

Developmental Disabilities and Interpreting

What is a Developmental Disability?

- Once referred to as mental retardation
- Life-long condition
- Usually manifest at birth & characterized by limitations in both intelligence (cognition) & adaptive skills
- Intellectual functioning described in terms of IQ
 - 55-75 = mild
 - 40-55 = moderate
 - 25-40 = severe
 - Below 25 = profound
- Approx. 3% of the population - in Canada equals 900,000 individuals

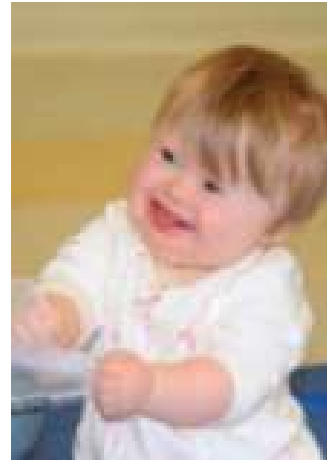
Reasons for having a DD:

Examples:

- Fetal Alcohol Syndrome / Rubella
- Down Syndrome / Fragile X
- Cerebral Palsy
- Autism
- Pervasive Development Disorder
- 30-50% cause unknown

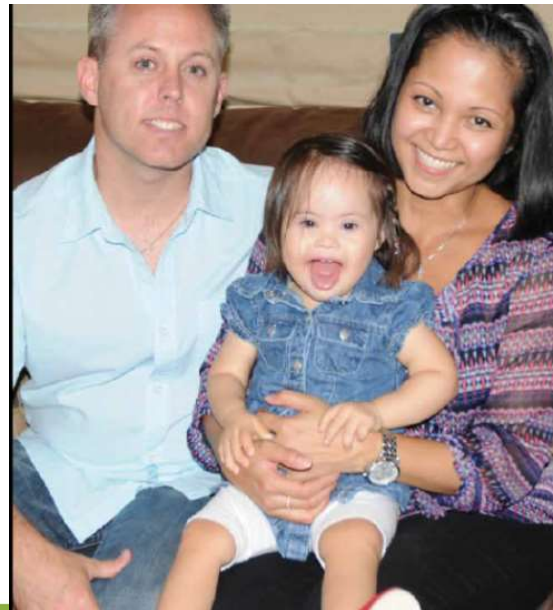
Diagnosis/Assessment

- Before Birth – genetic testing (Down Syndrome)
- At/soon after birth or infancy – physician identifies anomalies that lead to genetic testing (facial features; early screening, baby not achieving the expected developmental milestones)



- **Infant Development Programs**

- Surrey Place Centre is one of five agencies that operate an Infant Development Program in Toronto.
- A Developmental or Occupation Therapist go into the home to provide training and support to parents.
- The goal is to enhance skill development



School identification

- Children's developmental delays are identified at school, assessed by the school Psychologist or Speech and Language Pathologist
- Various children are referred for specialist assessments and services to agencies such as Surrey Place; Sick Kids; Holland Bloorview to receive specialized supports and diagnoses.

Example: Child and Youth Fetal Alcohol Spectrum Disorders Clinic

- Provide specialized comprehensive, inter-disciplinary diagnostic assessment & consultation services to individuals between the ages of 6 – 18 who are suspected of having an F.A.S.D.



Adult Eligibility

- Developmental Services Ontario Toronto Region (DSO TR)
 - 2008, Ontario passed the *Services and Supports to Promote the Social Inclusion of Person with Developmental Disabilities Act*.
 - 9 Provincial DSO organizations
 - The single point of access for all new adults with a developmental disability to access Ministry funded Adult services and supports



Treatments and Interventions: Clinical

- Speech and Language Pathology. The term Augmentative and Alternative Communication (AAC) is used to refer to ways other than speech or writing that are used to communicate. AAC includes both face to face and written communication.
- Occupational Therapy
- Psychology
- Nursing
- Psychiatry
- Behavioural Therapy
- Case Management
- Infant Development
- Blind/Low Vision Specialists

Schools/Work/Independence:

- Communication Aids – IPADS; communication boards etc
- Sensory diet – pools, weighted clothing, hand grips
- TTC training – routes, safety, social behaviours
- Job Coaches
- Supported Independent Living staff

DSO TR (Developmental Service Ontario Toronto Region) link to Ministry Funded services:

- residential services and supports
- activities of daily living
- community participation
- caregiver respite
- professional and specialized services
- person-directed planning
- family support workers/ Adult protective service workers
- Passport

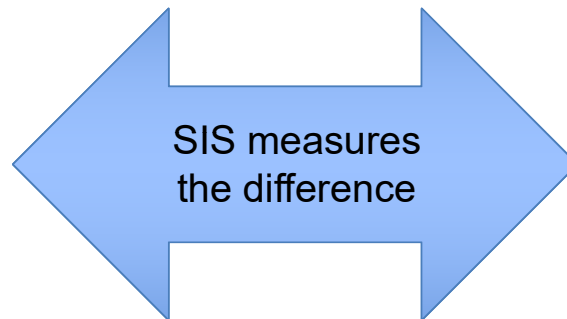
Application Package

- **Application for Developmental Services and Supports (ADSS)**
- **Supports Intensity Scale (SIS)**

WHAT THE SIS MEASURES

Individual being
assessed:

Expectations
Responsibilities
Involvement in
Activities



1. Type of support
2. Frequency of support
3. Daily support time

Typical Adult:

Expectations
Responsibilities
Involvement in
Activities

Case Discussions:

Scenario 1

- You are the interpreter at a meeting between a service provider and the parent of a 5-year old child with developmental disabilities. As the two adults are talking, the child appears to be quite fascinated by some of your belongings. She tries repeatedly to grab and pull at the necklace you're wearing, as well as open your handbag and explore its contents. What would you do?

Scenario 3

- You are interpreting for an adult person with developmental disabilities at the doctor's office. The client is accompanied by a worker from the group home in which he resides. When asked questions by the doctor, the client is inarticulate, his speech laboured. He stutters, sometimes pauses between words, at times gives responses that don't directly answer the question, and some of his utterances are hard to decipher. The worker often jumps in and finishes sentences for him, or at times responds to the doctor's questions before the client opens his mouth. What would you do?

Scenario 2

- You are the interpreter at a meeting between medical staff and the family of a teenager with developmental disabilities. During the meeting, the teenager would often flap his hands, and periodically screech or make loud noises. You find this to be quite distracting, and at times the screeching drowns the conversation, making it difficult for you to hear properly and interpret accurately. What would you do?

Scenario 4

- You are interpreting between a social worker and a client with developmental disabilities. At times the client suddenly breaks out into a lengthy coherent passage, the content of which had no apparent relation to the subject under discussion. These utterances sounded more like repetition of dialogue from another context or from television. You have difficulty following the train of thought and interpreting at the speed at which the words were uttered. What would you do?

Challenges to the Interpreter:

- The parents of a child with a developmental disability also may have a developmental disability. Parent Enhancement Program (PEP)
- Cultural: some cultures are not comfortable admitting that their family member has a developmental disability; or it may not be culturally acknowledged
- Risk issues: some individuals may be aggressive
- More than translation – the Interpreter can give information about comprehension in first language that parents sometimes don't recognize
- Assumptions – nodding, agreeing, masking disability, adult consent issues etc

Helpful suggestions:

- Risks – be safe, be aware of where you are sitting, make sure there is someone who can assist an individual who may be aggressive
- Personal distance- professional rules apply, stay at arms length, don't hug, hand shake.
- Pre information- make sure you know what the situation will be in advance
- Transparent information- don't be afraid to share information with everyone. If you don't understand the client, say so.

SURREY PLACE

Specialized Clinical Services for People with Developmental Disabilities and Autism Spectrum Disorder

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