

Interviewing Patients with Developmental Disabilities

The purpose of the Interviewing Patients with Developmental Disabilities document is to provide a resource for State Training Coordinators (STC) and preceptors that assists them with conducting interviews with patients who have developmental disabilities.

- Talk to someone with knowledge of the patient's ability to communicate and understand.
 - Ask if there is anything else you should know about the person.
- Start with your level of conversation and work down to about a third grade vocabulary.
 - Speak in a low voice.
- Use simple sentences and ask only one question at a time.
- Be patient and wait for a response to questions.
 - Responses may be verbal or gestural.
- Use closed questions when the patient is unable to respond to open-ended questions.
- Determine if the patient knows the difference between a truth and a lie.
 - Ask if the patient knows the color of his or her shirt. If the patient knows it's white, for instance, say, "If I told someone that your shirt was blue, would that be telling the truth or telling a lie?" Ask if the patient knows his or her name. If the patient knows it is Jane, say, "If I told someone that your name was Mary, would that be telling a lie?" The patient's response may help you in evaluating his or her testimony.
- If the patient seems to have trouble understanding your questions or responds irrelevantly, try getting the person to show you what happened, rather than describe it in words.
 - Drawings or dolls may be helpful.

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Some persons with developmental disabilities have disturbances of thought, memory, or speech that may hamper an investigator's ability to gather information from them. These individuals may not have a specific diagnosis of mental illness. For example, persons who have had long stays in facilities may display memory, behavior, and communication problems as an unintended consequence of having lived so long in an institutional environment. If you suspect that the person whom you are interviewing may have a mental disability, the following techniques may help:

- State clearly who you are and what you are there to do.
- Be empathetic, non-threatening, and sincere. Maintain a certain formality so that the patient will not be frightened by perceived closeness.
- If the patient asks you a question, give an honest answer.
- Do not “feed in” to the patient’s psychosis. Do not try to talk the person out of a delusional belief.
- Do not belittle any of the patient’s concerns or laugh at seemingly bizarre behavior.
- Avoid putting pressure on patients to do more than they are able.
- Be conscious of your own non-verbal communications, such as facial expressions and tone of voice.
- Maintain a neutral stance about what you are told.
- Ensure that the patient/resident knows that you are an employee of the State Survey Agency and not a law enforcement officer.
- Use short sentences. Longer ones may confuse the patient/resident.
- Use simple language, avoiding jargon and slang.
- Be specific with your questions.
- For talkative patients, set limits by telling them that they have many interesting things to say, but time is short and there is a lot of work to do. With those individuals who display pressured speech and circumstantiality, try interrupting to summarize the last relevant response the patient made. You may have to do this several times.

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Reminder: Remember that individuals involved in an investigation cannot be forced or compelled to cooperate. This is true even if they possess critical knowledge about the complaint. As the investigator, you do not have the legal authority to require an individual to participate in an interview.

Disturbances of Thought Content

- Poverty of content: thought that gives little information because of vagueness, empty repetitions, or obscure phrases
- Delusions
- Preoccupation: thought centering on a particular idea, associated with a strong affective tone (obsession, compulsion, hypochondria, phobia)

Disturbances in Form of Thought

- Word salad: incoherent mixture of words and phrases
- Circumstantiality: indirect speech that is delayed in reaching the point, characterized by an over-inclusion of detail
- Tangentially: inability to have goal-directed associations of thought
- Perseveration: persisting response to a prior stimulus after a new stimulus has been presented
- Loosening of associations
- Flight of ideas: rapid, continuous verbalizations or plays on words that produce constant shifting from one idea to another
- Blocking: abrupt interruption in train of thought before a thought or idea is finished

Disturbances in Speech

- Pressure of speech: rapid speech that is increased in amount and difficult to interrupt
- Poverty of speech: restriction in the amount of speech used—replies may be monosyllabic
- Excessively loud or soft speech: loss of modulation of normal speech volume

Disturbances in Memory

- Amnesia: partial or total inability to recall past experiences
- Paramnesia: falsification of memory by distortion of recall
- *Fausse reconnaissance*: false recognition
- Retrospective falsification: memory becomes unintentionally distorted by being filtered through the patient's present emotional, cognitive, and experiential state

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- Confabulation: unconscious filling of gaps in memory by imagined or true experiences
- Hypermnesia: exaggerated degree of retention and recall