>> Hello everyone I just want to jump right in.

Time is of the essence.

This is the same topic I presented on than three hours.

I will truncate it for you today.

Hopefully I can get all the information to you in that short amount of time that we have today.

I have three goals for us.

First, it's important to recognize the difference between the medical model and the social model.

Go ahead and take a second to read the difference between the two.

The medical model typically looks at the deficit.

Seeing that something is wrong or missing.

The social model looks at diversity and celebrates it.

Go ahead and take a moment to read this book.

Howler did research within occupational therapy.

As a therapist, the training the experience with the social model.

They found that those that had a social model perspective looked at the abilities of the child and they preferred that model better.

They like thinking about the child's abilities instead of deficits that needed to be remediated.

Those who expose the medical model typically focus on negative consequences that aren't intended to actually hurt the individual.

Because there is a focus on a Deficit there's a negative impact.

This quote is from a book called everyone here speaks sign language.

The book includes information on research done in Martha's Vineyard where many people were generationally deaf in the community.

When research was done on the community the community members said there is nothing wrong with these people.

They are just deaf and everyone there uses sign language.

There were no barriers to communication for anyone.

The result was there was no disability or barrier to that community or experience.

They were all able to interact with one another.

The social construction theory does not eliminate a condition.

It does not eliminate diversity.

Instead, it looks at how they interact with one another.

And where barriers are in place.

The barriers are what create the disability.

That was an important lesson for me when thinking about, are we part of creating or removing barriers?

We are creating barriers through our society.

We have opinions about what you are saying, which of these pictures are considered disabilities.

That is determined by the barriers that are created.

So many people wear glasses you don't even think about it.

Internally, people might think that it's a struggle for them to see and it's important that we provide a clear picture or clear access visually through support.

So much if that is related to her social construction.

What we see, there are so many people that wear glasses that there is a normalcy to that.

Often, we don't think about it.

I do have a story I want to share.

The second picture shows an individual in a wheelchair.

A friend recently came to visit me and she had broken her leg right before she came for the visit.

I was try to figure out how I could borrow a wheelchair.

It was the worst chair.

The wheels were really difficult to maneuver.

We are walking around Boston with this horrible wheelchair on the cobbled streets.

I never thought about these things before.

Moochers are not a part of my every day.

It brought a level of awareness to me where I was given the opportunity to recognize the barriers that are there for people who use wheelchairs.

If someone is used to using a wheelchair they are in a good quality chair, they have accessible buildings and access, it does not have to be a disability.

A person who is deaf or has grown up deaf with a deaf family and had immediate access to language would not consider themselves having a disability because there are no barriers.

Is these are just examples of barriers.

Starting with the screening process, the hospital might not have the right equipment for the equipment is broken.

Maybe the screening happens with the family does not bring their child in for the follow-up screening.

Theories are created through the screening part of the process.

During the diagnostic or identification process barriers may present themselves.

One example being one of the families of my dissertation research said the doctor told them, don't worry, it's just fluid.

The mother said, she really hung on to that idea that it was just fluid.

And was waiting for that fluid to resolve itself.

Later I wish she would've just told me that deafness was a possibility instead of saying don't worry about it, it's just fluid.

If she knew earlier she would have gotten on board and gotten involved in the process that needed to happen to help her child.

Another example of the family that was involved in my dissertation research.

Their child is not identified until 21 months.

There is a mixed hearing difference that was identified.

The father was ready to learn sign or whatever was needed and was doing online research to figuring out what to do as a family.

Then the father read something that said it's important for the deaf child to develop a theory of mind.

The father said okay, I need to figure out how to provide sign language to my child so that there isn't language deprivation.

In looking for resources and how to learn sign language or access sign language there were barriers.

The early intervention have provided a list of apps for learning sign and that was all that was provided.

The father did not find that helpful.

When they met the family the child was 22 months old and had only been identified one month prior and only had 2-3 words in their vocabulary.

Which is devastating.

At least early intervention.

The program in the area did not have signing which support.

There were five families in my dissertation study.

I interviewed them and only one of the families and support for sign language and a deaf adult involved in their journey.

That was a struggle for the families because they were looking for resources that they were able to find.

They were not available.

Going back to screening identification and early intervention, we are involved in that part of the process.

We create barriers or we destroy those barriers.

Some of the barriers we create are related with our own personal social construction of deafness.

What we believe.

That's the part where we have to look at it.

How much am I willing to share with families in I don't think this family needs sign language.

I think this family would best be served through LSL or however.

We do that.

I have an example of one family that I worked with.

The child was identified with the mild to moderate hearing level.

But the mom had already started learning sign language into college before the child was even born.

She could already sign with her child who could hear any the benefits of that.

She was willing to move forward with signing with her deaf child, why not?

Even though the doctor told her you don't need to sign with your child.

There is nothing that I could do to her -it benefited her child who could hear why not use sign language with her child was deaf?

Thankfully the family who had resources was provided a deaf mentor and an early intervention provider who was able to sign.

They also have listening support through the early intervention program.

The mom was amazing with the use of hearing aids.

I've never seen a mom so expertly able to keep a child hearing and on.

We noticed after six months of working with the field family that the child was not getting the spoken language gains that we had expected her to get.

Even with hearing aids and with the support of listening and spoken language.

She was picking up sign very well and so we started to suspect that something might be happening.

The mom brought the daughter back to the doctor again and they found that the child actually had a profound hearing loss.

Instead of mild to moderate.

We can't let the hearing level determine what we share with the family.

That would've been detrimental.

The family was providing access to both languages so that child did not have a gap in language exposure.

The message that families get, many families in my studies said that their providers told them not to sign with their children.

The family wanted to.

They would go to a social media group on Facebook and families would say, my audiologist said do not sign with your child.

It will become a barrier for their development spoken language.

The mother was able to say that wasn't true for my family.

There was so many different conflicting pieces of Information being shared.

You've seen television shows with deaf characters.

Some speak, some sign only, some do both.

All of the impacts or beliefs of what deaf people can do.

Deaf people that you meet impact your understanding of deafness.

Think about the families.

They had never met a person who is deaf, their understanding of what deafness is is impacted by their own personal experiences.

What they have seen in the world.

Who have you met?

Some of the families in my study had met deaf people and that was why they decided they wanted to have the child be bilingual and bimodal.

A perfect example is there was a woman -let me back up a bit.

One of the Father's in the study was stating a woman during graduate school who was deaf and use spoken language.

She explained to her experiences and said people look at me and say, well you are such a success story because you can speak.

They don't realize how much work it took for me to do this and the struggles that I have on a daily basis to access information.

They don't understand my isolation and how uninvolved I feel in the community.

How often I feel left out.

I wish I would've learned to sign.

That's when experience that the dad heard and said, no matter what happens I want our child to be exposed to both languages.

We have to understand what we give to families impacts what they believe but what their child can do in the future.

That is why I say we, me as the last.

We all can be potential barriers.

We bring our experience to the table and we create barriers.

You have comes from fear or bias.

Maybe misinformation.

Also, give yourself grace.

If you don't know something that might be offensive to a deaf person be willing to be humble and learn to understand.

If someone says please don't use that word, take that feedback and respect the individual's request.

I always believe that conferences are only worthwhile if I bring something home with me and I can apply to practice.

Hopefully this is something to bring back with you to apply to your practice.

Here's an example of words that can create barriers.

When family share -one family specifically in the study said the uncle called and said I'm so sorry, is so terrible.

I'm so sorry to hear about your child.

The dad said, it's not terrible.

My kid is awesome!

He's going to be great.

Have something that people don't grieve.

People can grieve.

At the same time we don't want to start assuming that people feel sad or grief.

We don't know.

Another example in terms of word choice is often an early intervention, the words used are language options.

You might be able to say language opportunities instead of options.

Options feels like it needs to be a or B but not both.

That's not true.

There's not one perfect fit for any family.

Families need opportunities to try different things to see what is going to work.

Five more now to see what is going to be the best fit for their child.

Next is how my actions create barriers?

I have another example for my study.

I've already mentioned this, but a family told the early intervention is that they wanted to also include sign language.

They were told it is okay for you to do that on your own time.

The services we provide are going to focus on LSL.

That's a way that actions can create barriers.

It's okay if you are not an expert in providing support for sign language development, how can you support the family in finding resources?

That shows respect to the family for their choices.

Another example, I mentioned that in my studies there was only one family who had a deaf adult involved through their early intervention services.

That show the family that the program valued deaf adults.

And should the family that my child who is a deaf child is going to become a deaf adult and you will value deaf adults and that means you value my child.

If deaf adults are not involved in the program the families might see the as an example of, you don't think deaf adults can do your job?

You don't think that deaf adults are equal to you.

Those are examples of ways that her actions may have negative consequences or show a negative stigma.

Same with practices not having deaf adults involved in your program.

Or if the program isn't willing to refer the families to a program that does have deaf adults as part of the program.

You don't have to internally provide that.

If you have external partnerships, refer those families.

I'm not saying that everybody should be an expert at everything, but recognize that the program is creating a barrier.

We want to dismantle those barriers.

Lastly, what can I do to reduce these barriers personally on an individual basis?

Is there something that you can be doing?

Just something to think about for just a moment.

We are almost done with our time together today.

The presentation part of today has concluded.

This QR code links you to my dissertation.

It's over 100 pages.

It's a bit long.

The fun part is that all five of the family stories are there and if you like to read that part you can.

You can access that through the QR code.

I think you would enjoy reading about the families experiences.

We have about five minutes remaining.

If you have questions, please feel free.

>> Thank you so much, my name is Jody and I'm a parent.

My question is you mentioned earlier that there was listening support.

I'm so curious what that means?

>> The family mentioned specifically having a therapist who did LSL listening and spoken language therapies.

Just support for that.

Like auditory attention, speech therapy and the like.

Most families are able to access typically speech therapy.

But they don't have options of working with deaf or hard of hearing adults.

Most speech therapists don't have training in working with deaf or hard of hearing children.

That was an interpreter clarification.

Does that answer your question?

Any other questions?

Great presentation.

We are colleagues so I will push you a bit with this question.

I have gone to Eddie since 2002 when it was founded.

I remember I was one of the first few deaf people in the sea of people.

It was so impactful to me.

If you read the room is who is here and who is not here, it's typically white females who have money.

Their companies can support the registration because registration is very expensive as well as the travel.

People of color, people with lower socio- economic needs, people with disabilities are not here.

My question is, how could your study provide an opportunity for Eddie to be more inclusive and to recognize a social model and value that model.

If you go to the exhibit booths, you will see a lot of the sponsors have a strong medical model.

They are promoting their beliefs and ideas of that model that the cultural representation of deafness is not as prevalent in the exhibit hall.

How could you and your study may be encourage the planners of the conference to be more inclusive?

To be honest, I think that's a very important point.

So many people of privilege bar here in attendance.

That we need to be responsible to make a change.

And not perpetuate the status quo.

I think it starts with a conversation like this about perspectives of deafness and then with that, if we understand the possibility of diversity in general, I think it has to start in a place where people can have a bit of empathy and understanding about intersectionality.

I'm sure that someone is thinking of the time or place where were they weren't represented well.

I would start the conversation in that space.

Tell me when you feel like you didn't belong and why?

How can we improve on that?

Do we want here at the table?

Who do we want at Eddie?

We want to represent the diversity of our families that we work with.

I think starting with that kind of conversation would help.

Does that answer your question?

Do you have another question?

>> I scan the QR code, does sts money to read your dissertation?

Is there a place we can read it for free?

>> Yes, I did not realize there was a cost in accessing it.

I think this goes through you and him.

It's also available on ProQuest.

ProQuest might be a better place to find it.

I'm sorry, the interpreters have to go.

[end of session]