

# Deaf and Hard of Hearing Individuals

## CONSIDERATIONS FOR THE FUNCTIONAL ASSESSMENT STATEMENT MEDICAL SUMMARY REPORT

This guidance document is a supplement to the Functional Assessment Statement Medical Summary Report Interview Guide and Template. It provides important considerations when working with individuals who are Deaf and hard of hearing. It includes helpful information about hearing loss, Deaf culture, and important accommodations. Finally, it includes sample questions that may be helpful in your interview.

### Preparing for an Interview

#### Accommodations

If requested by the applicant, use a qualified, licensed interpreter with mental health training/experience. If the applicant with hearing loss does not use a signed language, such as American Sign Language (ASL), other accommodations such as captioning may be appropriate. The applicant will likely know best what is needed. The interviewer should not be overly influenced by assumptions about residual hearing ability, ease of getting one type of accommodation over another, the convenience of scheduling concerns, cost comparisons, etc.

#### Logistics

Plan for several more meetings than anticipated when working with applicants who use signed languages and/or consider themselves part of Deaf culture. Deaf culture centers around storytelling and information sharing; as such, conversations may take longer. Additionally, more time is needed for visual language processing and language facilitation through an interpreter, particularly if there are mental health and/or substance use concerns that may hinder clear language expression.

### Gathering Information

#### Trauma

In the context of gathering historical/background information, note that hearing loss-related trauma can start early in life and continue into adulthood due to repeated victimization. There may be constant struggles in requesting interpreters, captions, or other forms of equal communication access. Additionally, if someone is the only Deaf person in their family, workplace, religious/community organization, friend group, etc., they often miss out on information that hearing people absorb passively through environmental sound capture, increasing the risk of isolation. Hearing loss can also occur suddenly due to illness or injury, and/or can also occur later in life. Those who consider themselves members of the Deaf community may not perceive their hearing loss as a disability due to cultural influences on adjustment; however, others may feel differently and view the loss as a traumatic event.

Hearing loss, deaf speech patterns, signing, and the presence of assistive technologies such as hearing aids and/or cochlear implants are often falsely understood as indicators of inferior ability by others, sometimes leading to lower academic expectations, wages, employment rates, and quality of life. As hearing loss is often invisible, however, this can be dangerous due to broader sociocultural expectations of sound-based interactions:

law enforcement officers, for example, often give verbal commands, which may be unheard and/or misunderstood, leading to mistaken perceptions of noncompliance. If there are speech difficulties present with the hearing loss, or if the person does not use their voice, interaction trauma is compounded.

Early childhood lack of communication access/delay in language development may also impact functioning later in life. Limited exposure to either signed or spoken languages in deaf and hard of hearing children can result in language delay or deprivation, which can affect fluency in any language throughout life as well as cognitive functioning. This increases the risk of both physical and mental health problems and of victimization by theft, assault, sexual abuse, etc. Over time, these repeat, persistent sources of trauma can have a marked effect on the applicant's ability to function.

## Cultural Expression

For applicants who do use signed languages such as ASL, it is important to distinguish between Deaf cultural norms and language expression versus possible symptoms of substance use and/or mental health disorders. For example, arched eyebrows, shoulder/body shifting, tongue movement, and nose twitching are part of ASL grammar, yet may appear odd to the unfamiliar viewer. Late arrivals, long goodbyes, and a frank, direct manner of communication are accepted cultural norms, but may be misunderstood as laziness or rudeness. Eye contact, embellished speech, and animated signing are also all culturally normative, but may again be misinterpreted as aggressive and/or intimidating behavior, agitation, or tangential speech to the unfamiliar.

If the interviewer is not fluent in ASL, a qualified, licensed interpreter with mental health training/experience is recommended to help differentiate what is appropriate cultural/linguistic expression, and what is not. For example, the interpreter may be able to provide additional feedback to the interviewer such as, "This client is lacking proper pronoun usage and temporal references, which can be an indication of language dysfluency," or "This client appears to be stringing random words together in a disorganized manner, which is not typical of ASL users." If needed, also consider the addition of a Certified Deaf Interpreter (CDI), whose native language skill may assist the Hearing interpreter as a team to best provide equal communication access to the Deaf applicant.

## General Sample Questions

- How/when did you lose your hearing?
  - When/where was your last hearing test?
  - Do you feel like your hearing loss has changed since your last test?
- If you use residual hearing, describe situations where you function best (e.g., some people might manage fairly well with one-on-one conversation in an enclosed car, but do poorly in noisy restaurants trying to follow group conversation).
  - If you do not rely on residual hearing, what communication methods work best for you (e.g., sign language, captions, writing notes, etc.)?
- Do you use any devices such as hearing aids? (Avoid leading with "Why don't you use..." as it places the emphasis on fixing applicants as opposed to recognizing how they navigate systemic barriers created by the dominant focus on listening and spoken language.)
  - Do your devices work well for you?
  - If not, what sort of problems are you experiencing with your assistive technology?
  - Do you use a caption phone or a videophone?

- How do you stay in contact and/or socialize with others? (Hearing loss can be isolating if it is depriving meaningful communication access and can impact mental health.)

## **Culturally Specific Sample Questions**

- Are you from a Deaf family, or are you the only Deaf person in your family?
  - If so, does anyone sign?
  - Do you have kids you use ASL with?
- Did you go to a Deaf school (a residential school for children with hearing loss)?
  - How was that experience for you?
- Did you go to a mainstream program with other Deaf children during the day, or were you the only Deaf person in your public school (sometimes called “solo-streaming”)?
  - How was that experience for you?
  - What kind of supports did you have?
  - What kind of supports do you wish you would have had?
- Do you stay in contact with other Deaf community members (e.g., monthly Deaf Starbucks social gatherings, local/state Deaf associations, Deaf school events)?