Cultural Diversity in NYC

“Help us grow into our Dreams...”
Diversity at Achieve Beyond Evaluations

- Spanish
- Russian
- Arabic
- Cantonese & Mandarin
- Bengali
- Greek
- Haitian Creole
- Tagalog
- Turkish
- Urdu, Hindi, Punjabi
Culturally & linguistically appropriate evaluations

- Bring child to life
- Analyze acquisition of behaviors and skills that reflect the child’s prior experiences
- Consider reliability, validity, and bias issue in evaluation materials
- Demonstrate understanding of the threshold level for eligibility
- Synthesize appropriate data using quality informed clinical opinion to determine child’s functional levels
Bias areas

Assume all children have same exposure to books

Assume similar experience with certain toys

Assume all children have blocks

• Places 1 block after another on table (Gard, Gilman, Gorman) (9-12 months)
• Places 1 block on top of another without balancing (HELP) (11-12 months)
• Stacks 6 to 7 blocks (DAYC-2) (18-24 months)

Assume all children share social routines

• Saying “please” and “thank you”

Assume all children engage in child-adult interactions (as opposed to peer-peer)
Informed clinical opinion is so important in EI!

When using informed clinical opinion in the evaluation process, practitioners draw upon clinical training and experiences; standardized instruments, as available and appropriate; recognized clinical assessment procedures; experience with children of different cultures and languages; and, their ability to gather and include family perceptions about children’s development.

Characteristics that strengthen EI Evaluations based on the law/regulations/policies, and best practice

Include data on child’s family, cultural, and linguistic background

Distinguish a significant delay sufficient to qualify for services.

Illustrate child’s functioning level by gathering a wide range of data appropriate for the child’s age and experiences

Determine functional levels by using informed clinical opinion considering the child’s background and prior experiences

Bring this particular child to life (using vignettes/holograms)
Home Language Survey

The MDE team is responsible for determining the appropriate language in which to administer the evaluation in accordance with the requirement that non-discriminatory evaluation and assessment procedures are used.

Note:

- A parent(s) cannot insist that the evaluation be conducted in English or refuse to have the evaluation conducted in the child's dominant language.
- If a parent does not consent to a multidisciplinary evaluation consistent with Federal and State requirements, eligibility cannot be established for the EIP and the municipality is not obligated to develop an IFSP and provide services to the child.
**Updated Home Language Survey**

<table>
<thead>
<tr>
<th>Question</th>
<th>Choices</th>
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<tbody>
<tr>
<td>What is your relationship to the child?</td>
<td>( ) Mother</td>
</tr>
<tr>
<td></td>
<td>( ) Father</td>
</tr>
<tr>
<td></td>
<td>( ) Guardian</td>
</tr>
<tr>
<td>What is mother’s native language (language you have been exposed to since birth)?</td>
<td></td>
</tr>
<tr>
<td>What is father’s native language (language you have been exposed to since birth)?</td>
<td></td>
</tr>
<tr>
<td>What is mother’s dominant language or language mother mostly speaks in the home?</td>
<td></td>
</tr>
<tr>
<td>What is father’s dominant language or language father mostly speaks in the home?</td>
<td></td>
</tr>
<tr>
<td>What language does your child seem to respond to most readily? What language did you child learn when he/she first began to talk?</td>
<td></td>
</tr>
<tr>
<td>What other languages is your child exposed to via siblings, babysitter/caretaker, grandparents, other family members, day care, etc?</td>
<td></td>
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</tbody>
</table>
In New York State, consistent with federal requirements, a child must be experiencing a delay in an area (i.e. domain) of development that is significant enough to require early intervention.

# NYS Eligibility Criteria

## Delay in a Single Domain
- 33%
- 12 month delay
- 2 Standard Deviations below

## Delay in Two or More Domains
- 25% each
- 1.5 Standard Deviations below each

## Diagnosed Condition
- Having a high probability of resulting in developmental Delay

## Communication Domain Only
- Severe Communication Delay

**EI and the wide range of “normal”**

- Informed clinical opinion is very important because a typically developing child may begin to use two-word combinations as early as 12 months; but a typically developing child may not be using two-word combinations at as late as 24 months.

**NYSDOH Clinical Practice Guidelines: Communication**
- Three month ranges: 0-3 months; 3-6 months; 6-9 months
- Six month ranges: 9-12 months; 12-18 months; 18-24 months
- Twelve month range: 24-36 months
For children who have been found to have a delay only in the Communication domain... and if no standardized test is available or appropriate for the child, or the tests are inadequate to accurately represent the child's developmental level in the informed clinical opinion of the evaluator, a delay in the area of communication shall be a severe delay or marked regression in communication development as determined by specific qualitative evidenced-based criteria articulated in clinical practice guidelines issues by the Department articulated in 10NYCRR69-4.23
Universal Standard for MDE Eligibility

• If a child has no single words at 18 months, does that mean he has a developmental delay “significant enough” to be eligible for EI services?

No, the child may still not be presenting with a significant delay, especially if the child has good imitation skills, strong gestural skills, some word approximations, age appropriate comprehension, an age appropriate phonological system, good play skills, and no family history of speech-language problems. Evaluators must gather comprehensive information, and not simply count words.
### Things to consider for communication delay only

<table>
<thead>
<tr>
<th>Consideration</th>
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<tbody>
<tr>
<td>Whether comprehension skills are age appropriate</td>
</tr>
<tr>
<td>Whether toddlers who were not producing any spontaneous two-word utterances imitated two word combinations during dynamic assessment using a variety of prompts and cues</td>
</tr>
<tr>
<td>Whether toddlers who were not producing any spontaneous one-word utterances imitate single words during dynamic assessment using a variety of prompts or cues</td>
</tr>
<tr>
<td>Whether the toddler is using representational or communicative gestures to indicate movement from using predominately gestures and sounds to single words</td>
</tr>
<tr>
<td>Whether the toddler parallel plays appropriately with peers</td>
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<tr>
<td>Whether the toddler has good social skills and is active and assertive in peer interactions</td>
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<tr>
<td>Whether phonological development is limited such as having few prelinguistic vocalizations, limited number of consonants (4 or 5 consonants at 24 months and limited number of vowels) and limited babbling structure</td>
</tr>
<tr>
<td>Whether the child is making progress each month in language development, such as using new words, new gestures, more sounds, more advanced imitation and interaction.</td>
</tr>
<tr>
<td>Whether there is a family history of speech and language problems or learning problems.</td>
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</tbody>
</table>
What is “Significant enough”?

• Refer to handout by Olswang, Rodriguez, Timler (1198) “We Know a lot”

  – Most toddlers are identified as Late Talkers
  – Gradually move to normal language skills by the first years of school
Evaluators should use qualitative information to create a picture of the child and describe his/her salient characteristics in a way that may not be captured in the quantitative information alone.

- Child’s ability to attend and focus
- Quality of child's interaction with caregiver and with the evaluator
- Quality of the child’s independent, non structured play with toys
- Ability of the child to transition
- Quality of the child’s ability to move about in his/her environment
- Behavioral attributes, Ex. Activity level
- Child’s desire to explore and demonstrate curiosity about his/her environment
Dynamic assessment
Dynamic assessment (DA) is a method of conducting an assessment which seeks to identify the skills that an individual child possesses as well as their learning potential.

The dynamic assessment procedure emphasizes the learning process and accounts for the amount and nature of examiner investment.

It is highly interactive and process-oriented.

<table>
<thead>
<tr>
<th>Static</th>
<th>Dynamic</th>
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<tbody>
<tr>
<td>• Passive participants</td>
<td>• Active participants</td>
</tr>
<tr>
<td>• Examiner observes</td>
<td>• Examiner participates</td>
</tr>
<tr>
<td>• Identify deficits</td>
<td>• Describe modifiability</td>
</tr>
<tr>
<td>• Standardized</td>
<td>• Fluid, responsive</td>
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</tbody>
</table>

http://www.asha.org/practice/multicultural/issues/outcomes
Outcomes of Dynamic Assessment

Help distinguish between a language difference and a language disorder, especially for children from culturally and linguistically diverse backgrounds.

- Children who are able to make significant changes in short term teaching sessions likely have a language difference.
- Children who are unable to make these changes likely have a language impairment.

Results can have direct implications for intervention by examining the child's response to a mediated learning experience.

http://www.asha.org/practice/multicultural/issues/outcomes
HELP Strand Language- Expressive 24-27 months

produces the following sounds clearly:
“p,b,m,k,g,w,h,n,t,d”

Yet according to research:

• P,n,m,h,w,b,d are not considered late until 36 months
• K,g,t are often not considered late until 48 months
Test Inconsistencies

• **Parallel Play:**
  – E-LAP 18 months
  – HELP 18-20 months
  – Gard, Gilman, Gorman 18-24 months
  – Rossetti 27-30 months

• **Understands Prepositions:**
  – Rossetti 12-15 months
  – DAYC-2 12-18 months
  – Gard, Gilman, Gorman 18-24 months
  – E-LAP 24 months
  – PLS-5 40-47 months (in, on, out, of, off)
Test Inconsistencies

• Turns head when name is called:
  – DAYC-2 3-6 months
  – E-LAP 9 months
  – Rossetti 9-12 months
  – Bayley 11-12.5 months
  – PLS-5 12-17 months
Test Performance

Whenever possible, a norm referenced assessment should be used to evaluate the child’s functioning.

Test scores alone cannot be used to determine eligibility.

MDE requires ICO as one of the sources upon which eligibility is based.
Evaluators must consider strengths and weaknesses of any test instrument and whether the needs of the child are best served by the test.

Important to consider the psychometric properties of a test instrument and its applicability to a particular age group.

Standardized instruments may have age ranges that are too broad to be sufficiently sensitive to a specific child.

Standardized instruments may very have few items at the younger age, but more for older ages.

Developmental assessment instruments base their scores on developmental milestones, not on the underlying factors related to development and limiting information on developmental trajectory.

ICO must have a description of developmental trajectory and whether it is developmentally appropriate. Example, the number of words a child uses may be an insufficient indicator or child’s development
Be cautious while basing clinical opinion solely on the Composite or Total Standard Score.

Significant Intra-domain discrepancies may lead to erroneous judgments about child’s functioning.

Example:
• Some tests have Fine Motor and Gross Motor skills combined into one domain score (Physical). The combined Physical domain score may yield significant delay, but the individual sub domains may not.
• Therefore, in these cases description of how a particular delay impacts on other developmental domains is necessary and requires component of the ICO.
Information from medical evaluations, that were conducted outside of the EIP, or information from medical records cannot be used to supplant the EI MDE; however the information from these sources can be used to support informed clinical opinion.
For Example:
If standard Score is 70 at 95% confidence interval, the true standard score could fall somewhere within a range.

Please refer to the examiner’s manual.

* This is based on NYS EI Eligibility Criteria
Apraxia: What is it? How to identify it?

Childhood apraxia of speech (CAS) is a motor programming speech disorder.

The brain has problems planning to move the body parts (e.g., lips, jaw, tongue) needed for speech.

Children with CAS have problems saying sounds, syllables, and words. This is not because of muscle weakness or paralysis.

http://www.asha.org/public/speech/disorders/ChildhoodApraxia/
Diagnostic Indicators of Apraxia with young children

- Difficulty in achieving and maintaining articulatory configurations
- Production in simple context but not in a longer one
- Presence of vowel distortions
- Difficulty completing a movement gesture for a phoneme easily
- Limited consonant and vowel repertoire
- Use of simple syllable shapes

Play, Learn, and Grow... Together!
Diagnosing Apraxia with young children

There is great concern among speech-language pathologists and others regarding the over diagnosis or misdiagnosis of childhood apraxia of speech (CAS). Specifically, it is questioned as to whether children under age 3 should be given the diagnosis of apraxia of speech and if so when.

## Who is a “Late Talker”?

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>A “Late Talker” is a toddler (between 18-30 months) who has good understanding of language, typically developing play skills, motor skills, thinking skills, and social skills, but has a limited spoken vocabulary for his or her age.</td>
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<tr>
<td>The difficulty late talking children have is specifically with spoken or expressive language.</td>
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<tr>
<td>This group of children can be very puzzling because they have all of the building blocks for spoken language, yet they don’t talk or talk very little.</td>
</tr>
<tr>
<td>It has also been determined that approximately 13% of two year olds are late talkers.</td>
</tr>
</tbody>
</table>

[http://www.hanen.org/helpful-info/articles/how-to-tell-if-your-child-is-a-late-talker%E2%80%93-and-w.aspx](http://www.hanen.org/helpful-info/articles/how-to-tell-if-your-child-is-a-late-talker%E2%80%93-and-w.aspx)
Clinical Cues

- Quiet as an infant; little babbling
- A history of ear infections
- Limited number of consonant sounds (e.g., p, b, m, t, d, n, y, k, g, etc.)
- Does not imitate (copy) words
- Does not link pretend ideas and actions together while playing
Does not link pretend ideas and actions together while playing

Uses mostly nouns (names of people, places, things), and few verbs (action words)

Difficulty playing with peers (social skills)

Uses few gestures to communicate

A mild comprehension (understanding) delay for his or her age

A family history of communication delay, learning or academic difficulties
Consent for email

Effective June 1st, we will attach consent for email to each referral.

Please ask parent if they would like us to email them the evaluations packet.

This email consent is only for emailing evaluations not for reviewing MDE findings.
- Please refer to the consent for e-mail.
Resources

https://www.eilearningnetwork.com/app

- http://ectacenter.org/
- Shackelford, J. (2002). Informed clinical opinion (NECTAC Notes No.10) Chapel Hills: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center
- Refer to hand out listing many more EI resources

Disclaimer
Some of the materials and information used for this training we taken from Dr. Catherine Crowley’s presentation on culturally and linguistically appropriate evaluations
INSPIRING little MINDS
3rd Annual Conference Day

Moving Towards Learning:
How Movement Can Accent All Areas of Development
Dawn Brauer

Using Reinforcement to Increase Behaviors
Christopher E Smith

Using Behavioral Skills Training When Working on a Team
Tara Karen & Deirdre Weatherston

Feeding Disorders and Intervention
Sonu Sanghooee

10.13.17

Please register at:
AchieveBeyondUSA.com

For questions:
(718) 762-7633 x423
InspiringLittleMinds@achievebeyondusa.com

Baruch College
William & Anita Newman Conference Center
One Bernard Baruch Way
(Corner of 24th St & Lexington Ave)
New York, NY 10010

presented by:
ACHIEVE BEYOND
Pediatric Therapy & Autism Services
Consultation team

Sonu Sanghoee, MS CCC-SLP
ssanghoee@achiebebeyondusa.com, Ext. 423

Karoleen Salameh, MSED
ksalameh@achiebebeyondusa.com, Ext. 111

Melissa DeVito, LMSW
mdevito@achiebebeyondusa.com, Ext. 134

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