**Communication Skills Assessment**

*Suzie Smith*

Prepared for the County Public Defender’s Office

Assessor: Roger C. Williams

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Test Instrument

The Communication Skills Assessment assesses an individual’s relative strengths and weaknesses across a continuum of communication modalities. It is designed to identify individual strengths and weaknesses in addition to assisting in identifying an individual’s most effective communication strategies. The test is structured so to permit those with severe language deficits to demonstrate skills, thus the definition of competence does not necessarily reflect a high degree of fluency or skill. It does not allow for meaningful comparisons between individuals, nor does it compare one individual to a group norm. Attempts to interpret scores in these ways represent invalid applications of this instrument.

Referral Information:

Ms. Smith was referred for the Communication Skills Assessment by her attorney, Michelle Jones of the County Public Defender’s Office. During an earlier interview with Ms. Jones, the sign language interpreter had raised a concern about her language competence and ability to understand the language needed in a legal situation.

Background Information:

Ms. Smith is a 35-year-old white deaf female with no motor disabilities or vision impairment. She reported no difficulty in seeing or understanding the examiner. Background information was obtained from Ms. Smith and, as will be detailed in the report, she has severe language dysfluency so some of the collected information is unclear or potentially inaccurate. This was particularly true when trying to get educational history. She has a severe congenital sensori-neural hearing loss. She reports that she became deaf at six years of age although was not sure of the reason. She was unable to provide any information about the etiology of her hearing loss. She is the only deaf person in her family. No one in her family knows sign language and they communicated with her by speech, which she reports she did not understand. She is the second eldest of four children, although her older brother is deceased. Her parents divorced when she was 12 and she remained with her father, who has since passed away. Ms. Smith attended a school until age 12 but had no access to the instruction. She could not identify anything she learned during her time in school but did enjoy playing with the other students. She left school when her parents divorced and her father did not have the funds to pay for continued schooling. In 2001, she immigrated to the United States from her birthplace in a foreign country with her new husband and moved to two other locations before moving to South Carolina. She lives with her husband, Johnnie, who is also deaf. Her father-in-law lives in the house next door. Her only language instruction has been provided by her husband, who apparently uses an idiosyncratic mixture of her native country’s sign language and American Sign Languages.

Ms. Smith had a basic understanding of the role of an interpreter and was aware that she had used one in the past. She did not know how to arrange for an interpreter, stating that her husband had that information. She does not know how to arrange for an interpreter or know what their role should be. She knew she needed an interpreter for her interactions with her attorney or the court but did not seem to know that it was reasonable to ask for an interpreter for medical appointments or other situations. She does not wear a hearing aid or use an amplified telephone. She states she had a hearing aid for a short time when she was a child but that she was not able to keep the aid. She is unaware of signaling devices but does not have them. She did not know about videophones but her husband has a cellular phone with text capacity. She would like to be able to have a phone but states she does not know how to read or write, which was consistent with this evaluation. She does not have captioning on her television.

Testing Administration

Ms. Smith was interviewed at the County Detention Center in a small town. The initial interview and testing instructions were conducted in American Sign Language and gestures. The interview was done by Roger Williams, Licensed Master Social Worker and Qualified Mental Health Interpreter – Supervisor and Terrell Jacques, Certified Peer Support Specialist and native user of American Sign Language. Client appeared to understand the instructions, although multiple repetitions were sometimes necessary. She was unsure of her answers, often stating that she did not know sign language and that she was not able to complete sections which required speech or writing. She was very attentive to the examiner’s responses and scoring and was visibly concerned when unable to complete a task. Once client understood the instructions, she was cooperative. Overall, her performance is thought to be a good representation of her communication abilities.

Testing Results

Scoring Grid

Discussion:

This client’s profile is consistent with her reports of a complete lack of formal language instruction. She was not exposed accessible language until age 29, significantly past the optimal language window of three years old. She has had limited opportunity to develop her language, whether in English or American Sign Language. She does not have fluency in any area of communication. She has difficulties across the communication spectrum. For everyday communication and during the test administration, client performed best in American Sign Language with considerable gestures and sign-mime. She has no usable skills in the oral or written communication domains. She does not know fingerspelling as she has no knowledge of the English needed to understand fingerspelling.

Her American Sign Language reflected her limited contact with the Deaf community and nonexistent education. She had difficulty with vocabulary and with any of the abstract grammatical structures of ASL. When sentence structure or non-manual markers dictate sentence meaning she was not able to comprehend the meaning. Similarly, her expressive ASL was lacking in ASL grammar or structure. For example, there was no evidence of eyebrow movement to indicate topic or the use of incorporated numbers in her sentences. She had some non standard signs, some signs from Guyanese Sign Language and at least one which was completely incomprehensible. When understanding ASL, she has difficulty with sentences that use the rhetorical question format or require spatial visualization. She could answer questions about identity and concrete events but could not understand any question which required reference to an abstract quality.

Her signed communication was fraught with dysfluencies, including a lack of vocabulary, incorrect or absent grammar, major gaps in fund of knowledge and a lack of spatial structure or non-manual markers.

Conclusions:

Ms. Smith is a 43-year-old white female, deaf from birth, of unknown etiology. Her communication strength is in the manual communication arena and this should be used as her primary mode of communication. However, in no communication arena were her communication skills sufficient to understand abstract or complicated information. Her oral and written skills are insufficient for any communication, although someone who knows her very well may be able to identify familiar words from her lip movements. Ms. Smith is aware of her communication limitations and perceives this is the result of intellectual deficiency although her communication pattern is more consistent with language deprivation. She is likely to nod or respond as she thinks is appropriate without comprehending the interaction.

She is aware of some of the technological devices available such as captioning or text phones. However, her ability to use these devices is impaired by her lack of competence in English.

Ms. Smith would need significant and extensive instruction in order to improve her knowledge of American Sign Language or to gain a basic understanding of English. It is unlikely that she would ever gain full fluency in any language but she could improve her language skills. The types of errors she made during the interview were fairly consistent and are more likely to reflect a lack of education and exposure rather than a neurological or learning disorder.

As to the specific questions which resulted in Ms. Smith’s referral, Ms. Smith’s limited communication skills and inability to handle abstract information prevent her from comprehending or expressing the information needed to understand legal proceedings, including her ability to assist her attorney in her defense, understand her legal rights or make choices about available options. There was no evidence of mental retardation or mental illness during the interview. She is able, with an experienced deaf/hearing interpreter team using a combination of Visual-Gestural communication and American Sign Language, to communicate about concrete events and provide information about the events which led to her arrest. However, she lacks sufficient language fluency to understand witnesses in a courtroom during a proceeding, refute testimony or assist her attorney when cross-examining witnesses. She lacks knowledge about the roles of individuals in a courtroom and did not know what a judge did or that there were other attorneys than Ms. Jones.

Outside of legal settings, information provided to Ms. Smith should be provided using examples, demonstration and visual representation, rather than depending on language to understand needed information. She should also have access to interpreters who are familiar with Visual-Gestural communication, ideally in deaf/hearing teams.

Submitted by:

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Roger C. Williams, LMSW, CT Date