



interesting as the songwriting cre

**Language acquisition and deprivation
in children who are deaf/hard of
hearing {d/hh};**

**a proposal to reduce the trauma
experienced by these children and their
parents**

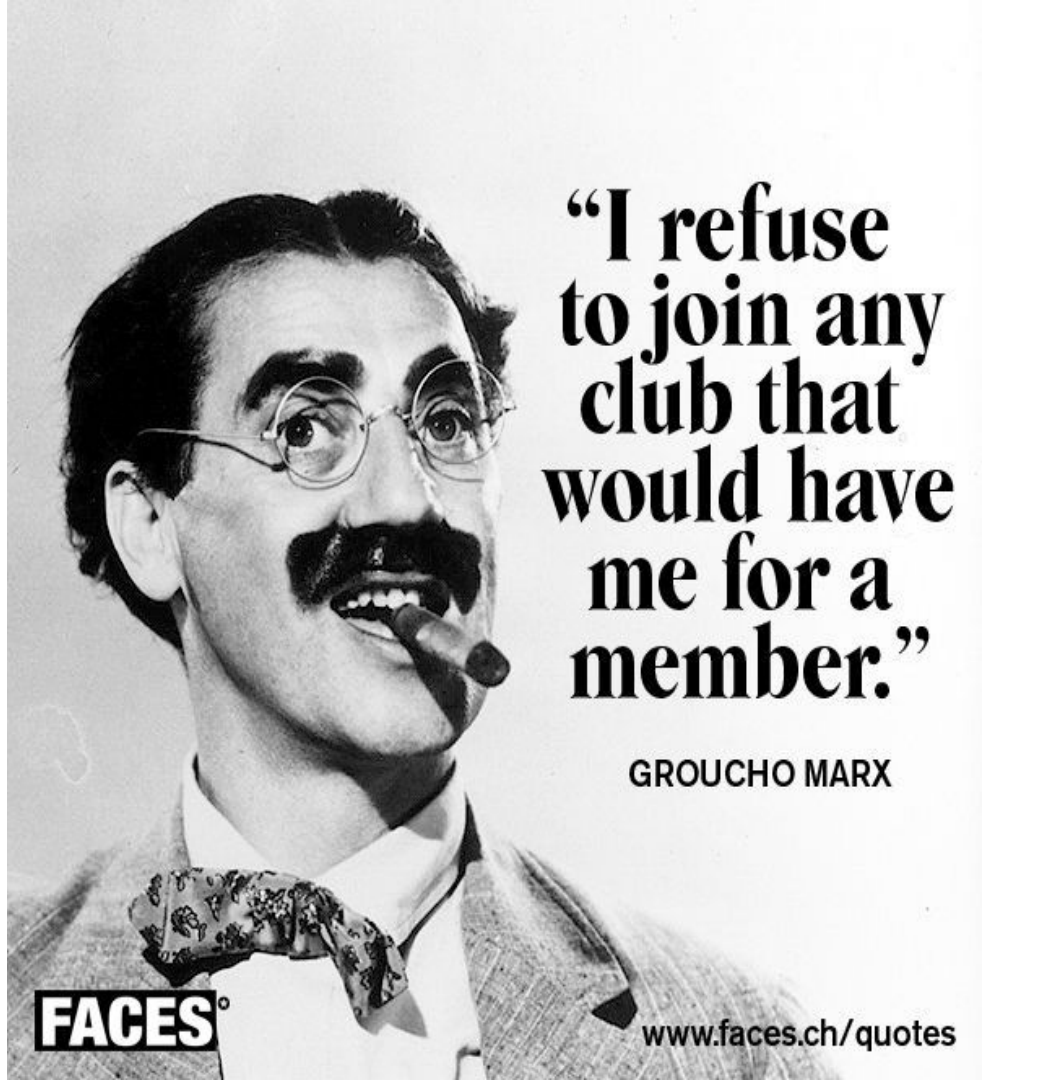
OBJECTIVES:

- Review of linguistic and cognitive development among children who are d/hh
- Review/critique of current system of early intervention for children who are d/hh and their families
- Consider an alternative approach/change to our current system, one that ensures linguistic/cognitive access and stimulation from day one

Disclaimers....

This presentation is based on my own personal and professional experience.

I do not speak for any organization.



“I refuse to join any club that would have me for a member.”

GROUCHO MARX

FACES[®]

www.faces.ch/quotes

Personal Belief System vs. Bias—From Hands & Voices, Supporting Families without Bias

<https://vimeo.com/447578769>

PBS—Sharing the benefit of our experience and education with each other...

BIAS—Manipulating people, information, and events to achieve a predisposed outcome...

Dan's background

- Oldest of 8 of culturally deaf parents
- Public school teacher for 33 years
- Developmental Therapist—Deaf/Hard of Hearing, early intervention system of IL for the past 20 years
- I'm not a Developmental Therapist—Hearing (the actual state title)

The trauma of language deprivation, experienced by d/hh children and their parents

My father

- Deafened @ age 1, due to spinal meningitis, in 1928
- The oral approach was not successful
- @ age 9, begins to acquire language (ASL) at Ephpheta School in Chicago
- Quality connection and communication with his parents did not exist
- A common story!!!
- Why weren't his parents encouraged to sign??? Where were the grownups?



My day of reckoning...what is my truth—with gratitude to an abuela...

- Parents call the shots (be they deaf or hearing)
- Parents deserve objective information, without bias
- Children should be able to develop to their full potential, we're there to help the parents accomplish this (cognitive, linguistic, social-emotional, physical)
- Sign Language is an underutilized gift
- So many d/hh folks are such a mixture of signing, gesturing, talking, etc...

Objective #1: Review of linguistic and cognitive development of children who are d/hh

SUCCESSFUL CONNECTION AND COMMUNICATION BETWEEN PARENTS AND THEIR CHILDREN...

An essential, profound human need.

Signed languages have all the levels of complexity and expressive power as spoken languages, they are processed in similar ways by cognitive and related brain networks ([Emmorey, 2002](#)) and they can be acquired as native languages by children following the same developmental stages as those identified for spoken language ([Petitto, 1997](#); [Chamberlain et al., 2000](#); [Morgan and Woll, 2002](#); [Baker and Woll, 2009](#); [Chen Pichler, 2012](#))

[On language acquisition in speech and sign: development of combinatorial structure in both modalities](#)

Gary Morgan

Front Psychol. 2014; 5: 1217. Published online 2014 Nov 11. doi: 10.3389/fpsyg.2014.01217

PMCID: PMC4227467

[Article](#) [PubReader](#) [PDF-228KCite](#)

**Early Intervention has
a way to measure this.**

**”the SKI-HI...was
recommended
assessment for use
with deaf and hard of
hearing infants
beginning at birth”
(NCHAM, 2019)**



**SKI-HI LANGUAGE
DEVELOPMENT SCALE (LDS)**

**LATEST
3RD EDITION
2020**

*Assessment of Language Skills For Children
Who Are Deaf or Hard of Hearing From
Infancy to Five Years of Age*

**An Instruction Manual
and Test Form**

SKI-HI Institute
Utah State University
Logan, Utah

SKI-HI (LDS), 2020...at the age of 4-6 months (p. 6)

Adds sounds like p, b, m to vocal babbling; and/or adds more handshapes to manual babbling, including the “A” hand, “S” hand, and “5” hand. Will continue making other hand movements like rhythmically opening and closing hands, flipping wrists, and wiggling fingers.



A-hand



S-hand



5-hand

Parent child connection and communication happens across human languages and cultures...yet, there is a consistent exception to this truth

The exception occurs with d/hh children in families with hearing parents, more often than it should.

My great concern is how the medical model of deafness perpetuates this situation.

(See: A Journey into the DEAF-WORLD by Lane, Hoffmeister, and Bahan; The Invention of Miracles: Language, Power, and Alexander Graham Bell's Quest to End Deafness, by Booth)

The circumstances for deaf children are different. Spoken language is not accessible for many deaf infants and children...

Sign language, on the other hand, is accessible to all deaf children, even to the deaf-blind child since there are tactile versions of sign language [35].

Yet many deaf children are raised in a strictly speaking environment and are not offered sign language until after the age of five or not ever [36-38].

[Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches](#)

Tom Humphries, Poorna Kushalnagar, Gaurav Mathur, Donna Jo Napoli, Carol Padden, Christian Rathmann, Scott R Smith

Harm Reduct J. 2012; 9: 16. Published online 2012 Apr 2. doi: 10.1186/1477-7517-9-16

Objective # 2: **Review/critique of current system of early intervention for children who are d/hh and their families**

- My caseload for the past 4 to 5 years
- 46 children
- 5 are codas
- 41 d/hh children
- My caseload is primarily the south side of Chicago; I also serve the south suburbs of Chicago

My leg work entails:

data review (IFSP and audiology reports),

consultation with the family,

direct observation of the child.

Then, I ask myself—

Will this child be able to effectively connect and communicate through listening and spoken language alone?

If not, I encourage the family to consider using signs to ensure quality connection and communication with their child.

20 of the 41 (49%) d/hh children on my caseload did not receive quality communication and connection by listening/spoken language alone by 18 months of age

{my professional opinion}

- **12 (29%)** deaf (severe to profound hearing loss levels), even with assistive technology, needed sign for quality communication/connection
- **8 (20%)** deaf plus (6 of the 8 with severe to profound hearing loss levels), almost all related to the spectrum or some developmental delay

March 2022 update

Of the 21 of the 41 that did not appear to need signing to ensure quality connection and communication, two of these children are now being considered for cochlear implant surgery, due to concerns in this area

Of these 41 d/hh children...

- Amplification was used by 37 of these children—90%

(Amplification was not used with 4 of them {3 were d/hh with d/hh parents, 1 unilateral hearing loss, and amplification was not in place as of 16 months of age})

- Of these 37 using amplification, amplification was providing benefit and being used consistently by the age of 6 months to one year, for 13 of these children—35% (most of these 13 children had mild to moderate hearing loss)

For 24 out of 37 children that received amplification, 65%, this amplification had no meaningful impact until 18 months of age or later (if any impact at all)...

For a variety of reasons

- Challenges caregivers faced with respect to follow through (i.e. the commitment required)
- Aids/implants did not provide enough benefit
- Issues such as insurance delayed CI surgery
- Time needed to help the child accept device, on a daily basis, for significant periods of time each day

Out of 41 d/hh children, those offered
quality communication/connection from
day #1, week #1, month #1?
{Deaf of deaf...}

2 children...5%

Out of 41 d/hh children, those receiving quality communication/connection within 6 months to one year old?

Total of 15 children...37%

The 2 d/hh mentioned in previous slide...
along with the 13 whose amplification was in place

The Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD), through its Child First campaign, noted...

“Being deaf is not what disables a child—it is language deprivation that results from diminished exposure and access to meaningful language and communication.

Ongoing access to language and communication is essential for normal cognitive functioning and development and is taken for granted for every hearing child...

All too often inaccurate information is disseminated about the best way for deaf and hard of hearing children to learn language...”

<https://www.ceasd.org/child-first/>

Deaf children ...have historically been and continue to be at increased risk for maltreatment. While many types of maltreatment of deaf children are documented and actively discussed, the majority of people who live and/or work with deaf children have yet to recognize the most prevalent type: linguistic deprivation (also known as language deprivation) due to failure to provide access and effective exposure to a language.

From: ***Avoiding Linguistic Neglect of Deaf Children***

Tom Humphries, Poorna Kushalnagar, Gaurav Mathur, Donna Jo Napoli, Carol Padden, Christian Rathmann, and Scott Smith

[Social Service Review Volume 90, Number 4 December 2016](#)

Objective # 3: Consider an alternative approach/change to our current system, one that ensures linguistic/cognitive access and stimulation from day one

- Since it often takes time, precious time, to know if d/hh children are getting consistent quality auditory input; and, that they are making quality use of this input...
- The system of early intervention recommend to parents that deaf and hard of hearing children can, and should be given quality, consistent linguistic input from the moment of diagnosis of hearing loss.
- **This can be done without taking away the parents right to seek spoken language outcomes.**
- **This does not have to be an either/or situation, nor should it be.**

Medical professionals who work with deaf children and their families need to step forward and assume the responsibilities that the situation places on them.

If they intend to give advice to their deaf patients about language development, they need to inform themselves about how some principles of first language acquisition might be more important for deaf children. Visual language skills can contribute to deaf children's language development...

A deeper understanding of this would lead medical professionals to tell parents of deaf children that sign language offers them accessible language and prescribe this as a medical necessity.

[Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches](#)

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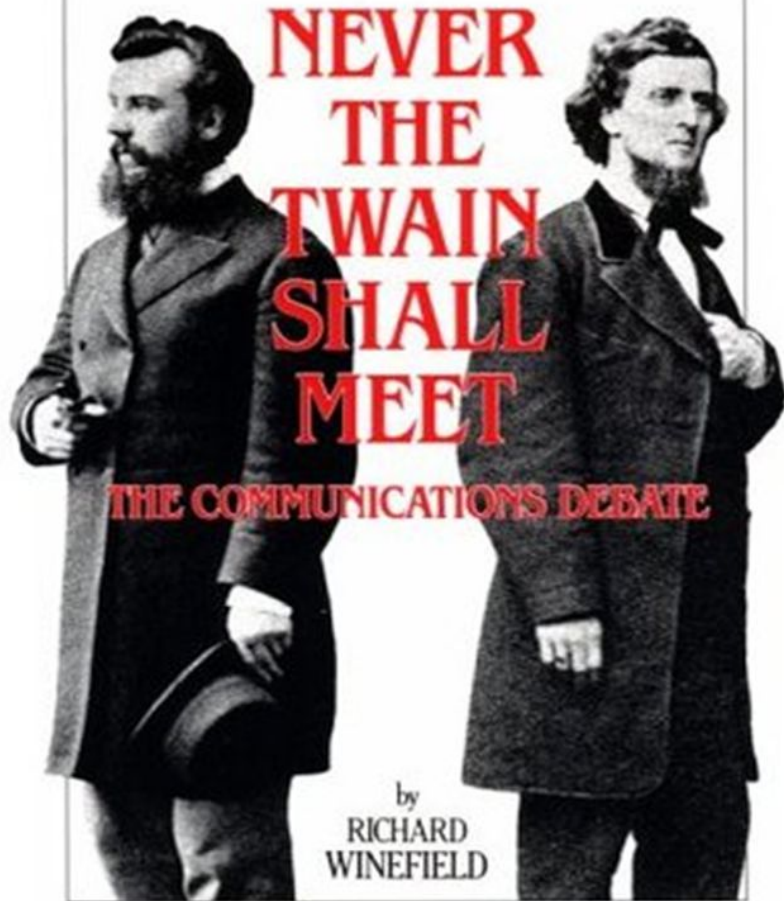
Proposal

Begin/support the dialogue between the medical field related to pediatric hearing loss, and researchers of language development, particularly regarding sign language development in infants and children that are d/hh

If there is any concern regarding the quality of quality connection and communication by using listening/spoken language alone, sign language is recommended to begin immediately, to address this connection/communication risk.

Deaf Mentors/Sign Language specialists employed by the state and/or medical facility be made available to support these efforts.

Alexander Graham Bell - Edward Miner Gallaudet



“No single method of communication as presently practiced can meet all of the needs of all deaf students...The only way to moderate the communication schism is to recognize its roots and to understand that attitudes toward deviancy and expectations for deaf individuals are important factors. In time, arguments may shift away from ‘which system is best for all’ to ‘which system is best for each individual child’.” p. 114

[What to know before teaching babies to use simple sign language \(bostonherald.com\)](https://www.bostonherald.com)

Dr. Laura Jana & Dr. Jennifer Shu, AAP 2/20/22

Baby sign language is a trend that seems to have real staying power. Signing with babies is based on the simple observation that children can be taught to use their hands to “talk” long before their mouths can catch up.

From what we’ve seen with our own children and others (including in Laura’s educational child care center), infant sign language really does deliver on its promise of improved communication.

Speak up: Be sure you don’t cut back on the amount of time you spend talking with your baby. As long as signing does not take the place of speaking, it won’t get in the way of your baby’s learning to talk with their words as well as their hands.

Why aren’t families of d/hh children receiving this message?

Questions? Concerns?

Thanks for joining me!

Feel free to contact me:

droche4559@gmail.com

Won't you please come to Chicago?



rearrange the world
it's dying

or else join the other side
We can change the world