>> SPEAKER: So, good, it seems that our captioning is responding and, um, Stephanie is sending you all one more e-mail, um, that has a link to the conference materials in it. We recognize that you all, probably, don't have batteries that last all day, um, and the conference did not provide power strips for you, the way they did for us, so, we are going to try to be strategic about when we ask you to use the laptops and when we all just look at the screens together, and I think we'll all be able to get through the day together. Interpreters may stand. Some are more centrally visible. The way that this will work today, um, much of the content will be us, in this room, talking with one another, but a good portion of the content delivery is pre-recorded videos, where ASL will be played over here and English will be played over here. Those videos are all captioned, although I'm unclear, if the CART text box will be covered by the captioning, so, we will check that. So, yeah, if anybody needs to make adjustments for communication access, great. Obviously, as we go along, we can always adjust. Should I proceed? Yeah, great. Um, so, the first thing I would like to say is thank you for dedicating a whole extra day to take a chance on this idea that is, maybe, unfamiliar, maybe is, um, you're curious, maybe, you're testing is this going to work for me or not. I'm really honored that you gave your time to this, and we're hoping to honor that with some good and useful stuff for you, but we also want your real feedback, because this is new work that's in the constant process of improvement and revision, and we'll share, at the end, some of the feedback we've already gotten, and we are incorporating that as we continually try to make this better and more useful for, um, people in all of your, in all of our many stakeholder roles. So, speaking of that, I wonder if we could begin with some introductions. I am Matt Hall. I'm a professor of communication sciences and disorders at Temple University in Philadelphia and, um, my research is on understanding language acquisition in deaf and hard of hearing kids, with a particular focus on preventing language deprivation.

>> SPEAKER: Good morning. My name is Stephanie. My pronouns are she/her, and I'm joining you all from Eugene, Oregon. I'm an assistant professor of communication disorders and sciences, um, and I also have, um, my area of specialty is in early multilingual acquisition, so, I've been thinking a lot about, primarily English/Spanish speakers, but, more recently, how we can think about multilingual students who are also deaf and hard of hearing.

>> SPEAKER: In terms of disclosures and the history of our collaboration, so, Stephanie created a tool, um, for capturing the diverse input that hearing children from multilingual backgrounds experience and, so, then, we've been working together to adapt that, to make it appropriate for deaf and hard of hearing populations. So, that's where the D-LEAT came from. Stephanie and the D-LEAT is us together. Could we take a moment to hear about you? Just, maybe, your name, your role and, I don't know, maybe, why you thought this was worth attending today.

>> SPEAKER: We'll start over here, and I have this microphone.

>> SPEAKER: Great.

>> SPEAKER: My name is Maddy. I'm from Illinois. I am the youth coordinator for a nonprofit that does a deaf mentor program there. Just always trying to learn new things that might help our kids.

>> SPEAKER: Morning. My name is Lori. I'm from Massachusetts. I'm from the Willie Ross School for the Deaf. I am the early intervention coordinator and the director of outreach services. I've been a teacher of the deaf for over 30 years, and our early intervention program is a total communication program, so, I'm looking for everything we can to get that language assessment piece for our babies.

>> SPEAKER: My name is Sarah Peterson. I live in western Nebraska. I'm a trained teacher of the deaf and hard of hearing, but I work for a grant program from our Department of Education currently that provides social and educational opportunities to students with hearing differences. I'm here because, in Nebraska, we're, kind of, in a big growth time. We just passed LEAD-K about 18 months ago and, then, our deaf mentor program is going to get up and off the ground this week, we're going to offer the job to a coordinator, um, so, we are just, kind of, in the process of collecting the best information we can to provide the best quality assessments that we can.

>> SPEAKER: Hi. I'm Tracy. I'm the state-wide coordinator for the birth to 5 language and literacy program that's an outreach of the Tennessee Schools for the Deaf. We're not part C, we're not part B, we're just right there in the middle. Um, we have, um, opportunities for families, and we encourage families, but we're more consultation and collaboration. We do have a, um, a grant from the state of Tennessee, in our fourth year, we have a deaf mentor parent advisor program that is a Sky High model. We are increasing and enlarging that program, and we, very much, have been collecting lots of data. We're participating in Odyssey, and we would like to have a better understanding of what it is that we need to do with language and literacy, so that we can go to the state and say this needs to be permanent, this needs to be ongoing, and we need to expand all children across the state.

>> SPEAKER: My name is Connie, and I have the privilege and honor of working with Tracy. She is my supervisor. I'm here because she made me. No, I'm just kidding.

(Laughing.)

>> SPEAKER: I work with the birth to 5 language and literacy program, but my focus is on west Tennessee. As you know, Tennessee's a very long state, so, we divide it up west, middle, and east, and I focus on west Tennessee, living just outside of Memphis. Um, additional roles that I have with our parent advisor deaf mentor program is I am one of the lucky ones that get to be both. I am both a deaf mentor and a parent advisor, um, and I am also a Sky High-trained snapshots guide.

>> SPEAKER: I'm Laura, the parent follow-up coordinator for the central part of Kentucky. I live in central Kentucky as well. I'm also a parent of a deaf plus child, and I took the class, because it sounded interesting.

>> SPEAKER: Thanks.

>> SPEAKER: Thank you.

>> SPEAKER: Hello. I'm Joan, and I'm with the Kendall Demonstration Elementary School, which is a bilingual, um, base school from zero to 5.

>> SPEAKER: I'm Anita, and I'm the executive staff advisor for the Kentucky commission for the deaf and hard of hearing, and I'm here because our part C in Kentucky is dismal, at best, and I have just a few years left before I retire, and I cannot leave with part C in the shape that it's in. So, anything I can learn that can possibly help to improve that is good.

>> SPEAKER: Awesome.

>> SPEAKER: Thank you so much.

>> SPEAKER: Thank you all. It's great to hear just a taste of where you're coming from and, I'm sure, in our discussions today, we'll get to see, um, more even how this applies. Maybe, Germane, we can get, when you're ready.

>> SPEAKER: I'm sorry. I asked you if I could have you introduce yourself, and I forgot. Please do.

>> SPEAKER: Good morning, everyone. My name is Germane Graham. I am from Arizona. I am a speech-language pathologist, and I'm currently working private practice, but the bulk of my experience is with deaf and hard of hearing children.

>> SPEAKER: And who do you have with you? Can we also ask?

>> SPEAKER: This is my youngest. I'm a mom of four, but this is my youngest, Olivia, and she's, she'll be 6 months old in a couple days.

>> SPEAKER: Welcome to you both.

>> SPEAKER: So, our goal today is to, you can advance your slides.

>> SPEAKER: Yep, I can.

>> SPEAKER: Yep. Um, this is all about learning how to use the D-LEAT, or the DHH language exposure assessment tool and, um, so, the workshop is, um, an in-person version of a free online training that is available to you, so if today doesn't stick or if you have to leave early or if you just want to, I don't know, re-study, um, within a follow-up e-mail, we'll send you a link to, um, get, like, all of the same content. The added value today is that, um, A, you get to skip the boring onboarding stuff that you have to get to, you know, jump through all those hoops, but, B, we can actually talk together. So, we wanted to set aside plenty of time in the agenda for us to discuss at the end of each part. Um, yes, so, I think we've covered this.

>> SPEAKER: I can talk a little bit about the content delivery, and the next slide presents an agenda as well, but what you'll see is that we're going to do a few quizzes, watch videos, we'll have both small and large group discussion. Um, we talked about these other pieces, but the final bullet here is important. You may interrupt for a click clarification question, we don't want you to fall behind for clarification issues, but if you have something that might, um, need a lengthier discussion, please reserve those for the designated discussion times. So, I'll show you on the agenda where we've left time for those larger questions. So, here's the agenda. In a moment, we'll dive into part one, where we'll do some concept overview, we'll try to test ourselves on some of those key concepts and, as you can see, we'll have some discussion and questions after that, followed by a break and, then, we'll go into part two, where we will actually talk about the protocol, so, how you would actually deliver this, we'll do, again, a short quiz to test our knowledge of those concepts, break out into discussion again and, then, we'll take, um, a lunch break at around 11:55. Lastly, in part three, we'll actually test ourselves by trying to give this assessment independently. So, we'll do a technical overview and practice that, followed by a data entry check of our, of your individual work, we'll discuss and do questions and, what you can't see here is that we will also have, um--

>> SPEAKER: It's over here.

>> SPEAKER: Thank you. On your right, you'll see that part four, um, will end with discussing some of those testimonials from some of our colleagues who have begun to implement some of these procedures, and we'll have some time to discuss an action plan, how you might implement what you learn today for your own individual place of practice. Any questions so far about the agenda? Because we're just about to dive in next.

>> SPEAKER: Let's go.

>> SPEAKER: Let's do it. If you have access to these slides, you do have the meeting materials there. If you don't have those yet, though, I did just e-mail it out this morning. I also have scratch paper, if anyone needs it, up here at the front.

>> SPEAKER: Sorry for the ads. We can't control that. This is, by the way, this whole operation is, I would say that it's a low-budget operation, but that is incorrect, it is a no-budget operation. So, the pro there is that we get to provide these things free to you, but the cost is that it's just us, and there's only so much stuff we can control.

>> SPEAKER: Okay, so, bear with me while I get 3 seconds of this ad.

(no audio.)

(Writer standing by.)

There's no audio.

>> SPEAKER: All right. We'll continue on our agenda.

>> SPEAKER: I'm coming to see if there are any questions right now before we do a quiz.

>> SPEAKER: Oh, yeah, let me give you guys, I'll be the audience person again.

>> SPEAKER: I wasn't paying attention to the English, but I noticed that you described the different clusters and what they are, and I didn't get that in the ASL. Can you describe what those clusters are again real quick?

>> SPEAKER: Um, sure. Do you mean what they represent or, like, what they actually --

>> SPEAKER: What they actually are. So, you know, what's the green one versus the purple one?

>> SPEAKER: Yep. Um, I think I can go back to that. So, the green cluster, those are kids who have a little bit of everything. By everything, the biggest categories that we see in our dataset, limited access, auditory access to English, ASL, and sign supported speech. Those are the major categories. We didn't find a whole lot of the other four. They're there, but not a ton. So, in the green cluster, those kids have, kind of, a little bit of everything and not a lot of anything. In the blue cluster, those are kids who have a lot of auditory access, so, those might be mild, those might be unilateral, those might be very early identified and amplified and consistent users, but, whatever it is, they have a lot of auditory access. Notice, though, there's, on that sign supported speech access, there's some there. Those kids, in research studies, will often get counted as signers, but, really, I think their experience is, you know, it makes a lot more sense to group them with the speakers. Cluster three is an interesting one that we, you know, that's not one we would have predicted, but the thing that cluster three kids have in common is a lot of limited access. That's where we also found a lot of our, um, non-English-speaking families fell into that cluster, and that might tell us something about how our EI systems are not working so well for families with, um, home languages other than English and, then, we also have a lot of kids with sign supported English that fell into that one, if they also had lots of limited access. That's a case where, in the research literature, those kids would be, like, look, signing doesn't work, but I think that's a red herring. It's like, those kids had a lot of limited access, that's what's not good. Cluster four was mostly the deaf families. Not all of the deaf families were in cluster four, but I don't think we had any hearing families or, if there were hearing families, they were ones who already knew ASL when the kid was born, there was an older sibling or the mom is an interpreter, something like that. Um, then, cluster five were families who had a mix of, like, there was a lot of some kind of signing, if it was ASL or sign supported speech, but not exclusively ASL. Is that the run-down you wanted? You had a question too? All right, um, let's do a quiz. So, our original plan was to have you all do this on your laptops, but, given the power concerns, I think we can just do this altogether.

>> SPEAKER: I will follow along here too.

>> SPEAKER: Yeah. Yeah. So, for that first question, um, maybe, I'll ask this table, maybe, I'll just sort of rotate, table by table, and you can agree and vote on which you think. So, first, to you. So, language access profiles are best understood as a measure of which of those four options? What would you say? As described here, language access profiles focus on? This one? We have another vote for, maybe, it stopped at three. Nice. Yep. This table? The fundamental difference between language exposure and language access? The second one, language exposure means the input is happening around the child, language access means the child can receive it. All right, now, back to you. So, which of the following experiences, um, aspects of the child's experience do language access profiles capture? We are, um, comparing what percent of the input goes into these different categories, we are not counting the number of signs the child sees, and we're not measuring the quality of the signing, we're not measuring the interaction.

>> SPEAKER: Just to interject quickly to say that that's what, the graphs we've been looking at, they have percentages, so, if it helps you to remember that, we're not looking at raw counts, but percents, um, of one type of input versus another.

>> SPEAKER: Oh, this is a tough one. This is a hard question. Um, so, this is, you know, in the presentation, we talked about some of the limitations of communication mode. Language access profiles are designed to address some of those, but not all of those. So, let me go option by option, and you can give me a yes or no. Let's try that. So, to your table, um, so, does, um, do language access profiles solve the problem that communication mode doesn't track change over time? Can we track change over time with language access profiles? Yeah, we can. Um, to you, communication mode doesn't track absolute amount of input. Can we do that with language access profiles? No, we don't. So, we don't solve that problem. Um, so, to you, communication mode doesn't, um, look at interactional or linguistic quality. Can we do that with language access profiles?

(Off mic.)

>> SPEAKER: I disagree. I don't think we can. So, again, we're only looking at the, um, the percent of the child's input that is of these different types. So, if we want to understand linguistic and interactional quality, we need other methods. This can do a lot, but not everything. Um, can this help resolve confusion, that communication mode means different things to different people? Yeah, I hope so. Um, communication mode might tell us that a child signs, but not how much. Do we help with this? Um, communication mode for a kid with, who's, like, a listening and spoken language kid, they have different amounts of auditory access. Can this help us with that? Yep, and you might have a child who signs, but we don't, communication mode doesn't tell us what kind of signing it is. Do language access profiles help us with this? Yes. All right, that was a long question, but, um, can we use them with groups, or are they only for individuals? So, I saw groups, and I saw an individuals.

(Off mic.)

>> SPEAKER: Yes, both. Right. Good. I forgot which option this is. All right, and, then, um, how can information from these profiles be applied, if you're working with a one-on-one in a clinical service capacity? How about the second one? Is that, this is another check all that apply. Can we use these to diagnose language disorder on their own? It can be part, but, itself, is not a diagnostic test. It can be part of the conversation. Um, can it help us see what kind of input the child is responding to? Can it help us determine if we should be surprised by an assessment result? Or not surprised? Can it tell us which languages we should be assessing? Um, how are we doing on time?

(Off mic.)

>> SPEAKER: For this part? Does that include discussion?

(Off mic.)

>> SPEAKER: Mm-hmm. Um, I'm feeling very strong about their understanding, so, shall we proceed to the next quiz? Great. This is also just, um, a check to make sure people have a shared understanding of, like, what the different types of input are. I'm guessing that this is not going to be hard, but I think that means it's also going to be quick. So, we have these eight categories of input, your job is to decide which one fits here.

(Off mic.)

>> SPEAKER: Yep. This is a sign language that is not ASL. It doesn't belong anywhere else, it goes into other. Your turn. I think you also get the point, right? Pretty clear? So, thoughts? Reactions? Questions?

>> SPEAKER: I have not had enough caffeine yet, okay? So, can we go back to, um, whenever you were first presenting, you had the four, one was type, one was, okay, timing, quality, oh, and quantity. Thank you. I couldn't remember the fourth one. Thank you.

>> SPEAKER: I have not had enough caffeine either.

>> SPEAKER: So, you're following along with us, if, so far, you're capturing, at a minimum, if you can read one of those charts, if you're following along with what a language access profile is, um, if you understand how it might be different from communication mode, that's, sort of, where we want you to be at this point. So, if you're following along there, that's a good comprehension check, especially the quiz should have been helpful, but if there are any lingering questions about that or comments, now is a good time.

>> SPEAKER: Well, then, I think we're at our first break. So, let's come back together at --

(Off mic.)

>> SPEAKER: Yes, right. Go get some coffee.

>> SPEAKER: Fifteen minutes. 10:15. It's 10:00 now, or a minute till, so, please come back at 10:15. Thank you.

(Break Taken.)

>> SPEAKER: We are going to restart. Just checking if CART is back with us. There we go. Good. The next section here is, um, giving you an overview of the, like, what the interview protocol looks like. So, we'll have a quick, um, explanation of the protocol and, then, we'll show you, um, we'll take a little quiz and, then, we'll show you a full example interview.

(writer standing by.)

>> SPEAKER: Perfect segue. Clarification questions before we move on to our quiz?

>> SPEAKER: How did you decide when to do this assessment? Is it based on any sort of change? Because, I know, we prefer to follow a six-month bi-annual schedule, so, what's the timeframe that you tend to follow?

>> SPEAKER: Love that question. Thank you. Um, it is very flexible, and it is up to the user. When I started doing this work for research, I wanted to get, I only had one opportunity to talk with a participant and, so, I wanted to get their whole three-year history in one shot, but when our clinical colleagues use these, they usually prefer to break it down to smaller units, six months, 12 months. Doing it that way also has other benefits. It takes less time and, um, the first time is often a challenge for the family, but the second time, they get it, right? So, yeah, you can do it any which way that works for you.

>> SPEAKER: During our testimonial, we will also talk about some examples of how people have implemented D-LEAT. So, I'll talk more about the ways in which we might use it in practice.

>> SPEAKER: Okay, um, actually, I've got a couple of questions, because communication mode means different things to different people, including SLPs. For example, I know one SLP that says she signs, which means she knows more, mom, milk. Um, so, whenever you're asking both professionals and parents their estimation of the proficiency level, how do you get a clear picture of that?

>> SPEAKER: Um, that is another excellent question. The proficiency levels right now don't impact the numbers. So, even if they are giving you false information, the numbers are still going to be what they are. We do try to coach this very rough three-level scale, that the, um, highest level there means that you can communicate about anything you want without effort, the second level is you can communicate about what you want too, but it takes some work, and the low level is there's some things you want to communicate about, but you don't know how. So, we hope that gives people a guide, but there are limitations to what the reporter, which is usually a parent, may or may not know about the other providers, but, usually, the people that they don't know much about are also people who don't spend much time with the child. So, we think it, probably, doesn't hurt the overall estimate much.

>> SPEAKER: I would also add that we would not advise that this be used alone, so, if you had questions about the proficiency of any one of those sources of input, I would not use this as a measure. This is simply a gloss of, you know, has the child had enough input from high quality, you know, just that rough overall measure, but if I, then, want to provide intervention for a particular person and provide some coaching support, I'd want to observe that interactional quality, use other measures of that linguistic input that are more valid and reliable for that measure alone.

>> SPEAKER: All right. Thank you. Then, my second question is can you explain again how the language age is determined? Based on my experience, visual communication, regardless of the hearing level, starts at birth, you know, facial expressions and all of that, so, how do you determine language age?

>> SPEAKER: Yeah, yeah. So, let me just clarify, this is about the age at first access, right? Language age is something that's often used as a measure of language outcomes. This is just to clarify. Um, but, yeah, how do we determine what counts as the age at first access? What we are, um, particularly interested in is linguistically structured communication. So, any kind of communication, you're right, happens at birth, but when is it, when is linguistically structured communication perceptually accessible? Often, that is at birth, right? Even, um, for a kid who has, maybe, mild/moderate, right, they don't have full access at birth, but they have some and, so, we would count birth in a case like that, but, then, during that, um, next part, where we're estimating the extent of the auditory access, that's where we would capture the fact that it's not complete. What the age at first access field is doing, like, computationally in this spreadsheet is it's saying how much time was the child's experience 100 percent limited access. Sometimes, that is a very long period of time, and it's important to capture that and, sometimes, it's not.

>> SPEAKER: So, I don't want to drag this out, but I want to make sure I understand. So, if we're using the McArthur-Bates on a separate situation, brand new baby, using facial expressions, gestures, all of that would count as access, if the family's using that on a routine basis. How would you, how would you, I think the McArthur-Bates starts 8 months to 12, 18 months.

>> SPEAKER: So, that's an outcomes measure.

>> SPEAKER: Yes, but I'm asking about gestures. Are there child's responses to gestures? I'm just trying to get an understanding, if the family is using a lot of gestures, or there's some cultures that don't use gestures or facial expressions at all, so, I'm just trying to get a feel for how would I ask the question.

>> SPEAKER: Yeah. Um, so, for us, we would not want, if that's the only kind of input that the child is able to access, we would not want to count that as the age of language access. So, you might, if there's a family where that is the primary form of communication, um, you might want to have a talk with them about, like, what is communication and what is language and how are they different. The one exception I might make to that is if it really seems like a home sign situation, where the gestures they're using really have symbolic meaning, like, that, I would count that, but I would put that under the other/unknown category.

>> SPEAKER: Another, maybe, you know, pulling it out too much, children who have multiple challenges, so, if you're, um, considering including a child who's deaf-blind or low-vision or, sometimes, you're taking that into account.

>> SPEAKER: Absolutely.

>> SPEAKER: Okay. Very good.

>> SPEAKER: Limited access is not just about hearing, it's perceptual input.

>> SPEAKER: Got it.

>> SPEAKER: Any other clarification questions? Hopefully, the quiz will also help us get some of those concepts.

>> SPEAKER: Just a quick question. I may have missed this part, but about determining the percentage of auditory access.

(Laughing.)

>> SPEAKER: You didn't miss that part.

>> SPEAKER: Okay.

>> SPEAKER: Do you want to say anything now about that?

>> SPEAKER: Um, yeah, because I don't think we have anymore detail about that later.

>> SPEAKER: Except an example of that, but, yeah.

>> SPEAKER: Sure. The guiding principle that I work by is that a bad estimate is better than no estimate. I would love to find a good way to get that information. Every method I'm aware of has limitations, so, the closest that I'm aware of for, like, a computationally objective version is the speech intelligibility index, which, sometimes, you can get from an audiological record, sometimes, it's not noted, but it's not, that's not even defined for CI users. Um, there are, yeah, there are any number of strategies we could use. We started by saying, well, let's try what's simple and see if it's helpful, so, we're going with parent report. We don't know, um, how much that's, like, how reliable that is, we don't, you know, that's the, in my view, that's the biggest disadvantage of this whole enterprise. We strongly encourage interprofessional collaboration. So, if you do an interview like this, and the family's like, yep, my kid got their first CI and, now, he's hearing 90 percent, now, he's hearing a hundred percent, you can take that in the moment, in the interview and, then, you can take the spreadsheet to the audiologist and say this is the estimate I got from the parent, do you think that's accurate? And you might need to revise it. That's what we got.

>> SPEAKER: And, if there's a discrepancy, that's a conversation. The parent should have knowledge of that child's access, and we find that this measure, in addition to all the things we've discussed, as you saw in the introduction, can help with that education and goal-setting related around that access piece.

>> SPEAKER: Quiz?

>> SPEAKER: All right, let's do it.

>> SPEAKER: So, this first question is, really, it's more for researchers who, like, who often, um, like, they're not already working with the family's medical history. So, I'm going to just give you the answer to this one, because it's not, given the roles that you play, um, we recommend these two practices for researchers, but it's not as important for clinicians. All right, which of these steps comes first?

(Off mic.)

>> SPEAKER: Okay. Second?

(Off mic.)

>> SPEAKER: Stephanie, what would you say?

>> SPEAKER: Um, we would identify their degree of, oh, excuse me. First, the communication types. Sorry, I jumped ahead. I think the one that's listed there is, um, number two. So, so far, we've got number one correct, number two correct. How about this? Are we at this table now? Oh, I'm sorry, were we not going by table? What do you think would be step three, after we've determined the partners and the communication they use, what is the next thing they ask?

(Off mic.)

>> SPEAKER: Almost. We need one more piece of information. I think I saw you hold up a five.

(Off mic.)

>> SPEAKER: Oh, four? Okay. Right before we do that, you said five, wink.

(Laughing.)

>> SPEAKER: Um, thanks for your honesty. So, we would, next, determine the degree of proficiency. So, first, tell me, number one, who are all those communication partners, their languages, and their proficiency. Now, what would we do?

>> SPEAKER: I think I see the confusion, because I think what people were thinking of, um, where it says choose one communication partner to focus on --

>> SPEAKER: Oh, sure.

>> SPEAKER: In our head, that's the --

>> SPEAKER: Last step.

>> SPEAKER: That's the, like, real meat of the interview.

>> SPEAKER: Mm-hmm.

>> SPEAKER: There are multiple right answers. This five could either appear at the beginning or at the end, depending on what you're describing.

>> SPEAKER: Yeah, I think either.

>> SPEAKER: Or second, excuse me, yeah, or last, but, certainly, these pieces happen in this order, two and three, for example.

>> SPEAKER: So, once we are in the conducting the interview part, which is first? I heard it over here. The one that's in first position right now is correct. This one.

(Off mic.)

>> SPEAKER: That's right. So, first, you need the duration of that period of time, then how many days, the different types of communication and, then, that perceptual access. You're welcome.

(Laughing.)

>> SPEAKER: Any guesses?

(Off mic.)

>> SPEAKER: Yeah, you don't need to know if they're maternal or paternal. So, not, but you do want to know the others, um, to see if you're going to split them apart or keep them together when reporting their, um, input to the child.

>> SPEAKER: What about siblings?

>> SPEAKER: Should we include siblings?

>> SPEAKER: Older? Younger? Both?

(Off mic.)

>> SPEAKER: You can. You can. It will, so, younger siblings, when we're talking birth to 3, younger siblings don't often produce that much output for the older kid to learn from, so, our practice is to only look at older siblings, but if you want to look at younger siblings, go ahead. If you're just looking for time, oh, I didn't ask about time. Include twins. Definitely. The principle is we're looking for the child's primary sources of input. Chances are, the younger sibling is not one of their most common sources of input over their first three years.

>> SPEAKER: Suppose a family reports using sign supported in Pakistan, what would be most appropriate? One, two, three, or four? I'm seeing three. That's right.

>> SPEAKER: All right, here's a big, long one. So, the parent reports that their child did not have auditory access to spoken language until cochlear implants were activated, 13 months. They also report that they began using some, you know, basic baby signs with the child at 4 months. They found it difficult to sign consistently, and they stopped signing by 6 months, and that's when the child started receiving more, um, intensive listening and spoken language therapy. So, what should we put as the child's, um, age at first access? We've had 6 months from this table. 4 months from this table. 4. I would put 4, because even that baby --

(Off mic.)

>> SPEAKER: Are you asking --

>> SPEAKER: Okay, so, do you mean, this is Matt, do you mean because of structured communication? Yes. So, there is structure. It's not full language, but it's more than a gesturing system. Now, suppose a parent reports that a certain communication partner has been part of the child's life since 6 months all the way through 36 months or beyond, what would be a good reason to sub-divide this time period into smaller chunks, so we can split those up, if we need to? What would be good reasons?

>> SPEAKER: Should we go option by option?

>> SPEAKER: Yeah, sure. If this communication partner, excuse me, if this communication partner's visits become more frequent or less frequent during that time, would we want to split that up to describe that? I'm seeing some head nods. I agree. If there were changes in the child's perceptual access to this communication partner's input during that time, lots of head nods. I agree. If this communication partner's visits tended to last longer, for longer or shorter amounts of time during that time range, would we include that? Yep. If the family moved during that time, even though nothing about the child's language input changed? Yeah. Agree. That would be a no. If there were changes in the way that this communication partner communicated during that time? Yes, I agree with the head nods and the hand gestures. If the communication partner used to visit for two hours on Wednesdays, but changed to visit for two hours on Fridays, this would not be one that we want to, we just check Wednesday and Friday and, um, give the same estimate for both, assuming that all else is true. Good work.

>> SPEAKER: Yep. All right, so, now, we get to some math questions. I knew that was coming, but this is practice, because this is going to get more mathy as the day goes on. We have confidence in you. If a communication partner sees the child for five days a week and one hour each day, which of the total number of hours in that row add up to? This is, sort of, a trick question, and the reminder is --

>> SPEAKER: Yeah, we can also, I'll read the answers while, um, Matt cues this up. It could be, one, the numbers that the interview enters represents an average day, and the spreadsheet automatically does the rest for you, or is it that you're looking for five, for the week to add up to five, and the interviewer needs to multiply the average number of hours reported on an average day by the number of days per week, or is it something else, or it depends? So, those are our options. Did you want to add something?

>> SPEAKER: I'm just putting a visual cue. So, these are, um, this is representing the, whoops, the days per week. The question is the numbers over here, what should they add up to?

>> SPEAKER: You haven't seen the full spreadsheet yet, so, the layout won't, we haven't talked, once we go through the example, some of that may be clear. It is a little tricky, but we do have some guesses already. I heard a one. Yeah, one is the correct answer. For this estimation, um, the spreadsheet does automatically calculate that, so, you select for which days is this relevant and, then, you report on that average day. So, if, in this case, it's Monday through Friday, one hour a week with grandma, um, you select Monday, Tuesday, Wednesday, Thursday, Friday and, then, give that report for an average day. So, we'll see an example, and you'll get to practice too, so, more to come. Yes? Here's a microphone.

>> SPEAKER: Hair-splitting question. Do you have Saturday and Sunday on there?

>> SPEAKER: Yes, and this is another common way that we divide up chunks of time. So, you might, um, maybe, there's time with mom, you know, birth to 36, but schedule looks different during the week and the weekends, so we might just have birth to 36, the five workdays, birth to 36, the two weekend days, right, or whatever the schedule ends up being.

>> SPEAKER: I know you said it doesn't matter which day, you know, in that Wednesday/Friday example, but I think, oftentimes, it's important, you know, sometimes, we provide service on Monday, and we know, maybe, the kid isn't doing well, so, we switch to Wednesday, and they're actually getting better input, they're more able to accept it, maybe, just because, Monday, you know, they've had a tough time sleeping, a tough weekend, just learning behaviors, maybe, come up on Monday, so, we end up moving to Wednesday and, so, sometimes, the day of the week is important and can impact your data. So, just something I wanted to throw out there.

>> SPEAKER: I'll respond to that. I really appreciate your comment on that, JB. I mean, you all are free to write it exactly how you would like it, how you would want to document it. You know, you don't have to say, hey, parent, you got to tell me which day. You know, be easy on your folks, you know, we don't want to make this a stressful interview, but, sometimes, the parents will tell me, well, you know, Mondays, we got this and that. Follow what they say and, if that's true, go ahead and, it doesn't have to be required in that way.

>> SPEAKER: I will also add, um, that when parents are giving you retrospective reports, they might not remember whether it was Monday or Tuesday, so, for those types of reasons, for calculations, it won't matter which day you put in, Monday, Tuesday, we don't break out the estimates by days of the week, but what this point highlights is that this tool affords many uses and you, as Matt pointed out, you, certainly, can use that to help, um, with, um, prospective planning as well. So, we'll give more examples of that throughout, but, certainly, it is flexible and, um, I could talk at length about how it can be used in practice, but we'll get there.

>> SPEAKER: Could you input that, like, Monday versus Wednesday thing as two different periods and then mark the different levels of access based on how well that seemed to work for them?

>> SPEAKER: Yep.

>> SPEAKER: Okay, I think we should move along. Do you think, um, looking ahead at these questions, should we proceed with the example, or are there a few that we should stop and highlight?

>> SPEAKER: I think there's one more that we should discuss. Um, so, this scenario here, which, um, often, there are situations where a child is with multiple people at the same time, right? Let's imagine, like, a weekend day at home with the families, maybe, multiple caregivers, multiple siblings, and they're spending all day together. Um, if we, let's say it's a ten-hour day, if we give ten hours to each of those caregivers, the system's going to compute that as if they got, you know, 40 hours of input in a day. So, we can't do that. We then, we take that total number and divide it across the caregivers. So, that's a point that hasn't come up yet, but worth knowing. I think we can skip the rest. You saved yourself some math. Good job. So, now, we'll just show you what an example interview looks like. This is with an actor, with a research assistant, but, you know, gives you at least a, she did a pretty good job of coming up with cases. I didn't know the cases that she came up with, so, it was an authentic experience in that case.

(writer standing by.)

>> SPEAKER: We have just time for some quick questions and, then, we can break. Almost there. You just saw an example of an administration. There's lots we can reflect on, but I don't know if there are questions immediately, or comments are also welcome. I'm bringing the microphone.

>> SPEAKER: Thank you. Okay, so, questions. First one is is the spreadsheet modifiable? Can I add columns? Can I change formulas?

>> SPEAKER: It depends on what you want to change. Um, generally speaking, the fields that are in gray should not be modified. So, when you see the example, you'll see that. So, because those, some of the built-in formulas for the output, um, we don't want to modify those, but if you're interested in creating an adaptation or, maybe, there are other default languages, for example, I work a lot with families that actually speak more Spanish than they do English, so, for me, it's better to switch default languages and have Spanish pop up rather than having it in other spoken language. So, there are ways in which you can modify that, and I'm happy to work with you, to make it what you would need. So, it depends on what exactly you want to change.

>> SPEAKER: For example, I noticed you were entering the formulas in column M, but if you could add a, modify the formulas so that it's calculated. So, if it says 80 percent, you put in 80 percent and, then, you have a formula if, then, that would automatically calculate that, so that, um, the user wouldn't have to, for those of us who are not proficient in Excel-ease, um, and, then, another thing was I was thinking of adding a column that has, um, a justification for how you split it. So, cochlear implant, um, label that split, so that somebody else who was reading this would understand why the split occurred. Okay, then, as far as, um, my next question is, like, from, like, zero to 3 months, newborns, there's not a whole lot of waking hours, so, that, kind of, sort of, leads into my third question. How do you help, um, the interviewee distinguish the difference between time spent with a child and, then, time that that child is perceiving language? For example, a child, you know, might be up at 3:00 a.m. for a feeding, but there's not a whole lot of language occurring during that 3:00 a.m.

>> SPEAKER: Yeah. We do try to introduce the idea of communication time. I guess, it's not in our diagram, we should add that, but that is a, as you saw in this example, we try to, um, explain that, like, not all the time that the child's in daycare is communication time. We don't, beyond the sleep and wake, the example we give most often is private play, but we don't talk a lot explicitly about, um, like, if the parent and the child are together, but not communicating, like, if they're out, doing errands or something and the mom isn't, like, narrating her day, our practice has not been to try to capture that. Maybe, we should. There's nothing that stops you from doing it. There's, like, it's hard to find the right balance between how much information do we want to get and how intensive is this thing to use. Again, if you're dealing with a smaller age window, where you're not trying to get the whole three-year history in one shot, maybe, you can afford to go into a little bit more detail there.

>> SPEAKER: I'll just add that, um, the way the Excel sheet works now, you could do something like what you're describing, where you have notes. You, certainly, could add columns to the right. You could also add a second sheet to keep notes, so it is, like, a general Excel spreadsheet that you could modify in that way, but I would be cautious about the built-in formulas. However, what you input, there may be ways we can strategize about making that easier, um, some of my students, for example, have found work-arounds, where they have a hard time following all of those percentages, and they have found that it's helpful to have a note and, then, put a, they, um, find it easier to do the math in their head, um, so, they'll give me notes about what the estimate was. So, they put that number there, but they don't put it in a formula. So, that is one slight way, if you're finding that you're having a challenge, putting the, when you're putting the number in, putting that formula in, that's one way to work around that.

>> SPEAKER: And, um, we will be sharing in the last part some of the other ideas that users have shared with us, like, yep, we can take this and make an updated version, and we welcome that kind of feedback.

>> SPEAKER: That's right. Other questions?

>> SPEAKER: I'm just going to make another speaker prerogative for a moment, because, earlier, I showed you, oh, no, it was in a talk, not a slide. I referenced the work that a colleague and I have done on communication mode and understanding what it means in the research literature. My colleague, Sheila, who co-authored that work is now in the room, so, you can wave to Sheila. Anything else?

>> SPEAKER: Questions or thoughts? As you can see, that whole interview took about, um, 40 minutes, but what we were talking about earlier, when you update it, it could take significantly less time. So, if you do this in a, sort of, prospective way, so, I'll talk about, when we get to the implementation, some partners have decided that this is a good intake procedure, so, at the very first start of their interaction with these families and service delivery with these families, they give something like this and invest in those 40 minutes, because they're getting a measure of that language access, which is crucial, if there is limited access there, for example, and, then, prospectively, that can be updated. It's been six months, let's talk about what's changed, did that access improve? If that's your goal, this may be a way to track that, right? If you write a goal about improving language access, a prospective use of this measure could help you track that change over time. Oh, look, we are decreasing limited access, and we're getting, um, greater relative input to other language sources. So, just wanting to wrap-up some loose ends and threads we've been talking about. Yes?

>> SPEAKER: Is there, so, I know you mentioned that this is currently free. Those videos, like, are we able to access them and go back and watch, number one? I noticed you were teasing out a lot more specific questions and, kind of, explaining, like, is there, not necessarily prompts for administration, but, you know, some type of support there that we have once we determine we would like to administer this assessment.

>> SPEAKER: Not really, no.

>> SPEAKER: Okay and, then, follow-up question to that, do you all provide support, so, if we are trying to do this for the first time, would you all be willing to, maybe, be on Zoom or, you know, kind of, join us for an initial administration? And, if so, do you already have costs for that or is that something you just provide as a support, or how does that work?

(Laughing.)

>> SPEAKER: Well, we'll see. Um, so, that is what I used to do, whenever somebody new wanted to use it, and it felt unsustainable, if the goal is to, like, get this to be more commonly used. So, these pre-recorded materials, like, this is all available online, you'll get access to it, that's the goal, is, like, to, um, have that be the primary source and, then, if we need to do check-ins or, like, a Zoom here and there, hopefully, that will relieve enough of the burden that I'd be able to do that. I don't have, like, a cost mechanism for doing that, but, maybe, that's a good idea.

>> SPEAKER: I have a question, which is that parents are, often, like, stressed and overwhelmed by everything anyway, um, and this is a really, kind of, drawn-out process, where they have to do a lot of thinking, um, and they have to report on limited access, which is something that they might be hesitant to do. They might feel like they would be judged, if they have to tell you, like, you know, 6 months, very limited access. Um, are there ways that you've, kind of, reduced that burden at all? Do you have advice on that?

>> SPEAKER: Mm-hmm. A couple of things. Um, the number one is, as Stephanie mentioned, breaking it down, like, not doing the whole history in a single shot. Some of our, um, the people who have been using it, even separate out that first part from the rest of it, like, they'll just have a conversation and say who is it that's talking to the child, and what kinds of communication do they use? Stop, and that's conversation one. Then, we pick up the next time and get a little bit more history. So, that's totally fine and seems to be useful in minimizing the administration burden on both ends. The discussing limited access piece is interesting. I, um, I have used the tool exclusively in a research context. So, the families that I get are people who sign up for research studies. They seem quite willing to discuss limited access with me and, often, like, um, almost eager to. I, you know, this may be a self-selected sample, it's hard for me to know, and I also think that there might be a bit of, I call this, like, the dentist effect, sometimes. Like, I will tell my friend that I don't floss every day, I feel different telling my dentist that, right? So, families may be very honest with me in estimating limited access, but they might be more reluctant to do that with their care providers. Um, that's, have we gotten feedback from any of our users about that?

>> SPEAKER: Um, I was going to draw a little bit on my experience with D-LEAT. As you remember, this is, this builds on a measure I've used extensively and, mostly in research, but I have used it recently in clinical practice and, um, I wanted to point out a couple things. One is, um, that, you're absolutely right, that this is a burden on families. Not only is it a cognitive burden, I've recently learned, through discussions with families, that we need to apply some trauma-informed principles to this also. Recollecting some of this history can bring up a lot of emotions for families and, so, to that point, one thing we haven't discussed here, but it's important, is how you're presenting the questionnaire to families, to, maybe, mitigate some of what Matt just called that dentist effect, right? Which is they might be telling you things they think you want to hear, but when you give this, if you couch it in, look, I'm just trying to understand your child, so that I can best serve them, talk about it, about how you're trying to individualize their care and the best way you know how to do that is to describe that child, not just put them in a bin for communication mode, but to understand their unique language history and, so, that's, often, how I introduce it and, then, recently, I've started saying, and this may bring up feelings for you, because we're talking about things these families think a lot about, right? They do think a lot about their language practices. Is my child understanding? Are they learning? So, it's also helpful to say you can ask for breaks, if we need to pause, we can do that, right? So, that's another thing that adds to that burden that's really important for us to remember what we're doing here. You and I talk about these things much more frequently and with, maybe, more ease than, I think, a parent would. Yeah.

>> SPEAKER: That's, um, thank you so much for bringing that up. That's a really, really good point. In our research study, we have those conversations during the consent process and, so, they didn't, like, make it into this part of the videos, because we skipped that part, but that is absolutely a thing we talk about. Yes.

>> SPEAKER: And depending on where in your, um, service delivery pipeline, so to speak, you decide to put this measure, maybe, it's more at intake, maybe, for you, it fits later. There may be different processes. Um, there may be pieces of this that you can embed else where. Um, one thing I didn't say, and this was, I missed saying this at the beginning, I am a trained speech-language pathologist, so, I'm coming from that lens when I use this. To me, I can't understand language outcomes, if I don't understand their language behaviors, or, excuse me, language input, language experiences. So, I often think about part of this fits into my ethnographic interviewing also and observation of families. So, you know, whereas, here, you saw Matt pulling a lot of information from the parent, um, you can also draw upon what you already know, that you might have gotten already. You know, if I do an ethnographic interview with families, um, which I do as best practice to understand the parents' beliefs, practices, and cultural, um, view points, um, that helps, they often bring information in there about, um, the child's language history. So, I can also build on that trust and that information and not make the families feel like, didn't I already tell you that? Remember, yesterday, we spoke about, or I know that your child was implanted at this age. So, it is a good idea to, maybe, review case history and, really, use this as a team approach, um, to get that information that might be collected else where, to really make this efficient. So, there are ways to make this faster, if there's a concern, or more efficient, even if it's not speed, but more efficient, maybe, that some of the information is coming else where.

>> SPEAKER: And, also, like, more personal. Again, this originated in a research context, where I have a one-shot thing, I know nothing about these people other than they sent me an e-mail to sign-up for this study. So, this is, like, would look very different in a clinical context, right? Where you can use the name of the child, and you can draw on that history and that rapport that you've built with people. So, yeah, this is, basically, seeing the, sort of, worst case scenario. I should also say that I am not a trained clinician. I am a theoretician.

>> SPEAKER: And to circle back to your point, I do think that we are getting slightly different families in the research, um, in our research studies than who we're seeing in practice or you might all see. So, I do think that I would put a lot of emphasis on how you present it and that trust and rapport you've built, um, more than you saw in the video, because of the reasons we explained. So, use your own skill about what you know about your context and the families you work with. Definitely, use your own expertise there. Yes? I'll bring the microphone.

>> SPEAKER: Thank you. A lot of homes are divided. They have a mom and dad here and a mom and dad here, whatever, and, so, the child is going between the two, and I'm wondering, or with grandparents, um, so, would you interview different people, or would you just choose the one? Because I can, from just some experiences I've had, I can see that there are going to be some very different answers.

>> SPEAKER: Great question. I can tell you, what I have done in the research is pick one, because that's who signs up for the study, but I think what I would recommend clinically is that you get all the information you can and triangulate. That may require you to have to reconcile some competing estimates or competing responses. I don't have any guidelines or experiences for that. That's one of those many things that falls under the nebulous clinical judgment.

>> SPEAKER: And one way to guide that judgment is to ask yourself, um, what information you need. So, if that person, there are times where, maybe, it was somebody, um, that the parent doesn't feel super confident reporting on, but, maybe, it was, um, only for a month, you know, in the first year of life, so, maybe, that's not as critical to get, but if it's a significant source of input and you question whether the caregiver you're interviewing has that, um, reliable information, to an extent, then I might seek that out, because the purpose of this is for me to understand language history, and if I feel like I'm missing a big gap of that and I'm not confident, then I would go find it.

>> SPEAKER: Any further questions at this point?

>> SPEAKER: Okay.

>> SPEAKER: So, now, do we get to go to lunch?

>> SPEAKER: Now, we do. Now, I'll allow it. Okay, so, we do have an hour break. We know that it can be hard, sometimes, to get, um, a lunch in and, so, we hope that you come back, refreshed to actually practice these concepts. So, you'll try it out. So, if you, um, have a device, now would be a good time to charge it, um, for the second half, if you're concerned about your battery. Maybe, while you're out, we can close the door or something like that, but please come back at 1:00 p.m. So, in an hour. Thank you.

(Lunch break.)

>> SPEAKER: Do we have captions? Excellent. Looks like we are set with CART, and the first thing that I think we'll do at the start of this session is it's now time to, like, help you get access to the actual spreadsheet. So, in the link that you received this morning, um, there's a link to a Dropbox with meeting materials in there, there is a version in Excel, and there's a version in Google Sheets. The Google Sheets version might be better. Some versions of Excel, depending on which version you have, just, it works, but, like, they make you wait after every click, and that's not good.

(Off mic.)

>> SPEAKER: Yep. Yeah.

>> SPEAKER: If anyone, is this a good time for them to pull it up?

>> SPEAKER: Yeah.

>> SPEAKER: So, try to pull up, um, a version of the questionnaire, and we'll just spend a few minutes for you to do that and, if you have questions, I can come around and support.

>> SPEAKER: Same.

>> SPEAKER: The file's under part three materials, because we're in part three. So, that opens up a folder, and what you want is one of the two files, either the one that says D-LEAT template Google Sheet dot web lock, and then the dot SM, that's the Excel version. So, preferably, click on the D-LEAT template Google Sheet file, and we have a hand. I'll be right there.

>> SPEAKER: Can I get a thumbs-up from anyone who's been able to access it so far? We've got one. We've got getting there soon.

>> SPEAKER: For those who are on Windows, if you refresh or go back to that same Dropbox link, there will now be a new file there.

>> SPEAKER: We set it up so that you can't hurt ours, but Tracy might be using yours, depending on how you shared it. Looks like Maddy made it. Good. I think you can at least go with the English version of the technical overview and, then, by the time we're ready to start using it, then everyone should be up-to-speed. You can try Excel.

(Off mic.)

>> SPEAKER: No, you can't. I think we've got access to the document.

>> SPEAKER: So, we're going to start with just this 10-minute video that just gives you a technical overview of what you're looking at in front of you and, then, we'll move on to the next part. So, let's listen to this video. That might be -- hi. Could we boost the main volume? The machine is, sort of, at its max, and we have a quiet video.

(Off mic.)

>> SPEAKER: No. Would you like it to? Okay. Perfect.

(Writer stand

>> SPEAKER: Questions or issues?

(Off mic.)

>> SPEAKER: Oh, um, no. We have, we don't have time, we don't have that included in the template, but we can actually, I can send you a new file that has that built-in. The graphs that you saw, um, come from the other tool, so, did we talk about this, that there are two different tools for measuring language access profiles? Um, the other one automatically generates the pretty graphs, but Excel can generate these, they're just a little, like, they look like Excel. Um, and we can put that into the, um, template, so, you don't need to learn how to do that, if we just add it to the thing.

(Off mic.)

>> SPEAKER: Oh. No, no, no. Those highlights go away when you present.

(Off mic.)

>> SPEAKER: Yep.

>> SPEAKER: So, now, we're going to practice. You're now going to hear, um, and, um, the interviewer give this assessment. Note, one quick note is that you will hear us talk about limited access as indirect access. That's outdated and, so, whenever you hear indirect access, that's the same thing as limited access. Just for you to be aware of as you hear this next part. We'd like you to follow along and try to fill out your questionnaire. So, you won't have access to the answer sheet while you're filling it out, we'll go over answers later. So, this is a you attempting to fill in the form as you observe this interview.

>> SPEAKER: And we will pause periodically during this process to check-in, see how things are going. Um, in a real use situation, you control the pace, right? So, you get to, um, determine when you're ready to move on, even if you were doing this as a self-paced version, that you could be in control of that. So, this is our first attempt at having a group of people do it together. We're going to do our best to help support you in that.

>> SPEAKER: Are we ready to begin? Okay. One moment. Now, it's too loud. It's still a little loud. One moment.

(writer standing by.)

>> SPEAKER: Thanks for your patience. We're going to proceed. It appears that our files have that same sound issue at the beginning. I believe it should resolve, so, we're going to proceed and, if we need to, we'll stop at that point, but let's continue. Okay, I will restart.

(Writer standing by.)

>> SPEAKER: We're about to dive in now to the primary input by person section. So, just pausing there to make sure you should have filled out that first section with date of birth information, you should see an age pop up for you and, now, we're going to get estimates. Month slash day slash year. You should have --

(Off mic.)

>> SPEAKER: It shouldn't cause an error.

>> SPEAKER: That's a recommendation mostly for research purposes. It's also just to be cognizant that if you are working with a patient, if you're using this with Google Drive, that's identifiable information that's stored on Google Drive. Like, maybe, your organization has a HIPAA-compliant Google Drive account, in which case, great, and if you're just using regular Google Drive, you want to be careful.

>> SPEAKER: Okay, we're going to continue.

(Writer standing by.)

>> SPEAKER: We're going to pause. What you see here is the answer key. I'd like you to compare your answers. You should have that, um, the date and the date of birth at the top, but what we just went through was the second table there, where it says primary input by person, so, you should have all of those people listed. Um, it's okay, obviously, if there are differences in how you refer to them, mom, mother, that doesn't matter, but what does matter is you have the input types listed, all the different ones. So, compare your answers, and raise your hand, if there are doubts about that. Again, right now, we're looking only for clarification questions and big discussion questions, um, we can talk about later, but make sure your answers match and, if you're unsure about why they don't, let us know. Yes?

>> SPEAKER: I think there was something about SLP in there somewhere.

>> SPEAKER: Oh, PT.

>> SPEAKER: Okay, I got PT, and I thought it was SLP. Okay.

>> SPEAKER: Any other doubts? Questions? So, essentially, anytime you're using a person who uses spoken language, you always add a limited access comment.

>> SPEAKER: By default, at least at this top stage, because, if we need it, we want it to be there. It doesn't hurt to have it, if we don't need it.

>> SPEAKER: But if you're using adults or children who use sign language, you would only put limited access, if there's a vision issue?

>> SPEAKER: You got it.

>> SPEAKER: You're getting it.

>> SPEAKER: It doesn't hurt to add it, again, for the, um, just put it there all the time, it doesn't hurt, it just saves a click, if you don't need it.

>> SPEAKER: Would it be helpful, if we paused for a minute? We are happy to, if you need.

(Off mic.)

>> SPEAKER: Oh. Yeah. You can't actually edit it, huh? Oh, it appears, because it's in Dropbox, yeah, that's it. Now, what you'll hear is them talking about the age of first access, so you'll now hear us fill in, oh, never mind. You didn't see the answer. Never mind. Test yourself first, but what you'll hear now is the age of first access estimate. So, this will be a quick one. We're going to pause there. You should now have an estimate in that age of first language access. What did you enter there? It should be zero. That's right. This child did have access to language at birth. Their hearing loss came later. All right, now, we're going to advance to the, um, primary input by language and person, and I'll stop, um, after about 2 minutes, um, to check in on how you did on that first person that we're going to get estimates for. So, let's proceed.

(Writer standing by.)

>> SPEAKER: So, what you just observed was Matt reviewing the major milestones that then helped guide the estimates of that first physical therapy. So, should we reveal and <check your work against this? Um, so, what you have, you should have, um, if you filled in the top part, you'll see that it automatically filled in the person and the relevant sources of types of input and, so, what you should have filled in is those numbers on those rows. For example, the fact that we have --

>> SPEAKER: Also, the start and stop. Um, yeah, so, we've got start and stop months, so, we have two subdivisions, 24 to 25 for the pre-hearing aid period and, then, 25 to 30 months after amplification and, then, it's a little bit hard to see, I have the font issue with this document, so, one check box is ticked here, everything says false except this one that says true, because they saw PT one day a week. We've got 0.9 for English, 0.1 for limited access in the first subdivision and, then, 1 in the second. Better? Yes?

>> SPEAKER: So, my question is we know the child has a unilateral hearing loss, and that doesn't impact what you're asking with the hearing aid?

>> SPEAKER: Um, this is another case where you are free to ask, to probe in the way that you need to probe. Um, for my approach, since this was a unilateral, um, case with a pre-acquired loss, those estimates seemed reasonable to me. If somebody had had a bilateral profound loss and I got those estimates, I, probably, would have probed a little bit more for clarification.

>> SPEAKER: Are there other questions before we proceed? Okay. So, we're going to now talk about the next interlochialter and, I think, Matt, you and I decided that we would advance these without pausing, since we did the, maybe, we'll stop before family. I'll do one more, because I think these will get more complex.

>> SPEAKER: Yeah. Let's, we'll go to our next pause point, but if we need to pause, raise the white flag, and we will pause.

>> SPEAKER: Okay, we will continue.

(Writer standing by.)

>> SPEAKER: This is a good place to pause and say does anyone need us to check the answer key at this point, or can we proceed?

(Off mic.)

>> SPEAKER: Okay, we'd like to check it. Thank you for speaking up. Okay, so, this is what the adult daycare folks should look like. So, we put, just to confirm, is that the very top there, Matt? Yeah, okay.

>> SPEAKER: Is it big enough to see? So, we've got three divisions of time from there's 15 to 20 months, before they left for Germany, there's 22 to 25 months after the accident, but before amplification and, then, there's 25 to 36 months, after amplification. Um, for the --

(Off mic.)

>> SPEAKER: Uh-huh. So, that's three, as in3 hours from the adults, times 40 percent, which is, she estimated 60 percent access, which leaves 40 percent not access. She did say 80 for a different time period. So, in this particular cell, and these, yeah, these, this is the tricky part. It is, I assure you, it is easier, when you are in control of the conversation, because you know what information you asked for, when, and you can decide what information you ask for next, but I'm not going to lie, this is the hard part.

>> SPEAKER: Mostly, the practice here is actually trying to put the numbers into the sheet, um, and generally following along with are you pulling out the key pieces of information. So, maybe, you weren't able to put it quite yet in the correct slot, but you were attuned to that estimate of 80 percent, so, um, that's growth in your orientation. It's okay, if you're not getting it exactly right at this stage. Should we peek at the children in daycare? So, we split that up, right?

>> SPEAKER: Mm-hmm, yes. She was estimating that, of the four hours of daycare, it was all communication time, but three of those hours, she thought were, probably, the teachers were doing the talking, and one of that hours were allocated to the kids across all the age spans. So, again, pre-accident, full auditory access, that's one hour of English. After the accident, before the hearing aid, it's still one hour, but this is where she was estimating 60 percent access, so, 40 percent limited access. Then after amplification, that was, um, changed to 70 percent auditory access, 30 percent limited access.

>> SPEAKER: I hear typing, so I'm giving some processing/thinking time. Yes?

>> SPEAKER: Do you want me to just revoice your question? The question was are there plans to have some sort of written form of this, some paper inventory rather than having to enter questions into a spreadsheet?

(Off mic.)

>> SPEAKER: Yeah. Yeah. So, when I started this work in 2016 or something, that was my vision. That's what I wanted. I wanted to have, like, a background questionnaire that a parent could fill out to give us this information in a time that worked for them and, sort of, less intensive thing. Um, the more I started going down this road, the more I felt that families needed guidance, to be walked through this. Um, so, short answer, I wish, but no. Longer, slightly longer answer, the other tool, um, the language access profile tool is much closer to that, it just doesn't give you this amount of detail. So, for intervention planning, it's, maybe, a little bit less useful, but if what you want is just the numbers at the end of the day, that's an easier way to go.

>> SPEAKER: So, we're going to, now that we've talked about PT daycare, we're going to start talking about the family, in particular, you'll hear them talk about that family in Germany, and then we'll move into the nuclear family.

(Writer standing by.)

>> SPEAKER: I went a little over and started talking about sister, so, sorry. That's okay, we'll continue.

>> SPEAKER: One of the reasons we decided to pause is, when I was conducting this, apparently, I didn't click limited access in that top section and, so, if you make a mistake like that, um, you can't add it in the bottom, you just go up to the top, add it and, then, it will be there for you in the bottom.

>> SPEAKER: So, added as a source of input at that first table and, then, it'll make it fill in.

>> SPEAKER: So, let's check the family, the extended family in Germany and, um, if we want to talk about the sister so far, we can do that as well. So, they were there from age 22 months. She estimated about ten hours from everybody and, so, that was including immediate family, which we carve off, because we're going to get to them, so we got five hours from the extended family, and this is pre-accident, so it was all auditory access to German. Good to go. Do you want to scroll to the sister? I don't know how far people made it, but let's at least talk through the time periods for the sister. So, we had, growing up, um, just like pre-German, Stephanie, could you highlight just the pairs of the days of the week? Yeah, exactly. So, I have two time periods for each age band, so that, in the top one, the middle are true, that's Monday through Friday and, then, the second one is Saturday and Sunday. I'm seeing nods. This is awesome. Then we don't have that for the 20 to 22 months, because every day was the same in Germany, there was no difference between weekdays and weekends, so we don't need to do that, but, then, when we get back, we have those pairs again. Then, I'm actually not sure how far we made it through the sister when we stopped. Okay.

(writer standing by.)

>> SPEAKER: Okay, we're pausing here, now that you've gotten all the information about older sister. So, now, I'm going to make these numbers larger, so you can see if you match.

>> SPEAKER: We, I think if we shrink column B a little bit, we can catch the numbers on the far edge of the page. Any questions or issues there? All doing great? Shall we proceed?

(Off mic.)

>> SPEAKER: Yeah. Okay.

>> SPEAKER: Yeah, we can debrief, and I'd love to know what some of the challenges are, because we'd like to make this better also. So, we can debrief later about what strategies might be helpful for reaching mastery. Today, certainly, is an introduction and some early practice.

>> SPEAKER: There are, um, in the, um, sort of, official training course that's available online, there are three of these per language, so, if you want more practice, there are more to practice with. We, um, the course requires that you, like, get really close on at least one of those three.

>> SPEAKER: You're generally following along with us, even if you're having a hard time entering the formulas, if you're matching our timelines, if you're matching the timeline, these demarcations generally should be consistent, right? The 20-month mark is important and so is the 25-mark and the 22-mark for the child, given those milestones about the child's access. So, if you're generally following that timeline and following that, for example, during those first 20 months, Monday through Friday, they had one hour of access to, um, spoken language, generally. So, that's how you're, sort of, reading this, right? That's one hour there, whereas, on the weekend, or, sorry, that was weekends, whereas on weekdays, they're getting, oh, I was right the first time. I'm sorry.

(Laughing.)

>> SPEAKER: That, what I just, the first row is about weekdays and, then, we have weekends on the second row, and they're getting two hours there full access and, then, that changes. You can, sort of, see that changing here. So, that's how the interview was mapping on to the numbers you're seeing here. So, if you're having a hard time with the formulas, hopefully, these numbers at least help guide you in that timeline conceptually. Okay, I think we're ready to continue to the next section. So, now, we're going to hear, um, the caregiver report on dad.

(Writer standing by.)

>> SPEAKER: Let's do a quick check here, then we'll do mom at the end.

>> SPEAKER: So, we've got the same age periods that we had before, except dad didn't go to Germany for enough time. Usually, if it's a week or two, we're not going to count it. If it's three weeks or so, we might count that as a month, but it's not worth doing decimal months. There's enough going on already, we don't need to worry about that. Were there any questions that came up? Yeah?

>> SPEAKER: So, she said 30 minutes, three days a week, but you gave her credit for 30 minutes, six times a week. Was that just a judgment call on your end?

>> SPEAKER: Nope. That was a mistake. So, we were just testing you. Yeah, no, that's what Stephanie and I were whispering about, I just saw, I made a mistake. So, thanks. I'll need to fix that. Other things? That's, probably, not going to change our overall estimate that much.

>> SPEAKER: That's right. An extra three days --

>> SPEAKER: With a half an hour --

>> SPEAKER: Right, is not going to bump the estimate too much or lower, but it is a typo.

>> SPEAKER: Yeah. Moving on to mom.

>> SPEAKER: This is the last one. Let's proceed.

(Writer standing by.)

>> SPEAKER: All right, this is what, hopefully, you also have for mom.

>> SPEAKER: Yeah. You can drive yourself crazy. Yeah. So, this is not the kind of assessment that, like, the PLS is or something, this is a tool to help you get a good language history, so, don't, um, like, trust yourself. Trust yourself to know what's going to matter and what's not. Oh, I did want to point out that, in the first portion of the interview, the mom listed English as a language that she used and, then, when she described her history, never. That's fine. Um, there are, like, you might probe, if you get to that point, say, oh, I notice, we didn't have any English. She seemed quite clear that she did not use English during that time with him. It doesn't hurt the spreadsheet at all to have a blank column. That's fine. This comes up with families sometimes also who say they use a particular kind of communication and, then, it turns out, nope, that's, then, when they think about their experience or, maybe, they've, they're thinking about stuff that happened after age 3, right, it's totally fine, you don't need to go and remove that column, it doesn't hurt anything. Shall we scroll down to the big reveal?

>> SPEAKER: Yes, let's do it. So, now, if we scroll to the bottom, all of those estimates yield this overall estimate. So, in general, um, the child has had 4 percent limited access, 13 percent access to English without sign and, then, 83 percent to other, which we know was that German, other spoken language, excuse me, so, that was German specifically. This is a table that you can copy and paste, um, or, um, create that graph and, um, that radar plot, if you wish, but something like this is something you can put in a report and say I gave this measure, and I'm showing, this is the child's language access profile, birth to 3. That's it.

>> SPEAKER: And I said before that we can add in the graph in the Excel version. I don't know how to do that in the Google Sheets version. It may be there. I will have to look at that.

>> SPEAKER: I don't know the answer to that either.

>> SPEAKER: I did also fix the error that I made, that was so gently pointed out and, um, the only thing it changed was the estimate from 83 to 84 percent, or from 84 to 83 percent. So, it actually did change something, but very teeny, tiny.

>> SPEAKER: I'm so sorry. That was the tablecloth. You can get some real fun audio play with the microphone and objects. Okay, um, this is our break time. So, we'll do another 15-minute break. It is currently 2:38, so why don't we do, is 10 minutes okay? And, um, so, come back at 2:50 and, in the last section of this presentation, we'll talk about implementation and, now that you've seen the motivation, the practice of this measure, what are the barriers and what are the facilitators to bringing this back? Or what makes it challenging, and what might be helpful, to use this in your place of practice? So, we'll talk about that in the last segment. Thank you. See you in 10 minutes. 2:50, please.

(Break Taken.)

>> SPEAKER: All right, we are going to resume, assuming we have our captions back. Yep. Um, congratulations. You have made it to the final part, um, and we know that some of you also have planes to catch. No worries. We get it.

>> SPEAKER: Yeah. So, this next part, to wrap-up, we're going to talk about some testimonials. These are some of our, um, colleagues who have attempted, or not just attempted, but actually implemented some of these, um, or implemented this measure in particular, so we want to talk about barriers and facilitators they have found, and that will lead us to, then, you all discussing an action plan, what are some action items that come out of this meeting for you. For some of you, it's to go talk to your colleagues, for others of you, it's, maybe, implementing this with a client you already have in mind, so, we'll talk about that in that section, to leave you with some next steps. Let's talk about those testimonials. So, I want to share, uh-oh. There we go. My apologies. So, this is a testimonial from some of my friends at a regional program in Oregon. Here's a little background about this setting. Regional services in Oregon are contracted to assist the local school district in meeting educational needs of students receiving special education services for some eligibility categories, and that does include our deaf and hard of hearing children and, so, in this regional program, they have a large group of DHH children, 70 percent of their caseload includes children exposed to a spoken language that is not English, so that's also another unique feature of this population, um, that's important. So, here's what we have learned, giving their providers some training on these measures and as they're attempting to implement it. So, here's what we've learned. They've shared that the D-LEAT, for them, would be best used at intake, as well as re-evaluations and similar assessments to support placement decisions that are informed by language access needs. So, what that means is, for every new child that they are going to, that gets referred to them, the first, one of the first things they do at that intake is provide this D-LEAT assessment, and what that does is it gives them, critically, a measure of limited access, if needed, so, the access piece. It also, in the next bullet, provides some utility for multilingual assessments. As I just said, this is a group of clinicians that is seeing a lot of children that speak, are exposed to English, but other spoken languages as well. So, too often, what they're seeing is that language delays that they observe are thought to be caused by multilingualism, so, they'll see these deaf and hard of hearing children and say things like, oh, well, they're exposed to, both, Spanish and English, so the delay we're seeing is due to that multilingual learning. That's a myth. Multilingualism will never cause a language delay or a disorder. So, anytime we observe delays or disorders, it's not, never caused by multilingualism. It may be, that's a topic for a whole other workshop, about diagnosis in multilingual contexts, but what's clear is that, um, a clinician who is diagnosing a language disorder must disentangle the role of that multilingual experience versus the access to those multilingual environments. So, they were finding that many children were being, um, reported to have a delay that was due to the multilingual background when, in fact, they just didn't have language access, and that's the issue. So, by having a measure that they could point to and say this is a percent amount that this child has, um, limited access, that's helping them make diagnostic decisions for this population. They've started implementation through the development of a case study in consultation with their eval team, so they also found that, um, they really want to shepherd this measure with their full team, because it does take a shift in thinking. So, they really want to develop a case study with the full team about how they would use it, um, to get that buy-in from the full team. They're developing a report template that also includes detailed questions about language history and ensuring the parent has access to interpreters for discussing language access planning especially. So, they also are using this tool, because you get a really rich, um, description of all of the people in the child's life in that birth to 3 period that are providing input, you can start making, or asking some questions about who will need access for my services also, not just the child, but do the parents need an interpreter or other relevant caregivers? So, that's what they're thinking about as examples. I will now turn it over to Matt to talk about some other colleagues.

>> SPEAKER: Yeah. So, we wanted to give you a, several different perspectives of people who are using these tools in different contexts. This is a, um, clinical service provider perspective. We can also share with you one context where this is being used in a research study at Northwestern University. They're conducting a longitudinal study of, um, an intervention on the, um, effectiveness of training parents to interact and be more responsive to a child's communication, and they wanted to have a way to, um, stratify their sample appropriately, so that they could generalize findings across families who communicate in all kinds of different ways. So, they're using this tool as part of their longitudinal study. At every six-month assessment time point, they update the profile. So, they have trained, well, we, they, together have trained one person on their research team to be a specialist in conducting these interviews, um, and we met with her to get some feedback. She reported, so, even though this is not a clinical, um, situation, she shared with us that, even in the research context, families are sharing with her that they find this helpful in shifting their perspective on what their child's experience has been like. She does acknowledge that, like, getting off the ground with this was difficult, it took some practice and getting used to, um, and many families, their study enrolls very early, so, they are talking with families, um, often right around 12 months, and the families are still feeling pretty overwhelmed at that point and, so, that is another challenge. Um, she also shared that, sometimes, families aren't, um, as confident at reporting what communication is like outside of the home environment. Again, for her, she doesn't have a relationship with these families outside of the study, so she can't really just call up the other providers, but if you're clinicians, that's an option that you have. Um, when she was sharing with us about ideas that she had for making the tool easier to use, one of the things that she thought was worth developing, and she, kind of, started developing her own version of this, which, again, you are empowered to do, was a more structured preamble to, like, you know, before we just start right into it, um, to get what some of those major landmarks are. Again, these are things that, if you know the child, if they've been on your caseload for awhile, you may already know, but if this is a new client for you, getting that history right off the bat might help, and she also suggested that we add a couple of, um, features to the spreadsheet to help some of the, um, the errors that are easy to make, but hard to spot, um, to make, have strategies to make those more visually obvious, and we are, um, sort of, collecting these and going to put out a new addition. Is there another bullet point under the captions that I can't see? Nope. That was it. Then the third perspective is that of a program administrator, so, somebody who's not working in a direct service, um, provision, care provision role, but somebody who is coordinating services. Um, so, the lead, I forget her exact title, she's the, I think lead, um, for the British Columbia early hearing program, she's a service coordinator who works at the intersection of EHDI and early intervention, referring kids who are identified to the three different service provision agencies that they have, um, and she has shared with us that, um, one benefit that they have been experiencing is this opportunity to have a shared framework across all of their providers for talking about these concepts, like what do we mean by access, um, and they are also in the middle of retooling their assessment program and protocol, and they're seeing the value of having a measure of language input as part of that and, likewise, they're also, you know, as we saw in the Northwestern example, noticing that this creates really rich opportunities for personal adjustment counseling, as well as informational counseling. In terms of the challenges that they've shared with us, once again, finding a time to do that initial assessment is hard. Families are, um, you know, too early, they're really stressed, we want to leave them alone, but the longer we wait, then the more information there is to catch up on and, so, it's kind of tricky, it can be tricky to find that balance, and it may look different for different families, right? Some families may be ready for this sooner than others. A repeated theme, like we heard from Oregon, is, again, working with families with a home language that the providers don't share, so, how to provide this, how to do this with an interpreter, adding another level of complexity. Um, so, that is, um, I'll actually skip to the second point here, one of the things that we are working on in partnership with the early hearing program, is creating a guide for spoken language interpreters, like a one or two-page quick thing. They often don't get paid for prep time, so it's not like we can send the interpreters a whole long, um, course on this thing. Something really easily digestible. We're also working with BCEHP to develop a, sort of, parent-friendly orientation to this, to help as, like, a warmup, um, why are we doing this, what's the value kind of thing, and they have kindly agreed, when that's ready, to just make it broadly available.

(Off mic.)

>> SPEAKER: Oh, yeah. The other recommendation that came out of BCEHP, when we started working together, they thought, this is great, we want to train our whole staff, so everyone knows how to do this and, then, as time went on, they realized, actually, I think it's a better idea to just have, like, one or two specialists who really know this and, then, that's their role, was their recommendation.

>> SPEAKER: So, now, it's your turn to come up with recommendations and next steps. So, what we're going to do first, we're going to, um, we're going to do some independent work for 15 minutes and brainstorm some of those challenges as you're thinking about taking back this work to your own setting. We hope that this training has inspired you to implement language access profiles into practice, so, we want to leave you with a plan that both supports your implementation and sustainability for that, that this isn't just something that doesn't end up going anywhere, but, hopefully, you can really implement it in a meaningful way in your practice, and there's no way for us to know all of the diversity that you represent as clinicians and as, um, stakeholders in this process, so, um, we're hoping that you can help us individualize that and, then, we'll come together and discuss those things, because there will be commonalities, I suspect. So, I'm going to present some questions to guide, um, that creation of an action plan. I'd like you to write down your answers, um, to these questions, just to help with the discussion, not because I'll collect it and, then, um, we're going to share our responses as a larger group. So, I'll give you about 15 minutes. You do have the, um, the questions available, if you'd like to, um, pull them up, there is a Word document in the materials folder, but I also have them, um, I'll have them on the screen for you here, and I'll leave them there for you to answer, but here are the questions, and I'll give you some examples of the kinds of things that we've heard or that you could answer. Question one says, in thinking about implementing use of language access profiles, what current problem will this help solve? Create a problem statement and describe how the measure could be useful to your individual workplace context. What use could a language access profile measure have for you and/or the populations you serve? So, for example, I might answer, if I was a clinician in this Oregon regional center I described, um, that language access is not directly measured or documented right now in my place of work in any assessment evaluation procedures, in particular, maybe, um, in my place, our initial evaluations, um, should have a language access profile with accompanying language access goals as needed. This could be useful, because it would ensure that we are prioritizing language access and tracking outcomes over time. So, this is an example from, um, my experience that I hear a lot, but, um, there may be specific ways in which this measure helps your place. As you saw, we had three testimonials where there were similarities, but there were also differences. Question two says what are the barriers to implementation? Specifically, if you were to assess language access profiles to solve the problem that you outlined in number one, what barriers do you anticipate? List the barriers and rate them as high, medium, or low. So, some of these barriers could be relative novelty of the measure, we wouldn't need to provide training, and that might be rated as something like moderate to high. Um, another is limited time to implement an already lengthy assessment and evaluation process. Um, as I said, I, um, I'm a speech-language pathologist, and we have a lot of concerns about caseload and time management there, so, a lot of times, a concern I hear is these interviews can take 30, 45 minutes, sometimes, an hour, um, so, there's, um, there's a cost benefit to that, of course, as I described earlier, why you might want to do that, but, nevertheless, it is a challenge to implement, um, for many clinicians. Question three, what are the specific action steps you can do when you get back to your workplace? You could, if the concern is that your team might not be onboard, maybe, you present a summary of what you learned today. Maybe, you share the modules with those colleagues. Um, we have now published some papers on this work as well, on this measure and a related measure, that could be an action item. Maybe, you want to see more of that, the, um, the peer-reviewed evidence that we've published on this, creating case studies, etc. Number four is what questions remain for you? Are there other resources that you need or may need to support the action steps you listed? So, um, we can describe more about what questions remain or ideas, but things we could do as a collective community, and we'll talk about, we have, um, a list serve, um, but what other things might be supportive? Office hours, are there other questions, research questions you think would be important to answer, other important resources, we'd like to collect that information, so, happy to hear it. So, I'll put the questions back up here. Um, it is 3:07, so, we'll go till about, 15 minutes, so, 3:25 or so and, then, we'll come back as a group. Questions? Okay, let's do that.

(Writer standing by.)

>> SPEAKER: Well, now, let's start, um, with the first question. Thanks, Matt. In thinking about these profiles, what's a problem that you see this could solve in your workplace? Um, so, I would like to think about how you, how this could be useful to you. Would anyone like to start? I think there's opportunity for all of us, if you want to, if you're feeling willing to share with us. Oh, I also want to ask one thing. Can, is it okay, if I take notes on your responses? That'll help me, really, just continue to understand how this can be useful to the target audience.

>> SPEAKER: I also wanted to make space to say it's okay to answer, like, you know, I don't think this is going to work for us.

>> SPEAKER: That's right.

>> SPEAKER: We'd love to hear that. I mean, not love to hear, but we want to know and want to know why. So, there's definitely space for that.

>> SPEAKER: So, we don't have a language access profile. I think that's the biggest problem. We come at it ready to classify and put kids where we think they belong, without that consideration. I think that that is really a programmatic problem and for many reasons why, but I do think it's really important that we change, we shift our program, we look at how is it, we need to take the information before we start giving the information out.

>> SPEAKER: Anybody else?

>> SPEAKER: Of course, everything that Tracy says applies, because, um, we're both in Tennessee, I just tried to focus on my particular area and, in my area of the state, western Tennessee, ASL's not recognized as a need or, if it is, only as a last resort, so, having some sort of, um, this type of language profile would help to measure and benefit children in our programs, having been exposed to American Sign Language, and it would help to justify implementing more ASL exposure and awareness.

>> SPEAKER: I'd like to just say that, in our professional, families are the driving force. We're not giving them what they need. We're not giving them the information that they need to make those decisions, and I believe that, if we partner with them to take the strategy and to listen to them and to follow them and, then, they will make good decisions based on, well, every six months, checking on, every three months, depending on the age of the child, and I think that that, um, that language access profile would really help. We have something called a child communication plan, but we're doing that as a research, and it's not anything formal, and I think that just, um, that has been a really positive, um, influence on what happens in that home visit or in that activity. Again, parents are in control of that, but I don't think that we're setting them up with the information, and I also think that early intervention, during that intake process, I think that we need this, we need to correct our system. We're coming in with all the wrong questions, and it needs to be more, anyway, I'm just, that's my thought. Anybody else?

>> SPEAKER: It's also okay to say ditto. It's also useful data to us or, again, to Matt's point, I'm not really seeing a use, or this is useful, but, you can jump ahead, if you want and say, but, here's a significant barrier that makes it challenging.

>> SPEAKER: I work with a lot of people who really have limited knowledge on deaf and hard of hearing in general, who are already low incidence and, then, I live in an area with very few people to begin with and, um, I have professionals who, maybe, don't give parents the benefit of the doubt. They assume the parents aren't trying to promote language or aren't talking to their kid or, when, really, maybe, they can't hear as much as you think they can, or, yes, they do really well one-on-one with you in the therapy room, but that's not reality. So, just a way to help explain to people who, maybe, don't understand where language deprivation comes from, and the idea that the one kiddo you showed with 90 percent hearing, 10 percent is still a lot over the impact of a 36-month life, that's still a lot of language missing, and we think 90 is, oh, that's an A, so, whoo-hoo.

>> SPEAKER: Yeah. We don't have that data yet, to say what's good or not, but we do know that, yeah, 10 percent's not great.

>> SPEAKER: So, I'll say ditto to what's already been shared, but, also, I think it's very useful and, um, providing parents and professionals the opportunity to be educated in terms of those four measures of time and quality and quantity and type, you know, to really break that down for families, I don't think that that's something that's talked about a lot, if ever. Um, so, I think, I see it as a great opportunity for education, um, for families and professionals as well, starting that conversation and really making sure that that's clear.

>> SPEAKER: Okay, we can advance to the second question. The question was about what barriers you see to implementing some of that. So, it sounds like, for many of you, there is a need that you see for implementing such a measure, but what would those barriers look like? And if you want to talk about the level of impact, that's helpful too. What did you observe or think about, I guess? You haven't observed it yet, but what do you anticipate you might observe?

>> SPEAKER: Well, because we are a research program, we are not really acknowledged yet, the program that we're with, we don't have the time, we don't have the skill, we don't have the knowledge, we don't have the personnel, we don't have the programmatic system in place, and our, the families who choose to participate are already, because we're research, we must, we go after them all the time with questions. What I'd like to see, or what I think is a barrier is that we're asking too much of them and our, the person who's, um, working on that is trying to slim it down and to make it more friendly for the family, but, also, effective in terms of questioning. So, I think we have a lot of work to do.

>> SPEAKER: I feel the same. I forget if I said this on mic or off mic, but my original goal was to have something, like, sort of, that you could put on a questionnaire and, like, oh, I still hold on to a little bit of hope that we could, maybe, get this down a little more, but one thing that we haven't shared with you is, so, we've walked through this, sort of, long and complicated version, I've mentioned that there's, like, the quick and dirty kind of version, those two agree very strongly. Very strongly. Um, so, again, the quick and dirty version doesn't give you all the details, if you want to do intervention, but if you're doing research, maybe, that's what you want, um, I think it might be possible to get that one even down a little bit more. That one takes 15 minutes, usually, 15, 20. Most of the time, that one is actually, there's a set of demographic questions that come with it, so, if you don't need those, it's more like 5 to 10 minutes, but, again, it's giving you much lower resolution information. We are, probably, never going to get to the, like, tick a box, although I do fantasize about that sometimes with the profiles, right? Like, when we do the cluster analysis, once we have a large population-based sample, we can get a sense of, like, these are the profiles, which one does your kid look like, do you think? We're not there yet, but we might be able to get there.

>> SPEAKER: I heard several barriers. Time, skill, knowledge, the system itself, personnel, not to mention the capacity of the families that you were describing here at the end, that this could be, um, very burdensome, a very long, cognitive-demanding, emotionally-demanding set of questions. Are there other barriers that are not on this list that came to mind or that some of you wrote down that are not captured yet?

>> SPEAKER: Professional buy-in.

>> SPEAKER: Yeah. We are in a space where that is needed sometimes. There's a lot of heated conversations about these issues.

>> SPEAKER: I don't know if this is a concern at all, but I was just thinking about the variability in terms of the administration of it, you know, kind of knowing what questions to ask to, kind of, tease out more accurate information. So, just the ability to, kind of, make sure it's administered the same way each time -- audio lagging --

>> SPEAKER: An important point that came out. Parents were consistent, right? So, even though the parents' estimate of auditory access can be imperfect, um, at a minimum, they were consistent with themselves. So, we didn't have a way of checking whether that was, in fact, matching, say, with, like, the speech intelligibility index or, you know, consulting with the audiologist, we didn't check that, but we did check whether parents were consistent, when we asked them months later, and they were. So, parents, themselves, are reliable in that sense, whether it's valid, um, you know, that remains to be seen, I think. We think it's better than not having anything at all, but it is an open question for us, but that is a barrier, to go back to our conversation. Barriers absolutely, um, although it is possible to achieve reliability across different administrators, still have to get there, to your point, so, it is, um, another potential barrier, the training, that everyone's consistent in how we administer it.

>> SPEAKER: I think, for better or worse, that's also a problem that's common to, pretty much, all forms of assessment.

>> SPEAKER: That's right.

>> SPEAKER: When you read the castle manual, in theory, you should be administering it the same way as everybody else. Does that happen? I don't know.

>> SPEAKER: And to return to this point about professional buy-in, um, although there are, um, a lot of conversations happening about some of these issues, we have found it helpful to remind people that we're talking about, often, something many of us agree on, which is the access part. So, um, that's a way that, sometime, we can help reframe and say, um, we're not advocating for any particular type of outcome at this point, we're just saying we need to track whether children have access to language, and that's what this measure is doing. So, that's one way we have found that it can be helpful to re-orient people, if it appears to be, um, describing something that's not the intent.

>> SPEAKER: Yeah.

>> SPEAKER: Question three says what are some ways that we can mitigate that? Are there action steps that we can do to implement back in your workplace? I know, for some of you, you felt like you needed more practice, but, um, what are other things that you think, um, you can take with you as actions in your workplace after today?

>> SPEAKER: So, I'm going to go back and talk to our administration and, um, all of our colleagues and say we need to add something else, but I do believe that, um, our team and, um, the administration is very committed to tracking children. We are, we just added Odyssey to what we're doing, and that was largely supported by the administration and all of our colleagues are now getting onboard with that. So, I think that there is, they are open to that. Um, I would really like to see the key people in the online training who can take it back, but, um, I do think, as we are redesigning our data collection, we need to really take this into consideration and, that, I can take back and say to them, let's do that, um, but I think I have a lot of hopes and dreams that this would be embraced. Not all of the, um, system is, individuals are not always as, they don't have as much buy-in. You can have buy-in at the top or here, but, in the middle, where you get the information, there has to be that. Anyway, that's my two bits.

>> SPEAKER: Yeah. So, I heard some points there that I did summarize about the lead to this buy-in piece, so, going back to the team and telling them, there's both a theoretical concept here and, then, there's the measures, so, there's lots that you can take back. Um, question four, just what remaining questions do you have? This was an introduction, right? You got, um, understanding of language access profiles, and you got to practice giving the D-LEAT, but, um, certainly, there may be next steps and/or many questions left for you, things that are unclear or, maybe, you think there are other resources that you might suggest we implement. Um, I've already written down several suggestions, um, like, maybe, more support on a script, I think, could help, you were raising about making sure that different people report or administer it comparably, but, also, because of the complexity of the information we're gathering, it may be helpful to provide some guiding questions, so, that's something we're going to bring back and think about providing. So, it's an example, but are there other questions you have or other resources that come to mind? So, I'll turn it to you. What thoughts do you have?

>> SPEAKER: Tell me about these training modules.

>> SPEAKER: They are identical to what you experienced today, except we're not there for questions. Oh, how you access them. Yeah, yeah, yeah. Um, so, at the close of our session today, I'm going to e-mail all of you a link that is, so, here's the process. It's some hoop-jumping, just so you know. Um, the link will take you to a form to say I'm interested in the training modules. That triggers an e-mail that sends you instructions for, like, getting an account on, um, at Temple, which is what houses them, so, there's some hoop-jumping to get your Temple credentials, that, then, you get into Canvas, the modules are housed there, um, it is, they're free, they're self-paced, but there is no content there that we did not present today. Well, I guess, that's not true, there are those extra sample interviews that you can practice with, so, there's three examples in English, three examples in ASL. Is there more that you want to know?

(Off mic.)

>> SPEAKER: Great.

>> SPEAKER: I have a lot of questions. Okay, so, let's say that we're using the quick and dirty one that's online, is it possible to take that data that's specific to Tennessee, and can we pull that and use it in some of the stuff we share with legislators and decision-makers? Is it possible to get that information from other participants, so we can compare ourselves and say we are not where we should be? Or is that not possible?

>> SPEAKER: Um, when you say compare to other participants, are you talking about comparing the input or the outcomes?

>> SPEAKER: I'm comparing the states. So, if we're contributing information and we're seeing, let's say, every six months that we're seeing progress towards something, like Odyssey, we can see a comparison of program to program, state to state, not individual children, but that information would be extremely helpful for us to present to the legislative body or people who make decisions, saying, you know what, we're approaching early intervention and family support in a way that's not, it's not going away, or it's making a difference, if we do it this way. That's what I'm asking.

>> SPEAKER: Interesting. That is a new idea for me. I mean, I'm familiar with what Odyssey is doing. They're tracking outcomes, that's, like, pretty interpretable a lot of the time. Um, we, so, as I was explaining to you during the break, but I don't think everyone else has heard, the other tool that is web-based, um, families have the option to keep the information confidential between them and their provider, or they have the option to contribute that to our growing data bank, either anonymously or identified, if they want to. So, we could, like, on our end, we could do a, sort of, state by state comparison, as those data roll in. There's nothing in our system that, currently, that would let you do that. In theory, we could build it, but I think my concern is, like, what would you, what is the basis for the comparison? It's not, by and large, it's not the case that we would say this is a good profile, this is a bad profile, it's really about limited access. Even then, that's also chancy, because states serve different populations and there's all kinds of reasons. Like, I would be a little bit hesitant to use these data to support, um, to make that kind of an argument to legislature, but this is also very off-the-cuff thinking, so, you've been thinking about this much longer than I have.

>> SPEAKER: Well, I don't know about that. What I do want to know is how do I share with the decision-makers, that access to language is, that when you provide that access to language, that child progress and language improves, whereas, because, in many states, not just ours, language access is not really thought about until the child is exiting part C, um, because deaf/hard of hearing just, they look, kind of, typical until their language starts plummeting after 3, so, I'm more interested in the language access than I am in, like, you know, anyway, I'm still thinking.

>> SPEAKER: Yeah, yeah, yeah.

>> SPEAKER: Has anyone used this to, um, as part of their IFSP development, their IEP development, helping, um, the transition from part C to part B, improving any of that? Have parents used that or anything as just background?

>> SPEAKER: I think that was the hope. For my Oregon partners, it's exactly that, these key transition points, using it as a decision-maker and, in particular, they're finding that children, sometimes, are getting placement decisions that are not, um, taking into account language access. So, those, and I think that's part of the question. What we're doing, when we're going from IFSP to IEP and so on, so, yes, people are seeing, they haven't implemented that, but that's their hope, is to put it in that. It helps inform those placement decisions.

>> SPEAKER: So, Oregon would share that information when they get to that place?

>> SPEAKER: We could talk to them about sharing that, yeah. That would be, it's --

>> SPEAKER: Um, this is one center, but I don't, yeah, they, certainly, we could, you know, work through that, and I would be happy to put you in touch or be the liaison, um, as they implement that.

>> SPEAKER: Great.

>> SPEAKER: We're partners here in this process, so, yeah.

>> SPEAKER: I think we don't know, like, we know who's been through the training, but, beyond that, we don't know what they're doing, how many of these they're giving, how they're using them. When we get more people, sort of, through, there's more of a critical mass, we would love to do some focus groups, to hear what it's like, what ideas people have, what issues they're running into, that kind of thing. This is all, this has, historically, been a research-based tool that is now, sort of, being adapted for, um, individualized purposes.

>> SPEAKER: Looking at the time, we have time for a few more questions or resources. What's missing here for you? What questions remain? Or what other resources could be helpful?here's a plug for one resource that we have ready for you, if I can jump ahead to the mailing list.

>> SPEAKER: Sure.

>> SPEAKER: Do you want to talk about this?

>> SPEAKER: Yeah. This is what I mentioned before. So, this link is in the slides, which I believe you have, but I'll follow-up with an e-mail, just so you don't have to go digging through files and slides. So, the reason that I don't just send you the course materials right away is because, if you want to be, you know, stay up-to-date with what we're doing, and if you want to be identified when there are those opportunities to participate in other future studies we might be doing, this is the list that that's going to go out to. There's no set schedule of that, but I don't think we've ever sent more than two e-mails a year, so, that's what that's for and, then, that link is one that you can send to all of your colleagues too.

>> SPEAKER: Are there other resources that come to mind?

>> SPEAKER: I thought I saw, out of the corner of my eye, a hand, but, maybe, it was just a stretch.

>> SPEAKER: We're, certainly, open to thinking about, after the training module, does it make sense to do a couple office hours? You know, anything that, any, um, strategies to help with implementation that are sustainable as we grow, we're interested in, but, yeah, we're open to ideas as we're drafting grants and thinking about next steps, um, what might support implementation. Well, to wrap-up, we are in the last 5 minutes here. We'll do some closing remarks, and thank you for your candid thoughts. Thank you so much, after this long day of sharing your thoughts about how this might go back to your workplace, but to say more formally, you spent your last day here with us, so, um, we really have a lot of gratitude. We'll send out an e-mail, so that you have the modules that you can share that, um, but I think that's, that will come out and, maybe, we'll put the mailing list on there, so that you can sign-up, so, you'll have that from us. Our e-mails also appear here, if you have future questions or you can't access anything we share. Oh, for example, we should doublecheck that the answer key is, okay, um, so, that's, that Dropbox has those, um, documents still for you and, after today, if you have more feedback, um, more questions, e-mail us. It doesn't stop here. We're passionate about making this work for people, ultimately, because we're centering the very families that we hope to serve, that's where our heart's at, so, if there are ways that we can be partners with you in that process, let us know. Anything you want to say, Matt?

>> SPEAKER: Just thank you, thank you, thank you. We are honored by your time. Um, thank you to our CART captioners, thank you to our interpreters, um, thank you to Carl and the, you know, EHDI conference, and I think that's a wrap.