boy's body and then dumped the remains in the Ohio River.
 - Prosecutors say the Carrolls decided to try to cover up the death after finding the boy dead when they returned from the reunion last August. They claimed he had wandered off or had been snatched from a park in suburban Cincinnati; thousands of volunteers fanned out to search for him.
-

Facility Abuse Case Study

- JoAnne, a fourteen-year-old girl, lives in a skilled nursing facility
 - She has profound mental retardation and multiple disabilities, including seizure disorder and cerebral palsy
 - She requires assistance for all her daily living activities
 - When she was discovered to be eight months pregnant, facility staff reported suspected child abuse
 - The perpetrator was never identified
 - Of the remaining ninety-eight residents living in the same facility, over 80% tested positive for a variety of venereal diseases.
-

Individuals with Disabilities

Diagnosing a Disability

- “Blood Diagnosis”
 - Blood Test
 - Confirmation – 99.9%

- “Clinical Diagnosis”
 - Characteristic based
 - Confirmation – %?



Individuals With Disabilities

Similar to people without disabilities, people with disabilities:

- ❑ Can be accurate historians and reporters
 - ❑ Have a similar ability as other people to know the difference between truth and untruth
 - ❑ Have a range of abilities within any disability type
-
- It is difficult generalize about individuals with disabilities, or the type, severity, or number of disabilities present
 - However, there are common relevant characteristics among individuals within disability groups
-

Intellectual Disability

Mental Retardation

Intellectual Disability

AAIDD definition – 3 part criteria:

- Begins before age 18

- Disability in 2 or more adaptive skill areas
 - (communication, home living, community use, work, health/safety, social skills, self-care, self-direction, functional academics, leisure)

- Sub average intellectual functioning (I.Q.)
 - M=100 SD=15
 - 70-55 Mild
 - 54-40 Moderate
 - 39-25 Severe
 - 25 and below Profound



I.Q. and Function

- I.Q.
 - Specific measure of intelligence
 - Should not be used to determine overall function
- Case study example
 - Bob: IQ – 35
 - Henry: IQ – 65
 - Which individual is higher functioning?



Characteristics: Intellectual Disability

■ Typical Cognitive Characteristics:

- Are concrete (not abstract) learners
- Poor attention spans
- Poor incidental learning

■ Typical Social Characteristics:

- Are taught to obey those in authority
- Tend to follow and imitate
- Few friends and social opportunities
- Lack age-appropriate behavior



Cerebral Palsy

Characteristics: Cerebral Palsy

- **Definition**
 - Damage to the immature brain
 - Differences
 - 2yr / 30yr / 80yr
- **Abnormalities of muscle tone**
 - Ex. Spastic Quadriplegic
- **Ataxic Cerebral Palsy**
 - Considerations
- **Intelligence**
 - Variable
- **Communication Capacity**
 - Variable





Autism



Autism Spectrum Disorder



Autism: Definition

Autism:

- Defined
 - “a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child’s educational performance. Other associated behaviors include engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences” [P.L. 108-446]

- Spectrum Disorder (ASD)
 - Mild to Severe

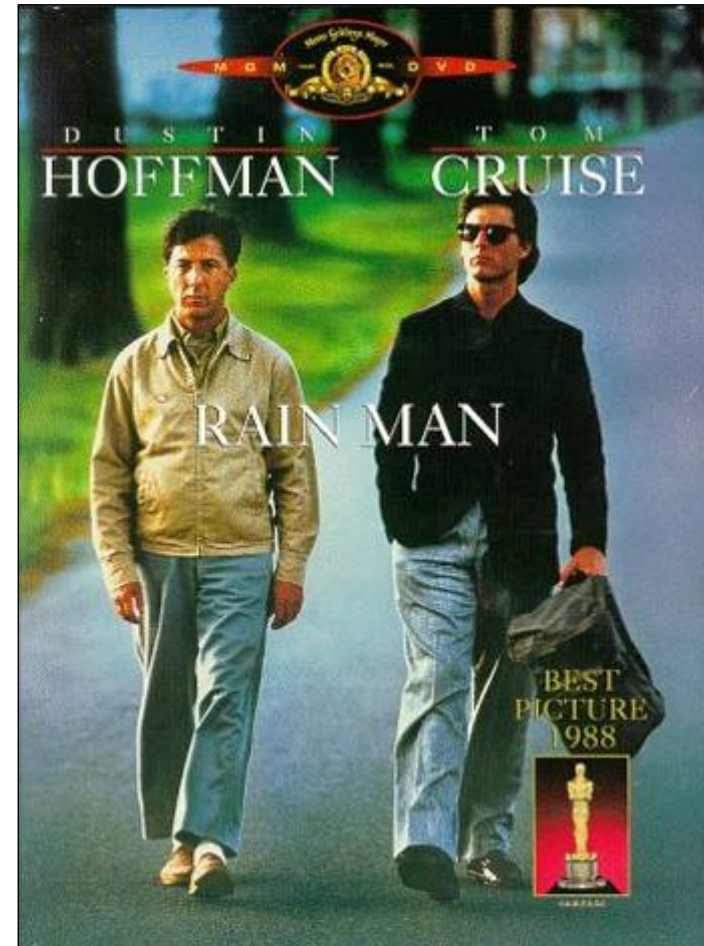


Autism – Peace Officer Responses (Modell & Mak, 2008)

“What does the term Autism mean to you?”

■ Themes

- Appx. 81% incorrectly identified accurate Autism characteristics or did not know
- Appx. 20% identified Autism as a social interaction deficit and/or communication deficit
- Many varied responses
 - Over 20 respondents identified mental retardation as an autism characteristic
 - Living in a fantasy
 - Unusual abilities
 - Mental Illness
 - Learning Disability
 - Physical Disability
- “Rain man”



Autism Distinguishing Features

■ Flat Affect

- ❑ Feelings not connected with expression
- ❑ Ex. “That is wonderful”
- ❑ Passive monotone voice with unusual pronunciations

■ Perspective Taking

- ❑ “Lack of theory of other minds”

■ Rule Governed

■ Facial Expressions

- ❑ Audience Participation

■ Sensory Integration Disorder

- ❑ Lights, sounds, touch
- ❑ Multiple inputs (e.g. conversations) and focus
- ❑ Anxiety



Autism Incidence

- 1 in 150 American Children (CDC, 2007)
 - As high as 1 in 100 in some areas
- Most common question?
- Does observed increase in diagnosis represent a true increase?

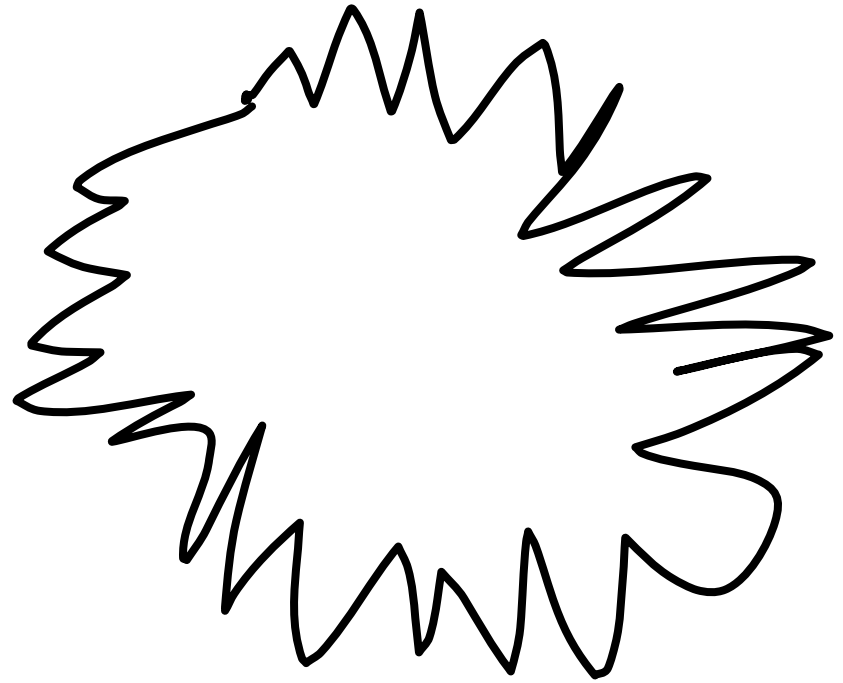
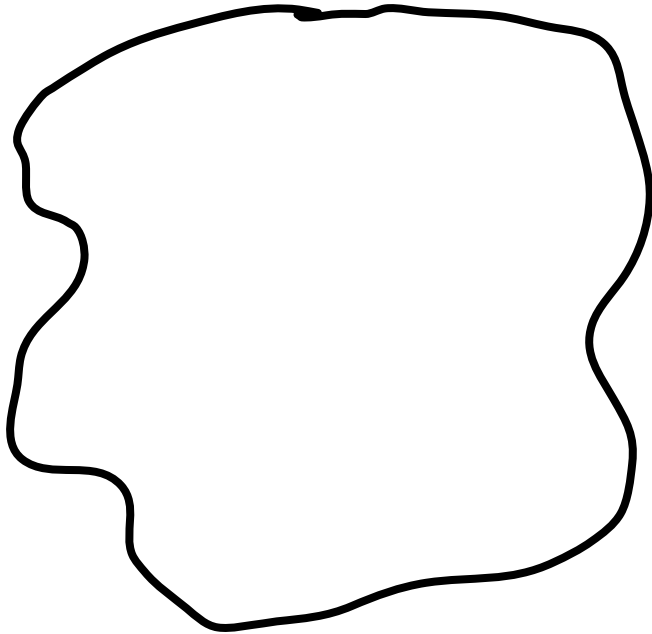


Autism

- What were parents told?
 - 1970's (Refrigerator Mother Hypothesis)
 - 1980's (Positive Reinforcement)
 - Today (fMRI's)
- Theories
 - Extreme Male Brain Theory
 - Systematizing vs. Empathizing
 - Mirror Neuron Theory
 - Mu WAVE suppression on EEG in premotor cortex
 - Boubu / Kiki Test



Autism and Mirror Neuron Systems



Traumatic Brain Injury

- **Leading cause of death and disability under 35**
 - Ex. Florida Helmet Law
 - **Permanent Damage** - caused by concussion, contusion, or hemorrhage
 - **Closed-head injuries** - most common
 - **High Variability in Function**
 - Memory
 - Motor
 - Communication
 - Frustration*
-

Comparison of Annual Incidence

Data compiled and arranged by the Brain Injury Association of America
based on data from the Centers for Disease Control and Prevention,
American Cancer Society and National Multiple Sclerosis Society

2,000,000

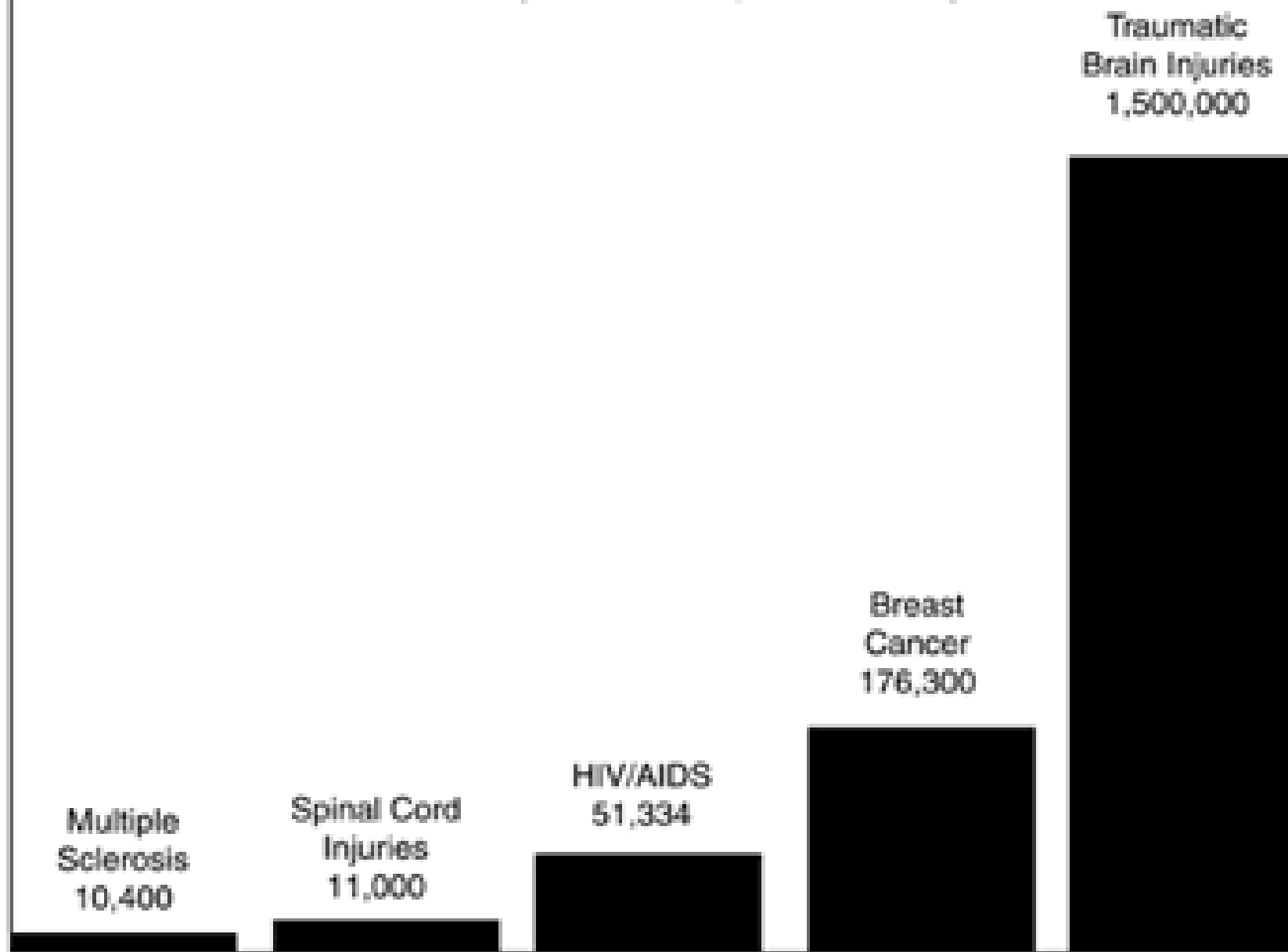
1,500,000

1,000,000

500,000

100,000

10,000



Multiple
Sclerosis
10,400

Spinal Cord
Injuries
11,000

HIV/AIDS
51,334

Breast
Cancer
176,300

Traumatic
Brain Injuries
1,500,000

TBI - Points to Remember:

- **The effects of a brain injury are complex and can vary greatly from person to person**
 - **The effects of a brain injury depend on many factors, including cause, location, severity, age of the person, etc**
 - **No two brain injuries are exactly the same**
 - **Diffuse Axonal Injuries**
 - **Temporal lobe damage**
-

Interview Techniques

Considerations for Individuals with
Disabilities

Group Activity

■ Instructions:

- Partner up with someone you do not know
- You must all agree to participate
- You must give detailed facts:
 - Who you were with
 - When it happened
 - Where you were
 - How you felt

■ Ready: Issue is.....

Interview Techniques and Considerations

- Myth – “I can’t get good information from a person with an intellectual disability”
 - Why?
 - Difficulty communicating what happened
 - Remembering the order of events that led to the crime
 - Difficulty naming people, places, and times
 - Providing consistent testimony
 - Truth – All witnesses have difficulty with some of the above
 - Do not dismiss a victim because they have difficulty with 1 or more
-

Interview Techniques

■ Communication

- Verbal
- Non-verbal
 - All Audiences Communicate
 - Examples of Non-verbal communication
- Receptive vs. Expressive Language

■ Concrete and Literal

- “It’s raining cats and dogs outside”

■ Conversational punctuations

- Ex. “Really” , “You do” , “Good” , “I see”

■ Ask how best to communicate

- Example



Helen

Interview Techniques and Considerations

- **Sarcasm and Metaphors**
 - Literal thinking
 - **Interrogative Statements**
 - **Questions posed in the negative**
 - “Do you not like getting dressed?”
 - **“I” and “You” confusion**
 - Use proper names for people, locations and acts
 - (Question: Where were you when he did that?)
 - (Better: Where were you when Steve punched your stomach?)
 - **Expect to take more time**
 - **Resist temptation to fill in the blanks**
 - Ex. Paul...touch....private (Q: Paul touched your privates?)
-

Interview Techniques and Considerations

- **Sometimes an initial question can be too difficult or the person is not oriented to answering questions – use**
 - **Reverse Scaffolding**

 - **Ex. Mary**
-

Reverse Scaffolding

Interview Techniques and Considerations

- **Reverse Scaffolding**
 - Ex. “Pick up the paper”
 - “Give me a high five”
 - “Where is your nose”
 - “Raise your hand”
 - **High probability instructional sequence**
 - Building momentum
 - **Orienting and validating questions using pictures**
 - Ex. “Brushing Teeth” and “Riding on a Lion”
-

Use of Pictures to Frame Questions

□ “Brushing Teeth”



□ “Riding on a Lion”



■ Orienting and validating questions using pictures

- “This person is being kicked. Has that ever happened to you?”

Interview Techniques

- **Abstract Concepts**

- Difficulty with “Why” , “How” and “If” questions
- Techniques to use

- **Framing Questions**

- Assists victim in developing context for questions

Examples:

- What is your hand for?
- What is your nose for?
- What is your penis for?
- Etc.

- **Use words victim uses for body parts**

- **Use of anatomically correct dolls**

- Age appropriate
 - Examples
-

Interview Techniques and Considerations

Echolalia

- Repeating of words spoken by others
 - Normal in children as a developmental process
 - Not random speech
 - Taking his “turn” in the conversation
 - Strategies
 - Time
 - Reduction of Anxiety
 - Patience
-

Echolalia

Interview Techniques and Considerations

Perseveration

- Hyperfocus on a particular topic or subject unrelated to the topic of discussion
 - Strategies
 - Re-direct the victim if they perseverate off topic
 - Re-frame the question if it elicits an off topic discussion
 - Example.....
-

Justin - Perseveration

Interview Techniques and Considerations

Socially Desired Responses

- Individuals with disabilities are taught to “get along” with other people and respect those in authority
 - As a result, they may change their responses if they think you don’t like their answer

 - Research suggests individuals with intellectual disabilities can be as accurate as individuals without disabilities, but are significantly more suggestible
 - (Henry & Gudjonsson, 1999)

 - Yolanda
-

Yolanda

Interview Techniques and Considerations

How to avoid socially desired responses?

- Keep your body language and voice tone neutral
 - Examples
 - Nodding or shaking of head during responses
 - Interrogative statements
 - Avoid conversational punctuations
 - “Good”
 - Resist temptation to be helpful and supportive
 - Balance between overly helpful, friendly and cold
-

Interview Techniques and Considerations

- Individuals with intellectual disabilities fall on a spectrum – Mild to Severe
 - Intellectual capacities vary
 - Language capabilities vary
 - Conversational capacities vary
 - Disguising lack of knowledge – learned response – keeps conversation going
 - Let's hear Gerry
-

Gerry

Interview Techniques and Considerations

- Confusing personally-deemed relevant information with victim-deemed relevant
 - For example, we may find it relevant to know our address or a location of work, movies, etc. For many individuals with intellectual disabilities, they are driven everywhere and do not need to know directions, addresses, or specific locations
 - Another example: how big a house is or how many rooms? May not be known because an individual with an intellectual disability rarely house hunts or negotiates leases
 - Procedural vs. Declarative Knowledge
 - Show vs. Tell
-

Carrie: Where do you live?

Interview Techniques and Considerations

■ Saliency

- Emotional “strength or pull” of an experience
- Helps all people remember things – good or bad
 - Lunch 2 Wednesdays ago?

■ The saliency of common events may be greater for individuals with disabilities

■ Salience Landscape Theory

- Perceptions of emotional significance
-

Dorian: Saliency

Communication Disorders

Interview Techniques and Considerations

Communication Considerations

Communication Disorders

- Time
 - Patience
 - Communication is a two way street

 - With difficult to understand speech
 - Use yes/no format as appropriate
 - Repeat and paraphrase – wait for confirmation
 - Don't be afraid to say: "I didn't understand, could you repeat"
 - Example.....
-

Sharon

Communication Considerations

- Another example.....



Communication Considerations

Difficult to understand speech

- Does length of response indicate capacity?
 - Learned strategy
 - Is she accurate?
 - Does she correct errors?
 - The more you are around an individual with a speech disorder – the easier it is to understand
 - Expect to take more time
 - Sometimes you cannot understand what a victim is saying verbally
 - Example
-

Michael: Unintelligible Speech

Communication and Considerations

- What do you do with unintelligible speech?
 - If capable, have them:
 - Write their response
 - Draw their response
 - Show you
 - Create yes/no communication
 - Ask support person how they communicate
 - They may be able interpret victim's speech
 - Can verify with victim for accuracy (yes/no)
 - May not be admissible
 - Use pictures or other AAC
 - AAC (Augmentative and Alternative Communication)
 - Processes or devices that augment or replace an individual's method of communication
-

Augmentative and Alternative Communication (AAC)

- Manual signing, gestures, facial expressions, pantomime, pointing, and/or eye gaze
 - Picture Exchange Communication System (PECS)
 - Autism
 - American Sign Language (ASL)
 - Use professional interpreter
 - Learning basics for rapport
 - Low tech
 - Ex. Picture board / Head pointer
 - Facilitated Communication
 - High tech
 - Ex. Computer
-

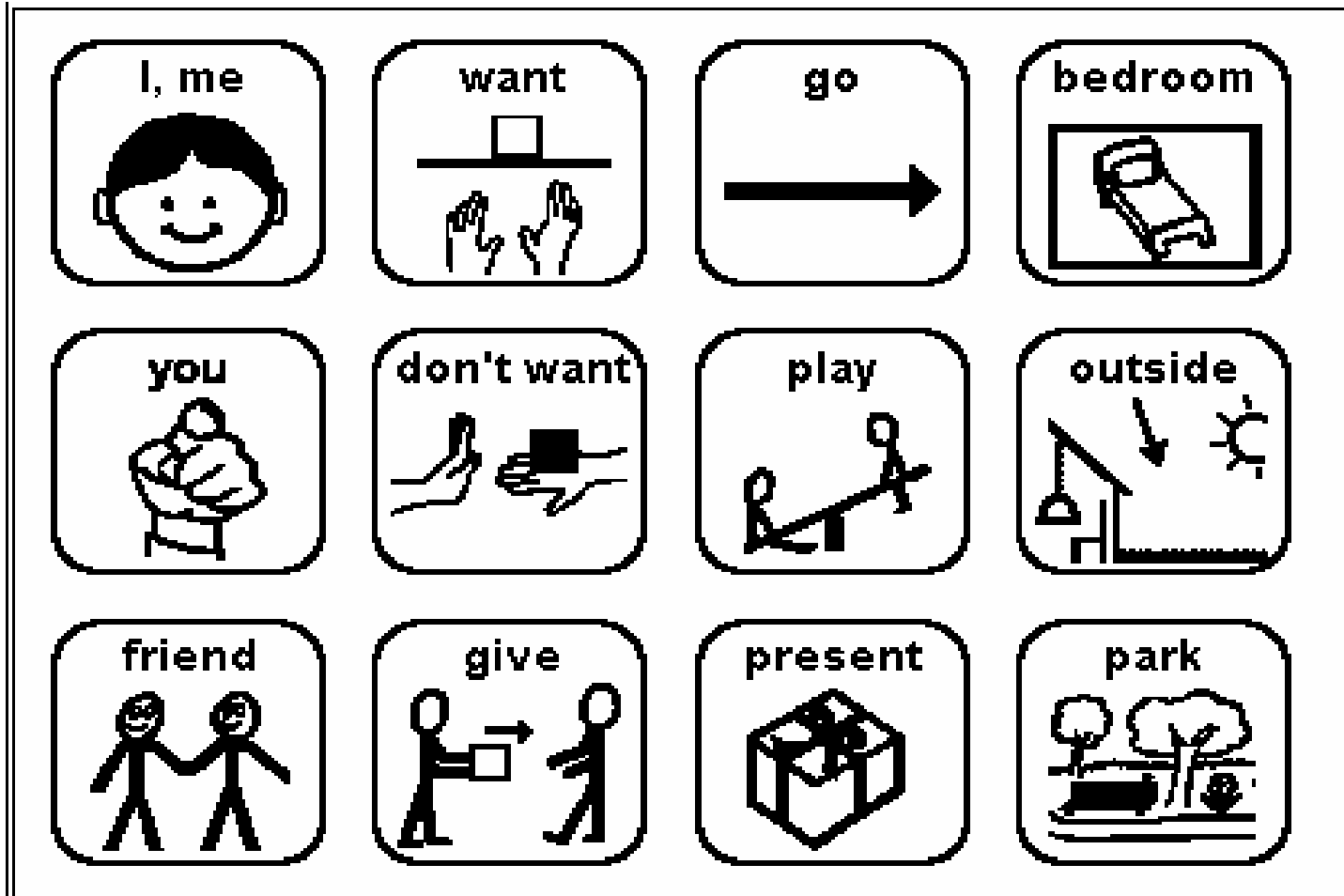
Person Using a Head Pointer




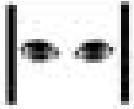

















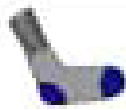

Head Pointer on a Computer



Picture Board



PECS - Picture Exchange Communication System

 I want		 I see		 thank you	
 drink	 biscuit	 apple	 cake	 crisps	 banana
 book	 sand	 bricks	 pens	 farm	 puzzle
 shoe	 jumper	 trousers	 coat	 sock	 hat

Interviewing Katie

Facilitated Communication

Facilitated Communication - Katie

Interviewing a person who uses an AAC Device

High Tech

Carrie-Lynn – High Tech

Interviewing a Person Who Uses an AAC Device

AAC Summary

- Do not assume people who use AAC have intellectual disabilities
 - AAC may be one of several ways a person communicates
 - Communication devices do not speak for themselves
 - No special training is needed to communicate with a person who uses AAC
 - You may have to ask, “How does your device work?”
 - Speak directly to the AAC Device user
 - Do not interrupt when they are using their device
 - Say each word out loud in the order the user gives
 - Ask: “Are you finished?”
 - Be comfortable with silence
 - Ask: “Show me how you say ‘yes’ and ‘no’.”
 - This could save time
 - Example.....
-

Carrie-Lynn

Types of Interview Questions

Techniques and Considerations

Types of Interview Questions

- Four Types of Questions
 - Yes/No
 - Either/Or
 - Multiple Choice
 - Open-ended
-

Questions: Yes / No

- Easiest type of question to answer
 - Particularly useful for individuals with:
 - Limited communication abilities
 - Difficult to understand speech
 - Establish Yes/No response
 - Response can be:
 - Verbal
 - Facial
 - Gesture
 - Eye movement
 - Other
 - To avoid socially desired responses:
 - Add “I don’t know” as third option
 - Keep your body language and voice tone neutral
 - Nodding or shaking head
 - Interrogative statements
-

Questions: Either / Or

- Given two choices, must pick one
 - Do not have to come up with words, just choose
 - Recognition v. Retrieval Knowledge
 - Recognition requires identifying something that is named
 - Ex. (exams – short answer versus multiple choice)
 - Retrieval requires pulling something from memory
 - Recognition is a simpler form of recall and applies to Either/Or questions
 - Can add “I don’t know” as third option
-

Questions: Multiple Choice

- Do not have to come up with words, just choose
 - Similar to Either / Or
 - Recognition vs. Recall
 - Must compare all the choices
 - Sometimes subtle differences
 - Easier if person can read
 - Difficult for individuals with poor short term memory
 - If unable to read:
 - They have to remember all choices
 - The longer the list, the more difficult
 - Using pictures for MC questions works better
-

Questions: Open-Ended

- Yield the most valid information but...
 - The individual must generate the response
 - Remember everything that happened
 - Remember the order in which it happened (sequencing events)
 - If question is too broad or open:
 - Ex. Tell me what happened, or
 - Ex. Tell me what you know about sex
 - May be difficult because:
 - It requires editing important information
 - They may not know what is important
 - May have a difficult time sorting through the details
 - Ex. Collin
-

Richard: Open-Ended Question

Questions: Open-Ended

Strategy #1

- Use “focused open-ended questions”
 - Frame questions to create context
 - Kindergarten Philosophy
 - Establish routine
 - Helps sequence day
 - Can determine if the crime happened before or after a daily event
 - Try to avoid words like “usually” and “typically”
 - Requires making a connection between events in time
 - Build on what they tell you (use their words) and continue to construct the events

 - Example:
-

Keith: Establishing routine

Questions: Open-Ended

Strategy #2

- Break down open-ended question with specific questions or multiple choice or either/or questions
 - Example: 1st grader
 - Q: What did you do today in school?
 - A: “Nothing”
 - Why this response?
 - This is higher level thinking that requires them to sort through multiple bits of information and retrieve only perceived observer deemed relevant information
-

Questions: Open-Ended

Instead of:

- “What did you do in school today?”

Ask:

- “What did you do in math today?”
 - “Did you do additions or subtractions?”
 - “What did you do in reading today?”
 - “Did you read out loud or did the teacher read?”
 - Sample study
 - Results
-

Other Interview Considerations

Other Interview Considerations

- Distractions / Multi-sensory Input
 - Understanding Concepts
 - Understanding Difference Between Truth and Lie
 - Use of Support Persons
-

Distractions / Multi-Sensory Input

- Interruptions
 - Multiple voices
 - Bright lights
 - Overly stimulating environments
 - All can affect concentration and response patterns
 - Example.....
-

Reggie: Distractions

Distractions / Multi-Sensory Input

Suggestions

- Minimize distractions / interruptions
 - Quiet environment
 - Auditory
 - Visual
 - Pay attention to time between breaks
 - Too long or too short can be problematic
-

Understanding Concepts

Abuse or Assault

- Concept may not be known
 - Maybe unaware that abuse is abnormal
 - Still can describe what hurt them or made them feel bad
 - Taught to be obedient and dependent
 - Reluctant to express negative feelings or a desire for change
 - Body may be touched for hygiene and therapy
 - May affect sense of ownership of own body
 - May be used to being touched
 - May not be able to set limits on contact
 - May be unaware that sexual contact is unusual when done by caregiver, but may be able to understand it should not happen
-

Truth and Lie

- Abstract concepts
 - Establishing if victim knows difference between truth and lie
 - Ex. Test
 - “If I were to tell you this box is red (the box is actually yellow) would that be a lie?”
 - Doesn't always work
 - Let's look at an example
-

Nikolas: Telling the Difference between the Truth and a Lie

Interview Techniques and Considerations

- What to do?
 - See if witness understands the consequences of telling a lie
 - I.E. Is it wrong to tell a lie?
 - What happens when you lie?
 - The victim may understand the difference between the consequences of telling a lie and telling the truth, but not know conceptually the difference
 - Example
-

Nikolas: Telling the Difference between the Truth and a Lie

Use of Support Persons

- When possible interview the individual alone
 - If included - set rules for their participation
 - Examples:
 - No speaking or coaching
 - Keeping posture and facial expressions neutral
 - Do not interpret unless requested
 - If support person cannot comply or upsets individual, remove them from interview
 - Advantages
 - Calm victim
 - Identify people mentioned in interview
 - Disadvantages
 - May be a perpetrator or colluding with a perpetrator
 - May influence answers
-

Final Considerations

- Range of communication abilities
 - Both receptive and expressive
 - No assumptions of intelligence based on physical appearance and/or VVB
 - Anxiety / Stress
 - Increases in maladaptive behaviors
 - Perseveration
 - Echolalia
 - Responses to sensory input
 - Increase your experience

 - Be Cool
-

Day 1: Questions

- With you table partners, answer the following questions and post on the white boards
1. What did I learn today?
 2. What can I use?
 3. What questions to I have?
-

Advanced Interviewing and Skill Practice

Day 2

Practice Case #1

Tarjay

Practice Case

■ Case 1: Tarjay

- 9 year old male with autism
 - Suspected child abuse
- Case Notes
 - Has echolalia
 - Has the following motor stereotypies:
 - Hand flapping
 - Rocking
 - Two weeks ago:
 - Started humping (sex imitation) playground equipment at school
 - Gets very anxious around going to the bathroom and as a result has been having fecal and urinary accidents
 - Vocally perseverates: “lick pee pee.....don’t tell”
 - Goes to an afterschool daycare program



Practice Case #2

Autism Behavior Checklist

Autism Behavior Checklist (ABC)

Handout

- **Purpose:** The ABC is designed to assist the social service worker in determining if further investigation is necessary due to suspected abuse.
 - **Instructions:** The victim or a reliable party report, or you directly observe the following behaviors (this list is not intended to be inclusive of all potential behaviors but contains some common examples). Four or more checks indicate suspected abuse and require an appropriate referral for further investigation.
 - Note: Any of these behaviors may be present after a change in routine and may be considered normal. However, it is not considered normal if these behaviors exist after an unusually long period of time after a change in routine.
-

Emilio - ABC

- Emilio – 20yrs old with a diagnosis of Autism
 - He communicates verbally, however when you first meet him he is echolalic
 - He presents with vestibular and tactile integration disorder.
 - You see him rocking and constantly touching things.
 - Mom reports to you that the rocking and touching are new behaviors
 - Although, he has always liked to fidget with things in his hands.
 - He most recently started vocally perseverating about dogs having sex.
 - He can independently bath, dress and eat.
 - Recently starting having accidents (pee).
 - Mom reports that there have been no changes in routine
-

Emilio - ABC

- He's generally calm but when he doesn't get his way he tantrums by screaming and hitting.
 - Has difficulty with transitions especially when he is focused on an activity
 - When he gets nervous he bites his hand
 - He is also rule governed (like many individuals with autism)
 - He has no friends and lives at home with:
 - Mom – Lisa 34
 - Sister – Shelby 17
 - Stepbrother – Rick 14
 - Stepfather – Bert 39
 - Mom walked into Emilio's room and saw him mimicking sex with his stuffed bear animal. He was crying.
-

Protocol to Guide Interviews

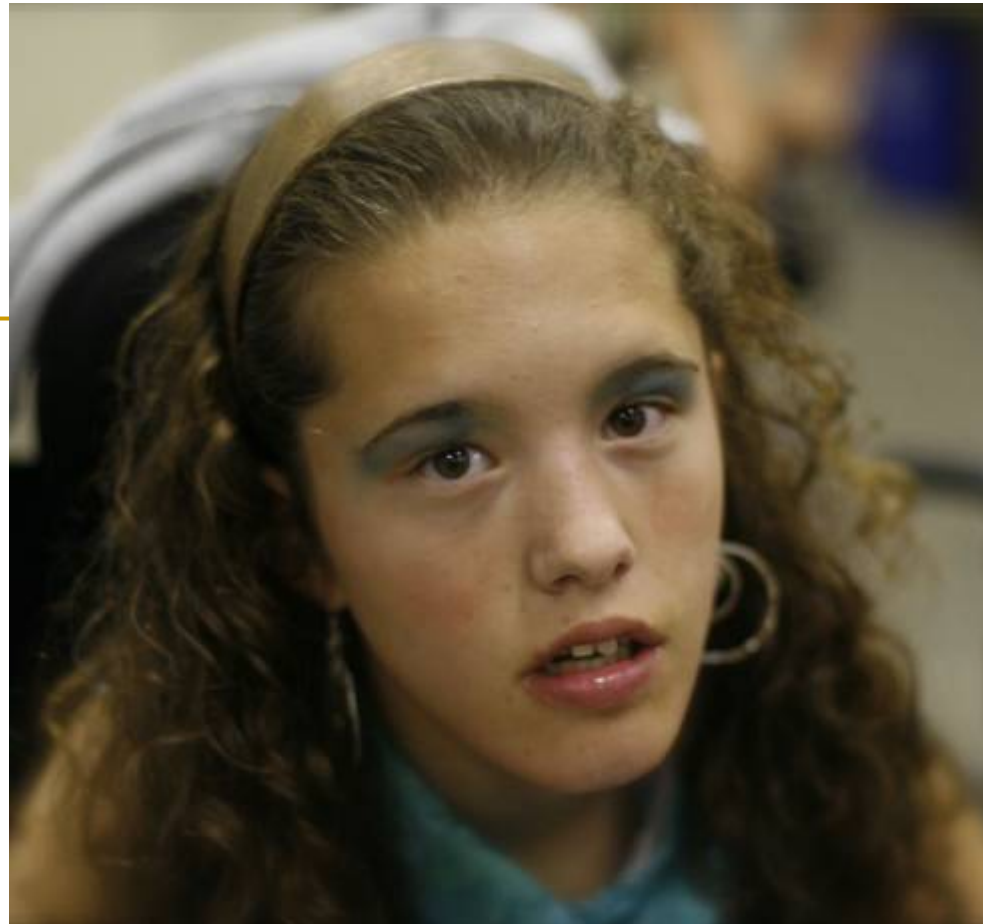
- **Begin with safety statement**
 - Not going to get into trouble
 - There are no right or wrong answers
 - **Ask 2 things**
 - Tell the truth
 - Let me know if you need a break
 - **Building Rapport**
 - Start with primary reinforcers
 - Food
 - Drink
 - Move to Hobbies (movies, music, etc.)
 - Things that they like or persevere on
 - **Begin with easy yes/no questions and then build momentum to more difficult questions**
 - **If you get stuck or they won't answer, back up and reverse scaffold**
 - **Remind as necessary safety statement**
-

Interviews and Discussion

Model

Individual Case Studies #1

Tracy



Interview Debrief

Case #1

Individual Case Studies

#2 Luis



Interview Debrief

Case #2

Individual Case Studies #3

Chris

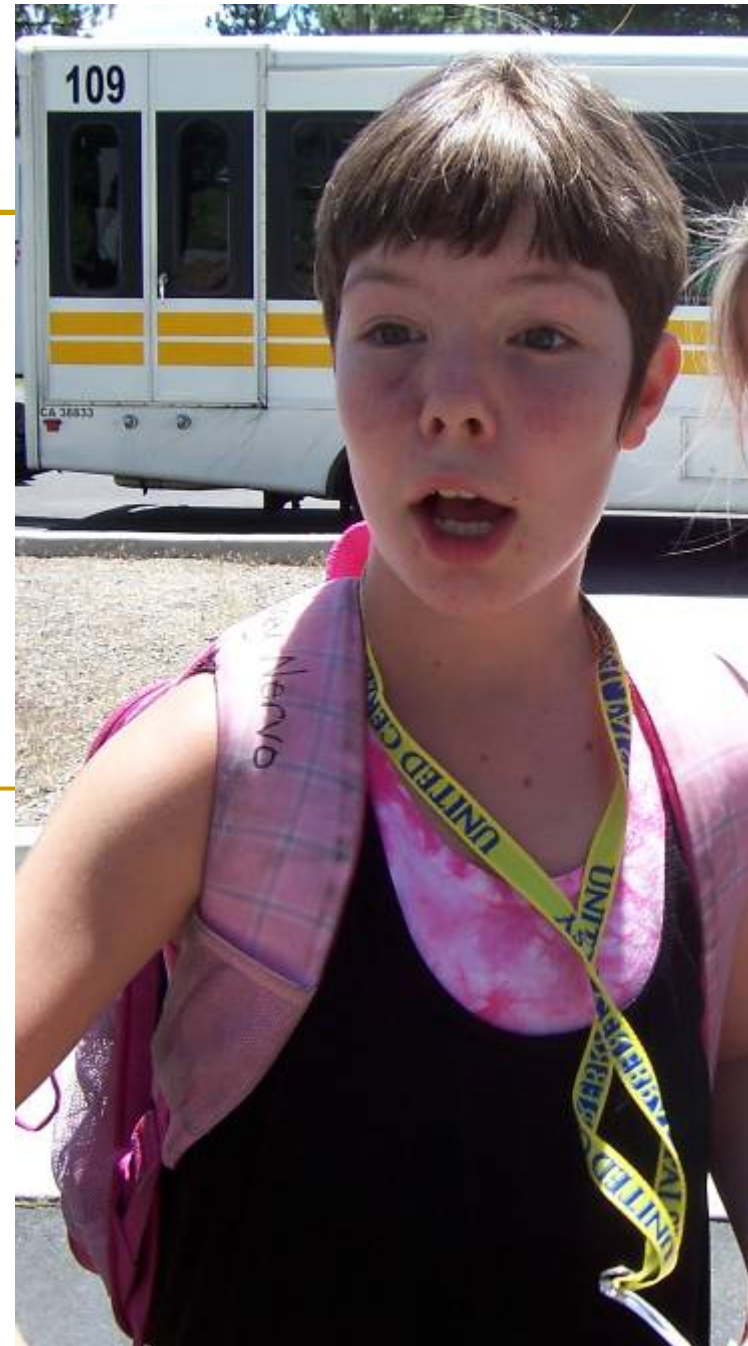


Interview Debrief

Case #3

Individual Case Studies

#4 Rosa



Interview Debrief

Case #4

Final Discussion

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