>> CAPTIONER: Hello, yes I hear you . >> Good afternoon everyone, my name is Jenny. I am the room moderator, if anyone has any questions, I'm sitting over there, just let me know. Here we go, we are ready.

>> Hello everyone. Let's wait a few seconds more for people to come back in and get settled . Everyone is cozy? Cool , Lauren Burke is my co-presenter . I am Andy Altman. Thank you all for coming to our session. We are going to be presenting today , we have been looking very much forward to talking about the work that we are doing and hopefully learn from you as well. I want to make sure that the CART writer is doing alright, that the interpreters are doing alright, that we have visual access when we need it. I want to take the microphone down from the podium, does that work? Great, thank you for letting me know. Alright , let's get started. Once again, I am Andy Altman , I am an American sign language specialist for an organization called Wisconsin sound, and the word sound is not like the sound that comes into your ear the sound meaning strong beginnings. So I am in ASL specialist who works particularly with families across the state of Wisconsin. From the time of identification at birth, to support families and their ASL development. I also work with primary service providers who may not have much experience working with families who have a deaf or hard of hearing child , particularly when families want to focus on visual and spoken communication. I work with providers all over the states. I am not provider myself, but I support them in the types of communication that their patients, their parents and families want , to provide for the children .

>> Thank you Andy for getting it started. Hi everyone, my name is Lauren Burke, I am a speech pathologist by background and I've been working with in Wisconsin's early intervention program for about 10 years now. Prior to that, I was an early childhood special educator. My role on our intervention team, you will learn more about what our program is doing in Wisconsin , it is a counterpart to Andy. Providing support for our birth to three program throughout the state, supporting families and their birth to three teams that it decided to focus more on the auditory learning, listening and talking. I just want to note that I myself am not certified as a listening and spoken language specialist, but we do have a certified team member who provides mentorship. These are the objectives that you saw online. We are really grateful that you are here , we know that your time is valuable and you had a lot of sessions to pick from. We are really glad that you are here. Overall the message that we want to share is about how our partnership is really working to focusing on two big areas. Language acquisition is always in the top of her mind , and supporting family choice . That means providing information , unbiased information across all communication opportunities and supporting families to make decisions that are best for them. Briefly, we will touch on our Wisconsin model because it is a little different. We are members of the EDHI team, but we are intervention providers. We will touch on that briefly and talk about the big priorities of our partnership . We will talk through some scenarios, of real times where together , are two areas of expertise came together to support families side-by-side. We will also talk about not only the strengths but challenges. There are real challenges here , and we will talk to her a little bit about what we have learned.

>> ANDY ALTMAN: Thank you, good job. I would like to explain briefly the two points that you see here on the screen. WSB, Wisconsin sound beginnings , was started about two years ago. It spread through partnerships across all 72 counties that we had in the state of Wisconsin. We will talk more about the structure and the next slides. We want to make sure that our deaf and hard of hearing children have the sound beginnings . We use a Caris team , the acronym is described in the image on this slide. A team that goes to meet with primary service providers and families . That includes the two of us, and early intervention coordinator, someone who helps decide how the services that either of us can provide meets the family's needs and communication goals . We have contracts with different members of our team's on the IM H , infant mental health. , Who could also provide services in those meetings. We want to make sure that language is not the only dimension of the relationship between parents and children that we address , but that mental health , the emotional bonds between families, are also a part of the care that we provide them in these situations. As I mentioned, we work in the 72 counties of Wisconsin. We had different regions indicated by colors . In the southeast near Milwaukee , we have quite a number of providers . But, we are from across the state . There has been some good progress that we are proud of. We are part of the part C program in Wisconsin. We are responsible for systematically tracking data and ensuring that there are no gaps in the service provision . When the county receives information from the hospital about children who have been referred , we are the ones responsible for tracking to make sure that there are no gaps in follow-up . We participate as a support member , not as a provider but as a support member in IFSP meetings. So depending on the communication goals, either I or Lauren, along with primary service providers, eventually the school system etc. , can be a part of the family support team. So that of course changes over time as the child ages. Again, we are not members of those meetings, but we are there as a support to them. We use the PCAT model of intervention coach approach for training. So, instead of us taking the reins and telling people what to do, we work to build the capacity of the primary service team so that they can be the supports for families. So, this is a very different model than we have seen in other locales for how it is we address the communication goals that each family has so we can offer them support in a transparent and thorough manner.

>> LAUREN BURKE: Thank you. The only thing I would add is that this coaching model, we are embedding our services into that model . Why? That is what our part C program uses. In order for us to partner with the part C program that is already in place, we blend our services to match theirs in order for us to be productive members and join what they are already doing. Okay, so thinking about this communication continuum , we are thinking about Andy's expertise in ASL, we are thinking about auditory and spoken language, having expertise in the auditory end of the spectrum. These are two very different languages. These are very different sensorimotor modalities that we are prioritizing these are different strategies that we are coaching families on . With all of these differences, how in the world are we blending this together? So, when families are in their birth to three program and were asked to join as a support, we began our services by providing education to families about all the communication opportunities . Unbiased information so they can explore and learn about all of their options some families may choose to focus based on - - listening and talking. That is what they would like to prioritize, is that okay? Of course. They feel confident in making a decision that is best for their family and we can provide support for that. In that case, I would probably be the primary support person with that birth to three team. There are other families who may choose to focus exclusively on visual communication in ASL . Is that okay? Of course. They feel confident and whether child needs and what works best for the family. In those situations, and he would be the primary support person. I may not really work will meet with the family at all. Those two different ends of the continuum that is here are not always reality. We will talk through a couple of scenarios where we needed to bring some flexibility into it. We will talk through a few scenarios , no identifiable information, but real scenarios where we needed to work together and partner.

>> ANDY ALTMAN: That is great, that is beautiful . As we have been talking about, our ultimate goal is to inform the decision-making process that parents need to engage in and that families need to engage in. Not to provide simply one way of parenting a deaf child but offering the entire gamut with information that is verifiable, that is unbiased. Answering questions as they may come up, finding more resources if need be so that we can continue to educate families along the way , and support them once they decided on a specific method. Alright, let's jump into our scenarios. Scenario number one is, let me check my notes to make sure I got this right , not mine, or Lauren is going to take it. Go for it .

>> LAUREN BURKE: Partnership in action. Okay, scenario one. This is a little one who is two who was enrolled in his local birth to three program. He is working with a speech language pathologist , he has moderate hearing levels and he has a family that has two hearing parents , his siblings are hearing . Which communication opportunities is this family using and their routines? They are using spoken language to communicate throughout the family. English is their home language and they are also over the past year and learning a few signs and a few new vocabulary words. Mostly their favorite toys or foods. Not a large vocabulary, but a few words throughout the day. What brought about our partnership or participation? The birth to three speech pathologist contacted us to say I have been working with this little one for a while and I could use your help he is not wearing his hearing aids at all. The families are having a really hard time having them him where them and he is showing the latest in his language, can you help? Yes, the comes in to help. How does the partnership between the two of us look? It looks like us joining together for assessment purposes . Andy is bringing his expertise in visual communication to do assessments on his sign language development . I came in to provide evaluation of his auditory development. The cockpits and vocabulary looked at both his signing and his verbal vocabulary. What we found was that he was showing the layers in both areas, both in his visual communication and his auditory spoken language. This is a child who we would identify potentially as at risk. He is at risk for language delay due to potentially language deprivation. He's getting some spoken language at home , but not enough. He is getting some signing at home , but not enough. Our partnership in this case look like sharing these results with the family , talking through introducing the concept of communication opportunities . Here is the continuum of different ways that we can communicate. Sharing with them that critical importance of having access to add least one full language , and really helping them to empower understanding on what works best for their family.

>> ANDY ALTMAN: Don't give me the microphone, I won't need it. You can sit down now. Alright, we will go through a few more of these very unique situations . In scenario number two, we have a young boy and the family has wanted this child to have ASL as their first language. So, we are doing everything in the visual modality . They are getting a lot of incidental learning as well in the environments in which they are. This is not just one-on-one language exposure, it is exposure and lots of different areas. This is like a hearing child was getting exposure to English without needing to have it purposely done for them. Later on, the family decides to have cochlear implants , bilateral cochlear implants for the child. Because they feel like this child has developed a solid first language, they want the child to also have a second language . The child's first language is ASL, and they would like to have the child use English as a second language. I called Lori over to help me out with the LSL portion of the language exposure for the child and figure out strategies for the family and for this boy to continue to develop language despite the fact that there is some new things going on that they might be distracted by . They might be distracted by English as an input now, well her before it was ASL. And, how to provide unbiased information on how to do that within the family environment. That is really the crux of our partnership and why it succeeds. Did I forget something? Oh yes, language plan, thank you. In these situations, we develop a language plan . For example, we want the family to think through how it is when they go to the park or how it is when they are on a zoom meeting ? Will one language or the other be modeled? Anything else you would like to add Lauren to what I said so far?

>> LAUREN BURKE: No, that was perfect. My only other thought was with coaching using the topic of a language plan with families is pretty successful because we are really trying to embed our support into their routines to begin with. So, talking about language plan and thinking about what are times of day that we will voice off and really emphasize ASL development , it is a nice opportunity for them to think about their different routines of the day.

>> ANDY ALTMAN: Thanks for that. Five minutes left already? We will go fast, time slides .

>> LAUREN BURKE: Here is not a scenario. We had a little one join the program as a six-month-old baby. He had a mild hearing difference . Both of his parents were hearing , the family was bilingual , they spoken English and Spanish in the home. They started services with us, we were able to share a lot of information again, unbiased information, communication opportunities and the family wanted to pursue speaking and listening Spanish and English. I was the primary support for this family that was matched, but early on when we were developing their very first IFSP, the family express one of their goals was they wanted to learn more about what ASL is , they wanted to learn about deaf culture, they wanted to explore more about this new deaf and hard of hearing identity to their son, even as an infant, had been they wanted to help learn about with him and now as a baby, but also as he grew older. I can't possibly share that expertise with them. It was a perfect opportunity to say let's talk about how often we want Andy to join our visits to introduce some of these great topics. Andy would join me at the visits as well. Not only was the family learning from that, but I am a forever learner and I really value hearing his experience and his perspective from the deaf community and sharing all those great resources with the family.

>> ANDY ALTMAN: Beautifully said. I had the same experience when I heard some of the stories that Lauren told. I learned some things as well. They would ask me about listening and spoken language. I would say I am not so sure but we have this expert in the room that could come help with other families, this is what I would say. Lauren could give them information that was valuable for them and for me to learn in the role that I have. Scenario number four , I think this is probably the most famous story that I like to tell. We have got a deaf blind child that we are working with . Even more than that, this child come from an Amish family. So, quite a culture shock but I am thrilled to learn more on how we can support this unique child . As I am sure you are aware, the Amish have a set of beliefs that are rather unique to their community . Using zoom is not really an option , they do not use technology in the same ways that we do. So, we went out into the community , about an hours drive away , to visit the family. We met with the primary service provider and the family was thrilled to meet us, they welcomed us with open arms and want to start learning about how we could help them with their child's needs. We showed them some science and some ways in which they could get visual access . We thought about the needs that are unique to deaf blind people in terms of lighting . I could connect with the members of our community and eventually with the deaf blind center who were specialists in the needs of the deaf blind community. And, we can show them tactile language which is a language that is used within the deaf/blind community . That is something that you can also use in tandem with braille , but it is a tactile version of sign language , another tool and resource at their disposal. This little girl, just started to be so expressive . You can theater really start to grow. She also had bilateral cochlear implants. At that point, I invited Lauren to join me to start demonstrating some strategies that the family could use for listening and spoken language and once again, we saw her really take off in terms of her enjoyment of school, of being in different situations academically , socially. We are a part of the IFSP meetings during this time. You can see other supporting around the child and family, even in a very rural area and an Amish community was really helpful to ensure that the student could succeed. So we will go a little bit back and forth on the slide just to prep the interpreters. It's not all roses all the time and I'm not going to say that it is all successes, we do have some challenges as well. Partnership and practice is really important . Our daily lives are driven by consulting each other and supporting each other in the work that we do. We collaborate a lot on the ways in which we work with students and families . We talk to each other, we advise each other , we work through conflict rather than around it . We have weekly meetings that we are committed to so that when we go out and consult with families , we are prepared, not just making stuff up on the flyer. Then coming back from those experiences , we reflect each other so we can develop empathy with how we are providing the services and learn from each other at the same time. I want to emphasize that positivity and openness to professional learning is at the core of what we do . We are always taking trainings, we are always learning from each other . We come to EDHI because we want to learn from other professionals in our community . Lastly on the left side of the slide, we need to check our egos at the door. This is not a game of knowing better, is not a game of the one upping each other but rather, it is a game about meeting to the halfway , offering good solid resources, and learning from each other so that we can ultimately support one another and support the families out of the community. We want to call out the idea that ASL and English are two opposite sides of the spectrum but can never get along. We very firmly believe that they should and can get along , and that is the core of the work that we do. I believe that the reason for the jobs that we have is because language deprivation has persisted for far too long. Ultimately, we are trying to chip away at that problem. It is not something that will happen overnight , it is going to be by planting seeds in the community and hoping for a good harvest that we might start to get out some of these challenges. Anything you want to add, Lauren? I will give her the challenges, the other side of the slide .

>> LAUREN BURKE: I know that we are short on time, we have some listed here challenges number one is the language barrier. We speak two different languages , I speak English and he is doing American sign language. That is in the process of learning to work together . I think our willingness to know when my signing is not enough for a topic we need to meet and being willing to say we need an interpreter here. Let's make sure your message is clear . And miscommunications happen all the time with every person all over the place , but they do tend to happen. For example, we flew together he to Cincinnati and we both have masks on the airplane. The whole conversation while we were applying was full of miscommunications because they were missing cues. We persist and we learn and we continue to grow . We are okay with this was communications happening . Overall really the bottom line is everyone has interpersonal coworker relationships that you are working through, different tendencies. A lot of what really probably took more effort was thinking through that . Prepping for a presentation, we both are different styles, right? Learning to work together. A lot of those are some of the challenges that come up for us.

>> ANDY ALTMAN: That is very true. I always appreciate Lawrence desire to meet and to learn. I member the first day we met she started finger spelling very slowly and planning very slowly. Now she is doing great in ASL. We also need to learn all the time and I think the growth mindset is very important, not only for ourselves professionally but interpersonally enter the work that we are doing with the families that we serve. We support each other through learning ASL and deaf culture and learning more about the research that we provide. Thank you very much for joining us today . If you have any questions , we will be around . We have a business card up on the table so feel free to take those and hit us up afterwards.