

IS THIS A CHILD WITH A DISABILITY?

It is sometimes not so obvious that a child has a disability. However, one can sometimes pick up on “soft signs” that may indicate further investigation. The following is a checklist of “**RED FLAGS**” that may be useful to you if you have questions about a particular individual. **PLEASE NOTE: THIS IS NOT A DIAGNOSTIC TOOL!** It merely “flags” certain behaviors or indicators that could suggest further testing or questioning. The letters after each behavior suggest that this might reflect an:

- I = Input Problem
- P = Processing Problem
- O = Output Problem

If you find that you have checked five (5) or more of these behaviors get some additional information about this child through further questioning or testing. Perhaps she/he is a yet “unidentified child with a disability.” Don’t make that determination without consulting with the appropriate professionals.

PLEASE NOTE: *If certain of these behaviors, or clusters of these behaviors have just recently manifested themselves, it could be an indication of some type of victimization, NOT a disability.*

DOES THIS CHILD

- (1) _____ Constantly squint his eyes (I)
- (2) _____ Shield his eyes from bright lights (I)
- (3) _____ Constantly blink his eyes (I)
- (4) _____ Have difficulty focusing on objects (I)
- (5) _____ Hold objects very close to eyes (I)

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DOES THIS CHILD . . .

- (6) _____ Have eyes that seem misaligned (turned inward / outward / downward) (I)
- (7) _____ Frequently ask for things to be repeated (I)
- (8) _____ Watch your lips carefully as you speak (I)
- (9) _____ Display poor/jumbled speech (I – O)
- (10) _____ Speak unusually soft (I-O)
- (11) _____ Lack interest in school / home life (I – P)
- (12) _____ Display a short attention span (I – P)
- (13) _____ Have behavioral outbursts (I – P)
- (14) _____ Display unusually withdrawn behavior (I – P)
- (15) _____ Display aggressive behavior (I – P)
- (16) _____ Display self-stimulatory behavior (P)
- (17) _____ Display self abusive behavior (P)
- (18) _____ Mix up sounds of words/orders of numbers (P)
- (19) _____ Consistently reverse letters/numbers (P – O)
- (20) _____ Display obvious confusion with directions (P – O)
- (21) _____ Display difficulty with writing for age (P – O)
- (22) _____ Display impulsive behavior (P)
- (23) _____ Display a low frustration level (P)
- (24) _____ Display very poor reading for age (P)
- (25) _____ Consistently misinterpret questions (P)

REMEMBER.....

the above are “RED FLAGS” that may suggest further inquiry NOT a diagnosis!

INTERVIEWING CHILDREN WITH COGNITIVE DISABILITIES

1. Review what you have learned about the child from your preliminary preparation.
2. If the interaction requires assistive communication device ensure that it is available and working from the beginning of the interview process.
3. Do an environmental check.
 - A. Are there any potential distractions? If so, remove them.
 - B. Attempt to ensure that others do not interrupt the interview.
 - C. Is the environment child friendly? Remove scary items such as scissors or instruments.
4. Plan short sessions. 20 – 30 minutes is preferable.
5. During the interview, if you see signs of anxiety or emotional distress from the child, SLOW DOWN, move back to a more comfortable part of the process (i.e. rapport building.) Anxiety can and will block the cognitive (thinking) process.
6. If you are getting frustrated, STOP THE INTERVIEW. The child will sense your frustration and it will affect the interview.

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PRE-INTERVIEW QUESTIONS

Effective interviewing of an individual with a disability requires that some preliminary data be obtained either from records, other professionals who have had contact with the individual, or, if necessary, from the alleged victim personally. Mistakes are often made in interviews when “assumptions” are made rather than “real evidence” regarding the type of disability and level of functioning are used. As a result, individuals often get frustrated or confused unnecessarily by questions, if the interviewer has not done his/her homework related to some basic information. Be sure to know the answers to the following questions before proceeding with an interview involving an individual with a disability.

1. _____ What is this person's primary disability?
2. _____ Does the individual have any accompanying disabilities?
(For example, cerebral palsy, epilepsy, physical impairments)
3. _____ In what specific way do these disabilities affect the person's current functioning (cognitive, language, memory, socio-emotional)?
4. _____ Is this person highly distractable? (If “yes,” set up interview in a controlled environment)
5. _____ Is there any information that communication might be a challenge? (If so, determine the most effective method of communication.)
 - a. Accommodations
 List _____

 - b. Sign Language (Interpreter)
 - c. Language Boards
 - d. Computer Assisting Devices
 - e. Facilitated Communication
6. _____ Is there a marked difference in receptive versus expressive communication?

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7. _____ Does the interview present behavioral challenges?
- a. Verbal perservation (repeating)
 - b. Compulsive behaviors
 - c. Self abusive behaviors
 - d. Assaulting people
 - e. Assaulting objects
 - f. Pica behavior (*eating foreign substances compulsively*)
 - g. Sexualized behaviors
 - h. Sexually assaultive behaviors
 - i. Withdrawal
 - j. Other _____

- 7a. _____ Are any of these behaviors being considered as possible indicators of abuse?

_____ Yes

_____ No

If yes, answer the following questions:
(*or determine where you can get this information*)

- 1. What is the history of the behavior?
- 2. Is there a behavioral "baseline" available?
- 3. If so, has a clear behavioral change taken place during the time frame in question?

7a. (continued)

_____ When looking at a change in behavior consider:

1. Intensity of behavior
2. Duration of behavioral episodes
3. Change in behavioral repertoire

Will any of these behaviors require support or management during the interview? If so what are your options for management during the interview?

8. _____ Are there vulnerabilities to consider?

- a. History of compliance
- b. Never educated in self-protection/sexuality issues
- c. Interpersonal dependency
- d. Family stress issues not addressed/lack of resources
- e. Individual or systemic isolation

Based on these findings what is your strategic plan for this interview? (*what must you consider?*):

Etiquette Tips Related to Children with Disabilities

- Make eye contact and speak directly to the child, not to a parent/caregiver or interpreter.
- After initial greeting, sit, kneel or bend down so that child will not have to crane his/her neck to make eye contact. This approach encourages the child to participate in the discussion.
- When speaking with a parent or caregiver in the presence of their child, acknowledge the child, and, when appropriate, ask permission from the child to discuss him/her.
- Include the child in your discussions/interviews with parents and caregivers. Assume that he/she understands, regardless of his/her ability to communicate.
- Act naturally. Do not be afraid to use expressions such as “Would you like to see that?” or “Let me run over there.” Do not ask questions you would not ask a child without a disability of his/her parent or caregiver.
- When speaking with a child with a hearing impairment, get the child’s attention first with a tap on the arm or a wave. Try to keep your face out of the shadows and your hands away from your mouth as you speak. Use body language and short sentences.
- If a sign language interpreter is present, look at and talk to the child or parent/caregiver, not the interpreter.
- When speaking with a child with a speech difficulty, talk normally. Do not interrupt and do not pretend to understand when you do not. If necessary, ask the child to repeat. Parents may also assist but focus on communicating with the child.
- Use normal volume when talking with a child who uses a voice synthesizer or other augmentative communication devices, or when a child is language impaired. Assume the child has normal hearing.
- Speak to a child who is visually impaired before touching the child. When you offer to assist a child who is visually impaired, allow the child to take your arm so that you can guide, rather than propel the child.
- Service animals are working when they are with their owners. Ask the child’s permission before touching a service animal.
- A wheelchair, walker, or cane is an extension of the personal space of the child using it. Do not touch, stand, or lean on it.
- Use person first language –
 1. Speak of the child first and then the disability. Say “a child with a hearing impairment”, rather than “a hearing-impaired child.”
 2. Emphasize abilities, not limitation. “He uses a wheelchair,” rather than “he is confined to a wheelchair.”
 3. Do not label child as part of a disability group. Say “a child with a disability”, rather than “a disabled child.”
 4. Do not patronize or give excessive praise or attention
- Be considerate of the extra time it might take for the child to get things said or done.

USING PERSON FIRST LANGUAGE

SAY	INSTEAD OF
Person Who Has, Person With, or Person Who is Affected	Afflicted, Suffers From, Victim, or Stricken
Person with: A Disability, Cerebral Palsy, Retardation, Epilepsy, or Down Syndrome	Disabled, Handicapped, Palsied, CP, Spastic, Retarded, Epileptic, or Mongoloid
Without Speech or Non-Verbal	Mute or Dumb
Developmental Delay	Slow
Non-Disabled	Normal or Healthy
Mobility Impaired	Lame
Seizures	Fits
Condition	Disease
Uses a Wheelchair	Confined to a Wheelchair
Physical Disability	Crippled or Lame
Paralyzed	Invalid or Paralytic
Congenital Disability	Birth Defects

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Internet Resources on Developmental Disabilities

Note: Internet addresses frequently change. You may need to follow a link to a new address or use a search engine or database (such as Associations Unlimited) to locate the Internet address.

General Resources with Multiple Links to Other Sites:

1. NICHCY – The National Information Center for Children and Youth with Disabilities – <http://www.nichcy.org>
2. CEC -- The Council for Exceptional Children – <http://www.cec.sped.org>
3. TASH (Formerly The Association for the Severely Handicapped) – <http://www.tash.org>
4. SERI –Special Education Resources on the Internet – <http://www.hood.edu/serihome.htm>

Disability Specific Resources:

1. ADDA – National Attention Deficit Disorder Association – <http://www.add.org>
2. CHADD – Children and Adults with Attention Deficit Hyperactivity Disorder – <http://www.chadd.org>
3. ASA – Autism Society of America – <http://www.autism-society.org>
4. Center for the Study of Autism – <http://www.autism.org>
5. UCP – United Cerebral Palsy – <http://www.ucpa.org>
6. NINDS – National Institute of Neurological Disorders and Stroke (regarding epilepsy) – <http://www.ninds.nih.gov/healinfo/disorder/epilepsy/epilefs/htm>
7. Epilepsy Foundation – <http://www.efa.org>
8. Mental Health Net – <http://www.cmhc.com/mhm/htm>
9. National Association of the Deaf – <http://www.nad.org>
10. National Center for Learning Disabilities, Inc. - <http://www.NCLD.org>
11. LD Online – <http://www.ldonline.org>
12. AAMR – American Association on Mental Retardation – <http://www.aamr.org>
13. The ARC – (formerly the Association for Retarded Citizens) – <http://www.arc.org>
14. The ARC of Virginia – <http://www.iconbbs.org/Arc-VA>
15. Speech Disorders <http://www.socialnet.lu.handitel/wwwlinks/dumb.html>
16. Spina Bifida Association of American – <http://www.sbaa.org>
17. ASB – Associated Services for the Blind Information Center – <http://www.libertynet.org/asbinfo/>