## **Only In Translation:** Applications of Data Into Practice

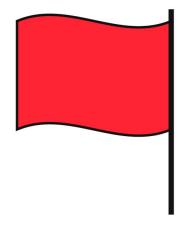
Julia L. Hecht, MD, FAAP NM EHDI Chapter Champion

# Overview

- Introductions
- Studies of Deaf Children categories for review
- Red Flags for Applying to Clinical Practice
  - Deaf as inferior / flawed
  - Conflicts of Interest in Researchers
  - Poor Study Design
  - Obscuring Poor Outcomes (unethical)
- Summary

## Introductions

- Presenter
- Audience



# **Red Flag Categories**

- Studies showing Deaf individuals to have negative personality traits: immature, less empathy, etc
- Studies concluding exposure to sign language is bad for deaf children
- Cochlear Implant Outcomes (CDaCI)

## Beware Studies That Show: Negative Labels & Character Flaws

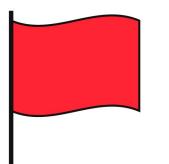
 Historically: Deaf people described as socially immature, morally deficient, low empathy, impulsive, rigid (Altshuler, Deming,

Vollenweider, Rainer, & Tendler, 1976; Chess & Fernandez, 1980; Nass, 1964; Levine, 1960; Lewis, 1968)

• Present: More accurate

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- Language Deprivation Syndrome, Information Deprivation Syndrome, and trauma (Hall, 2017 Tate, 2012)
- Present: Paucity of positive descriptions of Deaf people
- Present: Historical inaccuracies recycled
  - 2017 immaturity, low executive function (Marsharck)
  - 2015 low empathy (Netten)



## Beware Studies That Show: Sign Language is Harmful



### LOOK FOR:

- Conflict of Interest
- Poor Study Design
- Ethical Concerns

## Beware Studies That Show: Sign Language is Harmful

American Academy Early Career Pediatric Trainees of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN Professional Resources Professional Education Advocacy & Policy shopAAP About the AAP AAP.org > English > About the AAP > AAP Press Room > Use of Sign Language After Cochlear Implant I AA a a a print email 🔀 share 🚹 🕒 **AAP Facts** Committees. **Councils & Sections** Use of Sign Language After **Chapters & Districts Cochlear Implant May Slow** AAP Press Room **Donate Now** Verbal Development Corporate 6/12/2017 Relationships A study in the July 2017 Pediatrics examines the impact that exposure to early Advertise with AAP sign language had on children who received cochlear implants. The study, "Early Sign Language Exposure and Cochlear Implantation Benefits," used data from a Help/Feedback nationwide database to document verbal skills in children with cochlear implants who differed in the amount and duration of early sign language exposure provided in their homes or in intervention programs. Researchers found over 70 percent of

#### Geers et al, 2017, Pediatrics

children without sign language exposure achieved spoken language similar to their age-mates with normal hearing, compared to only 39 percent of those exposed to

Sign Language is Harmful

# **Conflicts of Interest**

- Financial Ties to Industry
  - Cochlear implant companies
  - Hearing aid companies
- Funding from Oberkotter Foundation
  - Ideologically driven exclusive oralism
  - Prohibition of Sign Language

Sign Language is Harmful



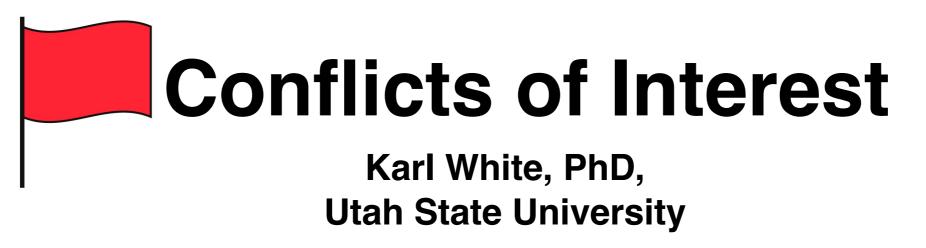
#### Laurie Eisenberg, PhD, USC / Caruso Family Center

- Lead Investigator of Geers et al, 2017 and Child Development after CI (CDaCI)
- Funded by Advanced Bionics (stated)
- Funded by Oberkotter Foundation which promotes exclusive oralism and the prohibition of sign language (hidden)

Secure https://oberkotterfoundation.org/grants-awarded/

**University of Southern California:** USC Caruso Family Center for Childhood Communication (2-year grant totaling \$270,780). Funding will support expanding access

Sign Language is Harmful



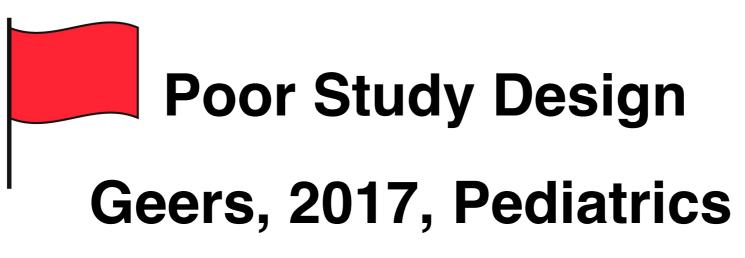
- Authored "Opportunities and Shared Decision-Making to Help Children Who Are Deaf to Communicate" Pediatrics, 2017 commentary to Geers
- No financial conflict (stated)
- Hearing parent of hearing children??? (stated)
- \$2.53 million from Oberkotter Foundation which promotes exclusive oralism and the prohibition of sign language (hidden)



Listening and Spoken Language Emphasis for Deaf Educators, Speech-Language Pathologists and Audiologists

Researchers: White, KR; Munoz, K; and Nelson, L Funding: Oberkotter Foundation, \$2.53 million, January 2007 to May 2015

Sign Language is Harmful



Selection Bias

- The outcome (data) of the subjects were known prior to the determination of selection / exclusion criteria and the grouping of data into "subject groups"
- Children with rich exposure to ASL excluded
- Children with poor or no access to language studied as "exposed to sign"
- Failure to control for other variables that affect outcome

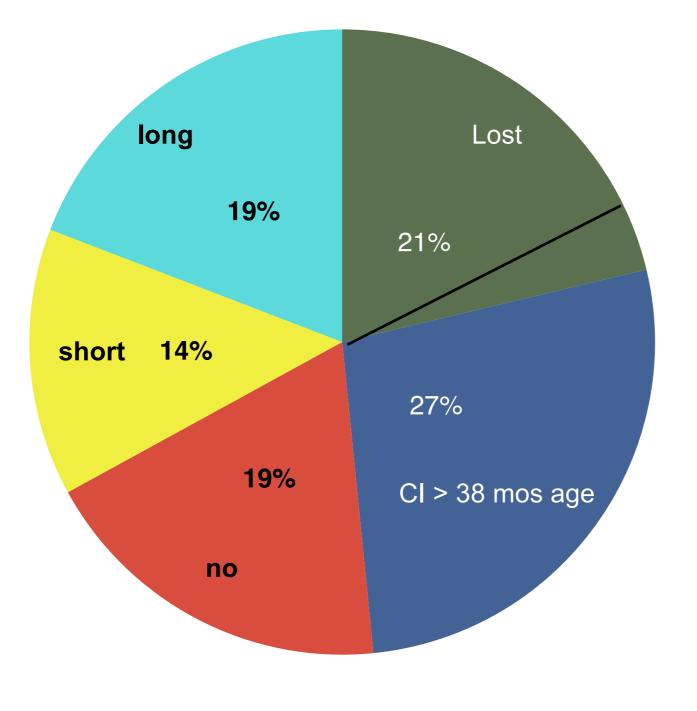
Sign Language is Harmful

# Ethical Concern Geers, 2017, Pediatrics

- 30 children from CDaCI study received NO linguistic benefit from the CI
- These 30 children left the CDaCI study not included in Geers
- Late exposure to sign language / any language with consequent cognitive stunting (brain damage)
- This is obscured by calling them "LOST"
- Revealed in Barnard, 2015

#### Geers et al, 2017 - Subject Population

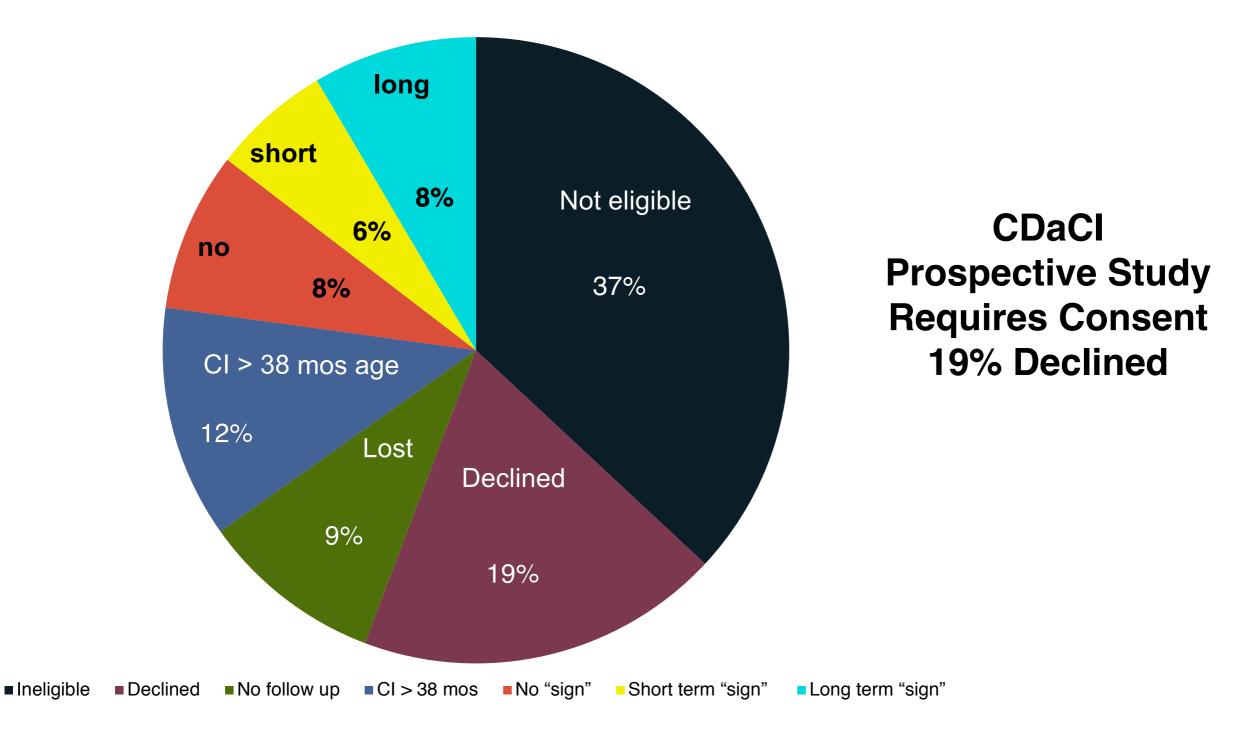
As a percent of CDaCI Deaf Subjects (N=188)



Post Hoc Data Outcomes known in advance (Declined: N=0) No consent req'd No ling benefit from CI: N=30 Obscured in lost group

#### **CDaCI** with Geers Subject Population

Geers groups as a percent of children screened in 6 Centers participating in CDaCI study (N=425)



### Summary

#### \*\* Be aware when looking at studies and data\*\*

### **Red Flags**

- Deaf people labeled as inferior or flawed
- Sign language is harmful to deaf children
- No discussion of technology failure and children who don't benefit
- Hidden ideological agendas and financing

## References

Barnard J, Fisher L, Niparko J, et al. A Prospective Longitudinal Study of U.S. Children Unable to Achieve Open-Set Speech Recognition 5 Years After Cochlear Implantation. Otology & Neurotology. July 2015;36(6):985-992.

Facts on Trauma and Deaf Children

http://www.pluk.org/centraldirectory/Deaf/Facts%20on%20Trauma%20and%20Deaf%20Children.p

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#### Tate, C., 2012 Trauma in the Deaf Community

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White, KR, Cooper LZ. Opportunities and Shared Decision Making to Help Children Who are Deaf to Communicate, Pediatrics. 2017;140(1) e20171287