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EHDI

NARITA A/B – RESEARCH ON SIGN LANGUAGE USE WITH CHILDREN

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>> Cool. All right. So, I'm Carrie Davenport. I have to talk about myself. We're not given a whole lot of time so I won't go into huge detail, but I'm a postdoc researcher right now at the Ohio State University if you're getting serious about it. So I am spending half of my time in the department of otolaryngology and the other half in speech and hearing but before that I was at the school for the deaf.

The person who travels around the state of Ohio.

So this whole topic has been part of my daily life on the ground for a very long time. And I have to say my first job was I was a total communication preschool teacher and of course I thought the other day I was like preschool?

It was preschool but we're talking really probably first grade so we had some new young four‑year‑olds all the way up through seven and a half‑year‑olds so in my TC classroom and I was trained at Gallaudet so I'm a signer and my classroom was the rainbow of communication modes out of the six and seven kids that I had. We had, if you picture that spectrum from auditory to a visual we were kind of all the way in between there. So kids who had implants that wear them all the time but needed visual support all the way to kids who had cochlear implants with global developmental disabilities so I just kind of closed my door most days and just tried my best and by Friday I was usually ready to go to bed at like seven o'clock just from story time in general. I'm all about access. I don't want to cut anybody's access off in this classroom but you just came from the oral classroom because you need sign support but you're not really a signer all the way to kids who are full, full visual, and minimal, minimal language skills. So we're talking, you know, pointing, gesturing so I felt like I was signing in ASL, I was SimComming, interpretive dance? All the things to make it accessible.

I'm not sure if I did a great job of it but I did my best. So anyway, all of this I got my Ph.D. and this is sort of an area of interest of mine. Kids with implants and what's striking are what's up with these kids so we'll talk about the internal landscape of the literature of this topic. Kind of some of the main issues that we found this the literature and then knowledge gaps.

So this has been a project, it is ongoing, we're working on writing a paper now. I need to get writing. Actually right now but we had journal club, met a couple times a month, over the course of several months and it was a really nice group. Other post‑doctoral researchers in backgrounds in speech that pathology, we had clinicians. We have a nice array of people of pull an article.

Derek obviously involved and appreciated his leadership in kind of moving us through sort of the methodology and like what are the issues in some of these papers. So the three critical issues that we have sort of determined and again, this is not sort of like an end point in any way. This is just so far, this is kind of what we have identified our methodology and sampling issues, definitions of intervention. Intervention program, training, like. What does that all mean and then the definition of sign. Whether it be, we all know in papers sign use, sign language, American Sign Language, all of those are batted around and again back to my on the ground experience when I say, let's compare the TC kids against the oral kids. I'm like TC is a pretty broad category. My experience being in a TC classroom is pretty wild. Pretty wild and I felt like, I mean, I'm a signer, I feel like I'm pretty proficient but there's a lot of questions from me when I read these articles. Wow, that was wild. Okay. Anyway. No big deal. Here are just some sort of examples that we found in the literature of methodology and sampling bias and these issues are cited in the papers limitations. Typically. So this Fitzpatrick review which I found a typo. It's 2016, not 2015. Probably needed more coffee that day. This was review of eleven cohort studies so the primary question was does sign and combination with spoken language does that help or hinder spoken language development? And they were looking at studies between 1995 and 2003 so they assessed the studies like the rigor of the studies and then the evidence and if anybody is familiar with this paper it's basically the evidence is insufficient. We don't know. Based on lot of issues. They were looking specifically at studies that were the ‑‑ measures were auditory development, language, vocabulary and some of the studies ‑‑ their target question weren't actually those measures.

Like they were still comparing groups of kids in auditory anteriorly classrooms and maybe bilingual, bicultural classrooms but their main question of the studies reviewed didn't always map onto like the purpose of this, of the full review. Most of the studies the majority were rated weak on quality or moderate. Another issue if you look down the citation, so this was a paper where they looked at AVT. Auditory, oral and ‑‑ I know bilingual biculture is a little bit of an old term dual language, whatever.

But looking at three groups of kids. If you're a teacher of the deaf, you think, well, if kids have more hearing, more residual hearing or using implants or using hearing aids well, aren't those the kids that are more likely to be in an auditory oral classroom? Yeah yeah yeah? The kids with maybe additional disabilities or more severe to profound hearing loss, those kids, there's sort of some confounding things going on about the kids in each of the groups. And in this article they cited, they're like, okay, well, the auditory verbal group did better on the PPBT better than the auditory oral and bye‑bye group. However the AV group was older and they had more device experience. So it's just sort of a lesson in reading with a critical eye, right? In descriptions and interventions so that also goes back to my training as an early intervention, early childhood teacher is total communication means all manner of things. Auditory, oral, auditory verbal, bilingual, bicultural, usually in these studies it's a broad brush. There's not a lot of detail on the kids in this auditory oral intervention program. Blah blah blah blah blah it's like one or two sentences and there's really not a lot more. I want more. Another issue that we brought up which this was great having an AVT involved in these discussions was I am not an expert on AVT. I am not an AVT but parent involvement is a pretty integral point of AVT. Like coaching parents being in sessions. So that's not to say that's not an important thing to the folks providing auditory oral intervention or sign and spoken language intervention but it's not, like part ‑‑ it's not integral to those programs if you want to call it a program. And usually the articles don't go into that so it's like when you're reading you're thinking in the book of your head if I'm an AVT I'm thinking, oh, all the groups are equal and they might not be because we don't have a lot of background information in the Fitzpatrick review that was one of their limitations was just finding studies to review was an issue, was a challenge because it was hard to tell, like what the interventions were, like what are we talking about? There was not enough detail to know, like, should we include this in the review or not? So ‑‑ this paper also talked about participants enrolled in a communication program. For at least ten months but, again, there really wasn't a lot of background on what this communication program is. We kind of all have a picture in your head of what this looks like once a week services by someone skilled? Like, there's so many questions behind all of this that aren't always clear in these papers. The definition of sign. Again, total communication, pretty broad category can look a different ways, sign support, sign language, a lot of times the terms aren't necessarily defined as a researcher you're thinking I want more information. What are we talking about? I need more. And beyond the definitions like what are the teachers skill level TC can get a pretty bad rap, I was not necessarily the most excited to teach a TC class because I had a whole lot of sort of like, negative assumptions probably for better for worse when I was being ‑‑ when I was the TC teacher so what is the skill level are we talking fluent signers who are talking and signing at the same time. Sign support I did a lecture for an intro to audiology class not that long ago and someone said what is sign supported speech? I'm like, I could pull five people probably up to the front who can show us sign supported speech and we can talk about sign exact English with endings, ING THE, all the affixes or it can be, I can say I'm going to talk and throw out the big words, the nouns, verbs, so that's something that is not clear in the literature. And then the allocation of spoken and sign language, by the teacher and by the child so in these programs especially dual language programs where they are targeting listening and spoken language as well as sign language just what does that look like? I somewhere know from experience it depended on all kinds of things. Like who is in my presence? If somebody who needed full access was in the room then I might turn off my voice and use ASL but when the little one who doesn't have a lot of sign I'm going to SimComm these are the things that in these research studies are either glossed over or there's not a lot of meat to it. A couple of the knowledge gaps primarily the quality of sign and the quantity of sign so we had a whole lot of discussion in our journal club of like, what's good enough? Like these are the things we just don't know. What's good enough in terms of adding sign? To make development of spoken language because we're talking about kid with implants. But we also all know, I'm around parents of deaf kids quite a bit and they do sign. Whether or not they share that with clinicians. But I think if you're on the ground working with me you realize families are using sign. I mean, bathtub, car, I mean, those are two biggies. But like so what? Is that helping or hindering their spoken language development. We probably come from a place of personal bias. I would like to believe, yeah, there is research saying, you know, sign language does not hinder spoken language development but there really is just the literature is just, it's pretty squishy. We don't know about the skill level of parents. And then say mull contain use communication. That's conflated a lot of times with communication.

We're talking about primarily hearing parents with kids who have implants. We don't know what they're doing. When are they doing that? How often are they doing that? It's more like based on anecdote ‑‑ and experience rather than what's in the literature. Also quantity of sign so we don't really know what's enough. What's enough sign to be supporting those spoken language outcomes. Or, come here, come here, the type of sign ‑‑ and then also, this last bullet, probably more just something like in my mind that I think about. Like what types of signs do parents tend to use signs like drink and cat versus, like, play and, you know, signs that are not necessarily iconic? Does it have anything to do with any of it? There's just ‑‑ there is not information in the literature that really guides us and then there are child factors and parent factors. We had a lot of discussion as we read through these papers of the child's ability to learn sign and/or spoken language which kind of connects down further bullets of additional diagnoses and etiology. Like there's not a lot of information out there on like what does a child bring to the table in terms of being capable of developing both? Or signing's actually supporting spoken language outcomes. Another knowledge gap is the role of sign in the development of skills that we know support spoken language development such as emotional development, parent child interaction. Speech perception, going back to the idea, if a child has more auditory access are they more likely to be placed in an auditory oral classroom so what is speech perception have to do with the decisions that are being made? Like we all know you can look at an audiogram and be like, he should be over here in the oral class. Right? Like, you're laughing, yeah, I had one of those kids in my TC class where at some point the IEP determined that the oral class actually wasn't the best place for her so we're going to place her in the total communication class so this kid had a lot of speech perception I would say but she ended up in my class where we were doing all of the things. Additional diagnoses and etiology, right? So what role does that have to play really in any of this and then parent factors. What are parent's perceptions about mode? There's not a whole ‑‑ I mean, there are some, this paper went through how parents decide to transition from one mode to another. But, you know, there are not a lot of other studies out there that really look at parent perspectives on modes. I think anecdotally I would say parents are not necessarily as strident as a lot of professionals are but we just don't have a lot of information about what parent perspectives on mode has to do with it all. And then access and system factors. So I know ‑‑ I'm from Ohio and I think a lot of times what parents are presented as options, opportunities, depends on geography. If you're in northwest Ohio, there's a lot of sign exact English going on for a variety of reasons. If you're, you know, in central Ohio you have a lot of different options. You have the school for the deaf. You have, you know, a public hearing impaired program, like there are a lot of different types of professionals that a parent would come into contact with. So competencies of those folks and what does that have to do with the parent decision‑making? It's sort of like, yeah, we know, it makes sense that parents would be influenced by whatever is coming into their home and they're developing these relationships with ‑‑ in the early intervention years, but there's just not a lot of research out there on those access and systems factors.  
>> And then access to resources I think I just came from a session where we were talking about.

So what are the barriers? What are the challenges in your state to families having access to community services. That has to play some sort of role in the choices that parents are making. And we, I mean, and we sort of are the gate keep sorer ‑‑ gatekeeper so it feels like a heavy responsible to make sure families have access to resources and qualified professionals per JCIH recommendations.

So we clipped right through. Does anyone have any experiences or questions they would like to share? Yeah. Oh, microphone.  
>> Hello. As a parent of a child who is three years hard of hearing and a baby who has CIs, I'm trying to do both but I'm not fluent myself. I guess with your experience in the classroom what did you see working? Like personally. Because I, you know ‑‑  
>> I mean, honestly the classroom and the area, I worked right outside of southeast DC so their most, not most, all the families in my classroom were low income, struggling, doing their darnedest to do all the things but pretty focusing on the basic level of getting food on the table and transportation and there were also couple of kids in my class who had parents that were pretty recent immigrants.

So there were a lot of factors of what was expected at school. Like why do you always need me here? Like there are so many meetings. This is not a thing that I am accustomed to so I was just not going to show up which is ‑‑ would spiral down to ‑‑ into professional perspectives on these families and how much they care and all of those things that we all know I prefer to assume the best but these are not families highly involved in the deaf community even though we were right up against against that. There were so many resources. It's tricky.  
>> You are saying how all these studies aren't really giving you what you need, so it's so hard for me to know what to do.

It's like, okay, like I need ‑‑ like you need it. I need it. You know?  
>> I come from a place where ‑‑ like, why wouldn't sign help? But there's not enough research to support that ruling.  
>> I see things happening for my daughter. She sees the sign she does the sound. I'm personally seeing it I just would like more research to, like, keep me, you know, going but I know I'm not fluent enough to really ‑‑  
>> That's the thing. Does it matter that you're not fluent, I mean, because, right, that's when arguments sort of again, how are they going to get ‑‑ become fluent to be able to, you know lead and drive language development, rather than like playing catchup, like, yeah, you were good on baby signs but when things started to get real. Book sharing is more than one word. Mixing your books. It's really complicated but so what what does it matter ‑‑ is it a good thing I don't think it's detrimental but there's not research.  
>> I got CIs to be able to hear. I am trying both words I just want ‑‑ it's just hard.  
>> Yeah. You want all the things and as a consultant most of the kids were in between. I have to advocate for an interpreter?

All right, so school administrators are like, wait, what? Like what do you mean so it was just, everybody's sort of in the weeds as far as what makes sense, what administrators want to, or, want, feel like they can provide. Like what's appropriate? Like the idea of like, what's appropriate is, you know, depending on who's sitting at the table.  
>> I think, it is frustrating that the research isn't conclusive but on the other hand you can feel I guess assured that like, at this point, whatever you feel is best for you and your child is the best decision and whatever, you know, way that you can interact, because we know the foundation of language is parent child interactions, really, and so I would speculate at least that whatever allows you to be able to have reciprocal interactions with your child is probably again, with no real hard science base is going to be a good approach.  
>> So I am a parent. And we are trying to use everything with my daughter. She has implants. And she actually did not say a word until she started preschool in August. But she has signed up until then and what I have noticed is by her having the lack model at school even though she would sign with me at home she would extremely shy and wouldn't sign with other people, even her dad. She's around other classmates now so with her sound improving her speech has tremendously improved so all the way around everything is improving because we're using everything and I'm just following what she's working for her. So I just think for all parents just trust your gut. And I went into all these meetings. I'm in rural west Kentucky. There's nothing. So I literally went in saying I'm giving her every option and my school system was amazing and they supported us so don't let anyone push you one way or another. You know your kid and I think it's been great because they're seeing from the preschool level if you give these kids access to everything they need they have seen her improve. She knows her entire alphabet. She's doing a ‑‑ awesome.  
>> We are done and there's someone who is ready to go. So we have to wrap it up but this is one of my favorite topics and I am happy to talk about it at any time with anybody. Thank you.  
>> (Applause).