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CONSUMER: CASEY JUDD

EHDI

NARITA A/B – ETHICAL AND ACCURATE PSYCHOLOGICAL ASSESSMENT

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>> Just so you know I'm passing out handout and this is what it looks like and I'll explain why it's one page later.
>> Hi, I'm Jane and this is ethical and accurate psychological assessments for deaf and hard of hearing children. If you're too hot, too cold, too something, let me know. I will be in the back. Please fill out your evaluations and give them to me as you exit the door. Thank you.
>> Hello, everyone. So my name is Dr. Natasha Kordus and I'm a clinical psychologist and also the supervisor of services at the California deaf education resource center. At the school for the deaf in Riverside, California. First I want to explain a little bit about what I handed out to you. You'll see it and you might be wondering what it is. The big block of scrambled looking text. It's a QR code if you want you can take a picture of that code and it will automatically send you the Google Drive and in that Google Drive I have several ‑‑ a variety of information. I have research articles.

I have my PowerPoint that I'm using today. I also have my notes in that Google Drive. I have information for you to share with parents. And to bring back home with you and it's about how to get access to the classroom, how to, different hearing levels and how they impact students in their classrooms. And a wide variety of information. I know this if I got here with all that information I would be lugging a huge amount of papers with me and I didn't want to do that so I didn't want to kill all of the trees in the west of the nation. So I decided to go ahead and put them all accessible to you via QR code so you can look at them and download what you feel is the most effective and applies to you specifically. I also tend not to press the PowerPoint and then talk and follow the PowerPoint so I do tend to talk a bit and describe what I'm doing so if you have a question about something I can come back and advance the PowerPoint so I do apologize in advance for that habit of mine. As you can see look, I can't even do it, how ‑‑ yeah, it's a PDF so I don't know how to do this.
>> Okay. Thank you. The purpose of this presentation today is to talk about psychological evaluations. I supervise a team of psychologists, and diagnostic teachers and we do get referrals from the deaf ‑‑ in schools and outside of the schools. A lot of deaf and hard of hearing students, their team may be puzzled, not know what's wrong, their may be a double or a triple diagnosis with the particular child. And they just want to know how to best meet the needs of that child in the educational setting. They're referred to us and we do in depth psychological evaluations and we evaluate in all areas. Cognition, knowledge, language, English and ASL. Both. Perceptual motions. Basic living skills, essentially. Auditory, we do have an audiologist on our staff and we also do have a speech language person. We can diagnose those children with different types of means and qualify those students for different types of eligibilities. It's a very complicated process and we actually have, I only have 25 minutes to explain so that ain't going to happen. We're not going to be able to cover everything here today so what I would like to do is touch on a variety of topics that I think are the most important and key for you to know. And then I really do want to encourage you to get in touch with us. And use the information that I shared in the Google Drive using the QR code. I did try my best to put as much information as I could. I am not shy at all and I do not hold back information. I believe strongly in just sharing everything I can with everyone and so you would have everything you need to understand this process and feel comfortable and satisfied that you're doing the best job that you can in your various fields. I want you to feel good about what you're doing. So every time we have a new student, that comes into our department, we assess children from zero to 22 oftentimes there's very complicated histories involving these children and we also need to feel that we're detectives. So we're doing a lot of analysis. I'm a nerd too so that's very fun for me. So I get immersed in their lives. What is their lives like? What have they been exposed to? What language have they seen? What's their audiological history? What's the etiology of their language. What levels are they experiencing and in this feel that's something we can do and we try to find out everything. We talk to their parents, their teachers, we talk to any service provider that has been in contact with this particular child. The first thing I would like to know is related to language. Language deprivation is real. What I see over and over again with our deaf and hard of hearing students is that during the critical times of language development from 0‑5, many of our kids still don't have perfect access to language. I'm talk about both students who have exposure to sign language at home but maybe their parents are not proficient or fluent in the language or kids who have signing in school. But there's no signing in their home. Or children who have an auditory mechanism that they're using and can hear okay but it's still not perfect and not perfect access in particular rooms or areas. The presenter before me, hold on, let me ‑‑ Tina. She sad some very good data and she's right. What I see often is even those kids who are dependent on oral and auditory mechanisms for communication oftentimes their access to language is not perfect. And I do see the impact on these children all the time. I see the language deprivation happening all the time. I think it's important for all of us to understand from 0‑5 that when language ‑‑ that is when language deprivation is happening. The impact is permanent. I have data and I've experienced and seen it where a child where their cognitive functioning is impacted even later in their life. So if you look at their language scores, versus their visual, you know, and how they problem solve, their problem solving skills, there's a huge difference. And that is from that early period of time in their lives. So anyway, I jumped ahead. So ‑‑ so first I want you to understand what it means, what I mean by language deprivation. Again, language deprivation is the lack of access to a native language. During the critical times in their language development which is 0‑5. We know that as much as cochlear implants and hearing aids can benefit, but when used alone it's not enough. It doesn't provide enough access to language. Kids still need visual language. To be able to pick up and be able to be fluent in their language. Language itself is not just spoken language. To me, when I'm assessing language, I am not looking at if the kid can speak. I'm looking at how they use language to problem solve. Whether I'm assessing students I look at how they sign with me. How they look at problems, how they write. How they're using their mind to critically think. Their thought processes. I'm looking at higher level problem‑solving skills that are required and requires more in depth schema than just speech. What we know and the research that I've included with the QR code again. Is that oftentimes kids who experience language deprivation during 0‑5, the years of 0‑5 will later show disfluency. If you're not sure what disfluency looks like here's some characteristics that we've identified through research. In ASL for example it does have structure, grammar, there are rules for American Sign Language. And woe notice that children with a lack of early exposure to ASL showed disfluency. One example might be inaccurate grammatical structure. Time references would be off. So, for example, in ASL when we talk about today we have everything in the current time right in front of our body and the location we're talking about the paths we indicate that it's behind our back. In the future we indicate it's in front of our bod sis. When children are not fluent in ASL they may confuse that information and not know how to explain those kinds of things.

When Tina was talking about students oh, darn, it's gone already. When she was talking about students ‑‑ oh darn it, okay, anyway. We found another example would be with dysfluency. Oh, now I remember. Okay. During the ages of 0‑5 you know we should naturally be able to pick up the rules for language.

How is language structured. What's it look like. Where does it go. What makes sense? The different grammatical structures and even with visual language the brain is able to process the patterns of the language.

Visual language is processed in the same region of the brain as auditory. So when we are receiving language visually as a baby, even from 0‑5, they can start to put together and determine in their mind how the rules are. They're not able to think, oh, that makes sense, that's why this goes. That's the structure. But it's happening in their brain, those connections are being made so if you don't have that experience at your critical phase then from that point forward, you may not be able to have, it may not be organized in the right way going forward. So we see this, the children who experience language deprivation, we see ‑‑ they have a harder time expressing themselves. They have a more difficult time developing theory of mind. They have a harder time with being able to establish the rules of ASL and understand the rules. So for example, if I'm describing this person and I may say this person sits here and I use a character shift and show another person in a different location when I'm signing but they may confuse where the person is. They may set people up in different areas and they ‑‑ they may break different rules in their fluency using ASL and the different language system.

When I assess these students I see these same rules being broken in ASL that I see broken in English. Often as a professional we make assumptions. Oh, ten minutes already. A lot of times you make assumptions that it's because they're deaf. It's a ‑‑ the deaf way. But I'm here to tell you that it is a result, a direct result of language deprivation. It is not a natural thing for a deaf person when I see this, when I have kids who have been exposed to language. And have access to language. From the start they grow up with zero delays. With appropriate language usage and fluency. Of course we're making the assumption that there's no other disabilities involved as well.

I want to make that perfectly clear to everyone that when you're addressing a student or you're confronted with a student and trying to figure out what's going on with a student, the first challenge is to try to figure out how and weed out if there is language deprivation happening within this child.
>> Okay. So I'm trying to think because I have ten minutes left. Because I got a little off with how to apply cognition. I can talk more in depth about language deprivation but I think it might be best for me to open up for questions if anyone has a specific question related to specific testing or specific assessment tools. That you're interested in using. Yes. What do you think? Any questions? Yes.
>> Deafened sensory is ‑‑ a big issue. Okay, general sensory issues, all right. Okay. That's complicated but first of all, again ‑‑ one thing I notice, for example, do I see oftentimes that parents will take their kids to a psychologist or a doctor. And they done know anything about deafness. And they'll say, oh, their autistic. And, you know, and there's just something going on. So my first question is always, do they really have sensory issues? And what kind of access to information do they have at home? Do they have access to language? Of course we do have to have kids who are autistic. Of course we have deaf kids who have sensory issues. But we need to know the etiology of what causes the hearing loss. And that complicates each situation. You know, different syndromes, different birth issues, different kind of impacts that may have happened so that child then impact their development. So to understand that, we ‑‑ it's really key to have the full knowledge. So for ‑‑ it needs to have an in depth assessment. I need to know what kind of developmental norms. What have, milestones have been met. What's been going on with their language. What about their motor skills? Everything. I need to have a complete profile and comprehensive profile before I can decide and I can tell you if you're thinking about the possibility of autism for example. The EDI is a better term than the ADIS. ADOS. The ADOS is not a perfect fit for a deaf child. ADI is it's a little bit better the EDI is a little bit better tool so I would recommend that as an evaluation tool instead of the other one.
>> (Speaker far from mic).
>> For me if I can discriminate or pull out the language deprivation from the diagnosis, I will diagnose the kid. Sometimes I will see children's ‑‑ and they have an opportunity for language and they have had opportunities for example like maybe the parents give them everything. They threw everything at them. They sign, they have hearing aids, they've been exposed ‑‑ they've had early intervention, they were in head start and they still have delays so need to determine why. For me, as a psychologist, to not diagnose that child and provide additional services, that would be wrong. So I feel that I would to provide everything I can if the child qualifies for something I give it to him. Because that's key. That's important.
>> I guess there's a language delay (speaker far from mic) you just know there's a learning disability. But no one will diagnose it because of the language.
>> I can tell you that learning disabilities look different from language deprivation. On paper. The data looks different. And that's a whole other presentation. I actually did include that information in the examples, in the case studies so you can see that learning disabilities, kids' language deprivation looks different from kids with learning disabilities. Language deprivation looks very different from learning disabilities. So briefly cognitive functioning, for example, I give both verbal and visual processing tests. As well as academic tests for kids who are LD and they are all over the map with their scores. So a kid who has language deprivation you just see the language delay. But their visual is fine. Their academic may be delayed, maybe math is perfect. So it's very different, the profiles are very different for LD and language deprivation.
>> I work in early intervention and I struggle with assessing kids as they're getting ready to age out and go to (speaker far from mic) is also very important too and like you're saying with the language deprivation. That needs to possibly looked further into it. I'm just ‑‑ I have a hard time with helping families advocate for age three. They look at scores. And I hate that.
>> Oh, yes, oh, I love you. Oh, thank you. It's so important. And I did include that in the Google Drive because I see it, I see the same problem all the time I have SP to an IEP and the district is just arguing and they refuse. It just ‑‑ I say, no. The kids need services. Karen Anderson. She's awesome. She's awesome. Oh, I love her. She's an audiologist, she's just amazing. And she's developed so much information. I have to shut up I'm being told and I'm done but I included a lot of information in the Google Drive.
>> (Speaker far from mic).