Promoting a Better Partnership: Interpreter Services and Providers Conducting Interdisciplinary Developmental Assessments

Kathleen Lehman, Ph.D.,
Anne Leavitt, M.D., & Kay Kopp, OTR/L

UW LEND
University of Washington
Leadership Education in Neurodevelopmental and Related Disabilities

Center on Human Development and Disability

Learning Objectives

1. Understand need for different interpreting techniques for pediatric developmental assessments
2. Describe the partnership between providers and medical interpreters
3. Review the curriculum content for training medical interpreters working with children in interdisciplinary developmental assessments

UW LEND at Center on Human Development and Disability (CHDD)

What we do:

- Serve patients and families across the life span
- Provide interdisciplinary assessment, diagnosis, recommendations
- Evaluate children ages birth-18 years in the pediatric clinics
- Train students, professionals, and community members

Pediatric Clinics at CHDD

- Child Development Clinic
- Infant Development Follow-up Clinic
- Fetal Alcohol Spectrum Disorder Clinic
- Congenital Hypothyroidism Follow-up Clinic
- Cardiac Neurodevelopmental Clinic
- Down Syndrome Specialty Clinic
- Biochemical Genetics Clinic
- PKU Clinic

www.chdd.washington.edu

Need for Training

- Increasing population of linguistically diverse families require assessment of neurodevelopmental disorders
- Title VI of the Civil Rights Act mandates interpreter services for all patients with limited English proficiency https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/yourrightsundertitleviofthecivilrightsact.pdf

Need for Training (Cont'd)

- Adapt interpretation methods from parent-focused to child-focused during standardized assessments
- Educate interpreters in understanding child behavior challenges and in how to follow clinician's lead
- We experienced some challenges with interpreters during developmental assessments:
  - Not interpreting for children, especially if parent spoke English
  - Not interpreting exact words of the provider
  - Adding additional directions, gestures, or prompts that spoiled that standardization of the testing
  - Attempting to manage a child's behavior by giving directives

Action

UW LEND at CHDD in collaboration with UW Medical Center Interpreter Services developed a specialized training for interpreters working with providers during developmental assessments.

- In-person training with 57 interpreters completed in February 2017
- Posted on our UW LEND website:
- http://depts.washington.edu/lend/links/index.html
  - Videos of in-person training part 1 and 2
  - Course handbook from training

Comparing Roles of Interpreters

Adult Medical Encounter	Child Medical Encounter	Developmental Evaluation of the Child
Patient presents complaint/concern about own health	Parent/caregiver presents concern about their child's health/development	Parent/caregiver presents concern about their child's health/development
Patient communicates directly with provider	Much of communication is via parent, but child may also respond	In testing situation, much of clinician's communication is directly with child, though some parent interview and/or observation will occur
Patient comes by self or may bring family member	Child is brought by parent who typically remains in room	Depending on age of child, parent may be in observation room or lobby
Patient gives consent for care	Parent gives consent for care. In WA State, teens ≥ 13 years must give own consent for care	Parent gives consent for care In WA State, teens ≥ 13 years must give own consent for care

Types of Tests Used in Developmental Assessments

- Interview
- Observation
- Questionnaires
- Standardized tests
- Non-standardized tests

Training on the Role of Interpreter: Pediatric Medical Appointment vs. Developmental Assessment

Useful in multiple settings:

-- Schools
-- Autism Centers
-- Birth-to-3 Centers
-- Medical Centers
-- Children's Hospitals
-- Outpatient Clinics

Keys to Effective Partnership Between Interpreters and Providers in Developmental Assessments

- Brief information sharing prior to each assessment
- Interpreter follows provider's lead
- Both partners ask clarifying questions
- Both partners understand their role

Effective Interpreters

- Have self-awareness of own attitudes toward individuals with disabilities
- Are calm and have patience
- Show kindness and friendliness toward parents and children of all ages
- Have flexibility (to accommodate to changes in schedule and child's needs; to physically move around with child)

Interpreter Knowledge and Skill Base

- Knows medical terminology related to physical, mental, and social development
- Knows how to access resources about typical child development and common neurodevelopmental disorders
- Ability to accept guidance from multiple providers during evaluation process
- Shows alertness to possible cultural misunderstandings and the need to cue provider accordingly

Learning Objectives Used in the Interpreter Training

- Define pediatric developmental assessment and understand related terminology
- Provide information about different interpretation techniques for pediatric developmental assessments
- Explain how to partner with providers of different disciplines during pediatric developmental assessments

Interpreter Training Content

- Described our clinics and services
- Provided videos of assessments with different disciplines using interpretation
- Provided education on typical development and diagnoses
- Created course handbook for interpreters to use as a reference on development and diagnoses
- Described partnership between interpreters and providers

Medical Interpreting During Interdisciplinary Developmental Assessments of Children

Course Handbook

Developed by:

Amy Carlsen, RN
Sharon Feucht, MA, RD, CD
Kay Kopp, OTR/L
Anne Leavitt, MD
Kathleen Lehman, PhD
John Thorne, PhD, CCC-SLP

February 2017

UW LEND
University of Washington
Leadership Education in Neurodevelopmental and Related Disabilities

Center on Human Development and Disability

www.chdd.washington.edu

Table of Contents

AGE MOS.	GROSS MOTOR	FINE MOTOR	SELF-HELP	PROBLEM SOLVING	SOCIAL EMOTIONAL	RECEPTIVE LANGUAGE	EXPRESSIVE LANGUAGE
1	Chin up in prone	Hands fisted near face		Fixes on ring Follows face	Discriminates mother voice Cries out of distress	Alerts to voice/sound	Throaty noises
2	Chest up in prone Head bobs when held in sitting	Hands unfisted 50% Retains rattle if placed in hand Holds hands together		Visual threat present Follows ring Recognizes mother	Reciprocal smiling – responds to adult voice & smile		Coos Social smile (8 wks) Vowel like noises
3	Props on forearms in prone Suspended in prone – head above body	Hands unfisted 50% Inspects fingers Bats at objects		Reaches for face Follows ring in circle (in supine) Regards cube	Expression of disgust (sour taste, loud sound) Understands relationship between speaker and voice	Regards speaker	Chuckles Vocalizes when talked to
4	Sit w/ trunk support No head lag – pull to sit Props on wrists Rolls front to back	Clutches at clothes Hands to mouth Reaches persistently Plays with rattle		Mouths objects Aware of strange situation Shakes rattle Reaches for ring/rattle	Smiles spontaneously at pleasurable sight/sound Stops crying at parent voice To & fro alternating vocalizations	Orients to voice Stops crying to soothing voice	Laughs out loud Vocalizes when alone
5	Sits w/ pelvic support Rolls back to front Anterior protection – parachute	Palmar grasp/cube Transfers object: hand-mouth-hand Holds hands together Attains dangling ring	Gums/mouth pursed food	Attains dangling ring Turns head – look for dropped spoon Regards pellet	Recognizes caregiver visually Forms attachment relationship to caregiver	Orients to Bell 1 Begins to respond to name	"Ah-goo" Razz, squeal Expresses anger other than crying
6	Sits momentarily propped on hands Pivots in prone Prone – bears weight on 1 hand	Transfers hand-hand Rakes pellet Takes second cube – holds on to 1st	Feeds self crackers Places hands on bottle	Touches reflection and vocalizes Removes cloth on face Bangs & shakes toys	Stranger anxiety (familiar vs. unfamiliar people)	Stops momentarily to "no"	Reduplicate babble w/ consonants Listens then vocalizes when adult stops Smiles/Vocalizes to mirror
7	Bounces when held Sits w/o support – steady Lateral protection	Radial-palmar grasp		Inspects ring Observes cube in each hand Finds partially hidden object		Orients to Bell 2 Attends to music	
8	Gets into sitting Commando crawls Pulls to sitting/kneeling	Bangs spoon w/ demo Scissor grasp of pellet Takes cube out of cup Pulls large peg out	Holds own bottle Finger feeds Cheerios or string beans	Seeks object after it falls silently to the floor	Lets parents know when happy vs. upset Engages in gaze monitoring: adult looks away and child follows adult glance with own eyes	Responds to "come here" Looks for family members, "Where's mama?"… etc	"Dada" inappropriate Echolalia (8-30 mos) Shakes head for no
9	Gets to 4-pt Begins creeping Pulls to stand Bear walks	Scissor pincer grasp of pellet Radial-digital grasp of cube Bangs 2 cubes together	Bites, chews cookie	Inspects bell Rings bell Pulls string to obtain ring	Uses sounds to get attention Separation anxiety Follows a point, "Oh look at…" Recognizes familiar people visually	Enjoys gesture games Orients to name well Orients to Bell 3	"Mama" inappropriate Non-reduplicate babble Imitates sounds
10	Creeps well Cruises around furniture – 2 hands Stands – 1 hand held Walks – 2 hands held	Clumsy release of cube Immature pincer grasp of pellet Isolates index finger and pokes	Drinks from cup held for him	Uncovers toy under cloth Pokes at pellet in bottle Tries to put cube in cup, but may not be able to let go	Experiences fear Looks preferentially when name is called	Enjoys Peek-A-Boo Waves bye-bye back	"Dada" appropriate Waves bye-bye
11	Walks – 1 hand held Pivots in sitting Cruises – 1 hand Stands few seconds	Throws objects Stirs with spoon		Finds toy under cup Looks at pictures in book	Gives objects to adult for action after demonstration (lets adult know he needs help)	Stops activity when told "no" Bounces to music	1st word Vocalizes to songs
12	Stands well Posterior protection Independent steps	Marks after demo Fine pincer grasp of pellet Holds crayon Attempts tower of 2	Finger feeds part of meal Takes hat off	Rattles spoon in cup Lifts box lid to find toy	Shows objects to parent to share interest Proto-imperative pointing to indicate wants	1-step command w/ gesture Recognizes names of two objects – looks when named	Proto-imperative pointing to get desired object
13	Throws ball – sitting Walks w/ high guard	Attempts to release pellet in bottle	Drinks from cup w/ spilling	Dangles ring by string Solves glass frustration test Unwraps toy in cloth	Shows desire to please care giver Solitary play Functional play	Looks appropriately, "Where's ball?"	3rd word Immature jargoning – inflection without real words
14	Stands w/o pulling up Falls by collapse Walks well	Imitates back-forth scribble Attains 3rd cube by combining 2 2-cube towers One round peg in & out	Removes socks/shoes Chews well Spoon to mouth – turns over	Dumps pellet out of bottle after demo	Proto-declarative pointing to indicate interest Purposeful exploration of toys through trial and error	1-step command without gesture	Names one object Proto-declarative pointing
15	Stoops to pick up toy Creeps up stairs Runs stiff-legged Walks carrying toy Climbs on furniture	3-4 cube tower Place 10 cubes in cp Releases pellet into bottle	Uses spoon – some spill Attempts to brush own hair Fusses to be changed	Turns pages in book Places circle in single shape puzzle	Shows empathy (someone else cries, child looks sad) Hugs adult in reciprocation Hands toy to adult if can't operate (no demo – see 11 month above)	Points to 1 body part Points to 1 object of 3 Gets object from another room upon demand	3-5 words Mature jargoning w/ real words
16	Stands on 1 foot w/ slight support Walks backwards Walks up stairs – 1 hand held	All round pegs in with urging Scribbles spontaneously	Picks up & drinks from cup Fetches & carries objects (same room)	Dumps pellet out w/o demo Places circle in form board Finds toy under layered covers	Kisses by touching lips to skin Periodically visually relocates caregiver Self-conscious, embarrassed when aware of people observing them	Understands simple commands, "Bring to mommy" Points to 1 picture	5-10 words

Glossary of Terms

Related to Neurodevelopmental Disabilities

A

AAC - Augmentative and Alternative Communication: Any method of communicating without speech, such as by signs, gestures, picture boards, or electronic or non-electronic devices. These methods can help individuals who are unable to use speech or who need to supplement their speech to communicate effectively.

ABA—Applied Behavior Analysis: ABA is the name of a professional field that uses principles of learning to increase performance of socially desirable behaviors. It always relies upon the collection of objective data to measure performance and the effectiveness of an intervention. The term "ABA" is sometimes used to refer to a one-on-one therapy that is named discrete trial training; however, it can also be applied using an incidental teaching approach. ABA practitioners carefully observe and measure behaviors and the context in which they occur in order to individualize teaching plans to improve narrowly defined behaviors. ABA is commonly used as one component in interventions for Autism Spectrum Disorders.

Adaptive behavior: Includes communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. These are skills that help the person be successful in their environment and are learned skills rather than innate abilities.

ADHD—Attention Deficit Hyperactivity Disorder: A disorder that shows up in the areas of inattention, hyperactivity, and impulsiveness. It is evidenced by frequent shifting from one activity or focus to another, having difficulty organizing and completing tasks correctly, impulsive response, or failure to follow rules. It may occur with or without hyperactivity which includes behaviors such as excessive running, talking, fidgeting, and/or restlessness.

Apraxia: see "Dyspraxia".

Advanced Registered Nurse Practitioner (ARNP): Is a registered nurse who has obtained a master's degree or higher and has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, including duties and responsibilities formerly carried out only by a physician.

ASD - Autism Spectrum Disorder: Is a neurodevelopmental disorder. ASD symptoms are typically evident before a child is 3 years of age. The symptoms range from mild to severe – and individuals often have varied skills levels in different domains of functioning. Autism affects the person's overall development in 2 primary areas:

1) *social communication*, or the way a person uses gestures, body language, and language to communicate and interact socially and relate with others

2) the presence of *restricted, repetitive patterns of behavior, interests, or activities* (e.g., repetitive motor movements, echolalia/repeating speech, idiosyncratic phrases, extreme distress at small changes/difficulty with transitions, strong attachment to unusual objects/topics, adverse or intense responses to sensory input).

Audiologist: A specialist who evaluates for hearing loss as a potential cause or contributor to developmental delay, and designs/supports interventions to minimize the impact of hearing loss when it is found.

C

CH - Congenital Hypothyroidism: A condition in which there is inadequate thyroid hormone production that affects infants from birth. CH occurs when the thyroid gland fails to develop or function properly. Identification is through national mandated newborn screening. Treatment consists of a daily dose of thyroid hormone by mouth. If untreated, congenital hypothyroidism can lead to intellectual disability and slow growth.

Cognitive development: How children learn to think, interpret information, make decisions, and solve problems. Areas of cognitive development include verbal reasoning (using language), non-verbal reasoning (using visual/spatial information), as well as executive control/functioning.

Communication: The developmental area that involves skills which enable people to understand (receptive communication) and share (expressive communication) thoughts and feelings. Waving goodbye, smiling, nodding, making eye-contact, using spoken language, following directions, and reading and writing are examples of communication.

Communication disorder: Difficulty with understanding and/or expressing messages. Communication disorders include problems with hearing, with making speech sounds (articulation), with having a clear voice (voice disorders), stuttering (fluency disorders), difficulty learning, knowing and using grammar (language disorders), difficulty using language to get things done (social communication or pragmatic language disorders), and using language to learn (language-based learning disabilities such as dyslexia).

CP - Cerebral Palsy: A condition caused by injury to the brain or abnormal development of a child's brain while it is still developing – before birth, during birth, or immediately after birth. CP affects body movement, muscle control and coordination, muscle tone, reflexes, posture, and balance. The degree of impairment can be mild, moderate or severe and can impact all areas of development.

Table 2. Common Neurodevelopmental Conditions in Children

Condition	Age of Diagnosis	Description/Features	Typical questions asked during parent conferences
Autism spectrum disorder (ASD)	2 years and older	Decreased eye contact and response to name, little interest in social engagement, repetitive behaviors	What kind of autism does my child have? Is it mild or severe? How can I help my child? Was it caused by immunizations?
Intellectual Disability (ID)	6 years and older	Delays in cognitive (thinking skills) and adaptive skills (daily functioning)	Will my child grow out of it? Will my child learn? Will they live on their own? Will my child go to college?
Developmental Delay	Toddler-age 6	Used to describe delays in multiple areas-cognitive, language, motor	Same as ID
Attention Deficit Hyperactivity Disorder (ADHD)	5-7 years old, can be later	Difficulties with inattention, impulsivity, and hyperactivity in two settings; e.g., home, school; Types: Inattentive, Hyperactive/Impulsive, or Combined	Will my child grow out of it? Is medication necessary? Why won't my child just behave?
Language Disorder	3-6 years old	Does not understand and/or use words as well as peers; has trouble communicating	Will my child grow out of it? Is it because my child does not want to talk? How can I help my child? Is it because we speak two languages? Should we just speak English?
Speech Disorders	Toddler-early childhood	Difficulties making the sounds that comprise words; their speech is hard to understand	Is it because we speak two languages? Will my child grow out of it? What will help my child talk better? Should we just speak English?

Table 2. Common Neurodevelopmental Conditions in Children (cont.)

Condition	Age of Diagnosis	Description/Features	Typical questions asked during parent conferences
Down syndrome	Birth to early infancy	Unusual facial features, low muscle tone, increased risk of cardiac abnormalities; cognitive delays.	Will my child be able to learn? What caused this?
Cerebral Palsy (CP)	One year to early childhood	A range of motor difficulties which may include tight muscles and joints and difficulty with walking, fine motor skills, and speech.	What caused this? Will my child ever walk? Can my child think and learn?
Prematurity	24 to 37 weeks gestation	Early respiratory and feeding problems can lead to long NICU stay. Increased risk of developmental delays.	Worries about baby's health including whether they can go out in public settings. What problems is my child likely to have as he grows up?
Fetal Alcohol Syndrome (FAS)	Infancy to early childhood	Growth difficulties, damage to the brain, thin upper lip, smooth philtrum, and small eyes in the context of alcohol exposure during pregnancy.	Are all of my child's problems caused by alcohol exposure? How can I help my child grow and learn? What do I tell my child about their problems?
Learning Disability	8-10 years	Difficulties learning reading, math or writing that do not match cognitive ability.	How can I help my child? Why can't my child learn? Will my child go to college? Is it because my child does not try hard enough? Are they smart?

Our Guidelines for Interpreters in Developmental Assessments

Infants under 6 months

- Interpret for provider and family; not necessary for baby

Infants 6-12 months

- Interpret directions and all verbal interactions by provider with baby
- Identify any sounds/words spoken by baby
- Interpret for family

Our Guidelines for Interpreters in Developmental Assessments

Toddlers and preschoolers

- Get down on level of child
- Be flexible and move with child; dress appropriately for movement
- Ignore the child's dropping or throwing behaviors
- Interpret child's sounds, words, and anything spoken between parent and child

Toddler video

Our Guidelines for Interpreters in Developmental Assessments

Communication challenges

- Interpret exactly what child says
- Give feedback if pronunciation or grammatical errors are made by child in their first language

Sensory issues

- Give child personal space; they may be sensitive to touch, sound, lights
- Child may get upset easily due to high level of sensitivity

John with Salome

Our Guidelines for Interpreters in Developmental Assessments

Attention difficulties

- Different objects/toys may be used to keep child on task
- Limited stimuli in room is to reduce distractions

High levels of activity

- Child may be physically active for various reasons
- Special tools may be used with child (e.g. seat cushion, hands fidgets, vest)
- Frequent movement breaks will be given to child

Atypical behaviors

May include: hand flapping, spinning, squealing, running in circles; ignore these behaviors

Video Resources

- CDC videos used in the training as resource to show behaviors children with autism spectrum disorders may demonstrate
- https://www.cdc.gov/ncbddd/actearly/autism/curriculum/class.html

Ongoing work

- Posted videos on UW LEND website
- Course handbook on UW LEND website
- Poster Presentation at November 2017 AUCD conference
- Post Training Survey-one-year later

Feedback from One-Year Follow-Up Survey

- Impact of the training on interpreter's practice:
  - 30% A Great Deal
  - 46% Some
- How often do you use the training course handbook?
  - Child development information:
    - 30% Often
    - 38% Occasionally
  - Common neurodevelopment conditions:
    - 38 % Often
    - 23% Occasionally
  - Glossary of Terms:
    - 41% Often
    - 41% Occasionally

Challenges

- Lengthy 2 year process
- No funding allocated for project
- Difficult to recruit families for videos
- Technical support not sufficient
- Initial survey not designed by trainers

Successes

- 57 attendees from the greater Seattle area
- CE credits provided for interpreters
- Positive feedback from initial survey and one year post-training survey
- Strengthened our relationship with Interpreter Service
- Some of the content used for training at another pediatric facility: Seattle Children's Autism Center
- Some of the content used for LEND trainee seminar
- Providers increased awareness of better partnership with interpreters
- Considering including interpreters as trainees in our UW LEND program

Resources

- UW Center on Human Development and Disability **http://depts.washington.edu/lend/links/index.html**

- Videos part 1 and 2 of interpreter training and Training course handbook was developed for UW LEND website: (http://depts.washington.edu/lend/links/index.html)

- Information about Title VI of the Civil Rights Act https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/yourrightsundertitlevioftheciviltrightsact.pdf

Resources

- HRSA Maternal Child Health LEND website: https://mchb.hrsa.gov/training/projects.asp?program=9

- Association of University Centers on Disability (AUCD) LEND information: https://www.aucd.org/template/page.cfm?id=473

- Free library of photos and videos of developmental milestones from national Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/actearly/milestones/milestones-in-action.html

Acknowledgements

This training was developed by the Clinical Services Committee at the UW Center on Human Development and Disability (CHDD).

- Special thanks to:
  - UW LEND Clinical Services Committee
  - UWMC Interpreter Services
  - Volunteers for training videos: interpreters and families
  - Association of University Centers on Disabilities (AUCD)
  - PAC-West LEND Leadership Consortium

Questions

Contact us:
Kathleen Lehman, Ph.D.
lehmank@uw.edu

Anne Leavitt, M.D.
anneleav@uw.edu

Kay Kopp, OTR/L
kkopp@uw.edu