>> Okay everyone, good afternoon!

We are ready to proceed.

Can everyone see me where I am currently standing?

Let's get started.

First I would like to introduce myself, I am Jeannie Gertz a faculty member in the Department of at Gallaudet University.

>> Hi everyone I'm Tony Holmes and I work in the department of deaf studies at Gallaudet University.

>> Today we will be focusing on language deprivation and how it applies to a child in the family.

When talking the language deprivation and sign language how can use this sign which shows taking away language from a child.

Have him use that to communicate the concept of language deprivation of the child did not have language in the first place?

It's not being taken away from them, the community is trying to consider how best to convey that concept in American sign language.

I will probably slip and sign it in the way that looks like language is being taken away from the child even when they haven't had it to begin with.

We are aware that the learning process of acquisition is unique to each family and their journey.

Each family has their own experience of joy and challenge through the process.

We recognize that hat wholeheartedly.

Everybody is on their own trajectory in tory in life and at a different pace.

The purpose of this presentation is to support families in their journey we truly recognize the diversity of each family's experience.

Some families have opportunities that allow them to him to move through a process more seamlessly than others.

We want to share information that will support building of knowledge on this topic.

With that, Tawny and I want to share this important information with you.

We have to start with the statistics that are currently out in the public.

90 percent of children -the statistic is from 2004 the number is now higher.

At least 90 percent of children who are deaf are born to families who can hear.

The reason I'm saying the number is going up it seems as though the number we are seeing currently is about 94 percent.

85 percent of children with cochlear implants are only using spoken language.

The five percent of.

[name] Children from Gallaudet research Institute and pre-k through senior in high school are using sign language.

72 percent of deaf children or parents of deaf children do not know sign language.

The numbers might be a bit hard to take in.

We thought we would use this as a foundational frame to set the landscape for our discussion.

How does that tie with the topic of language deprivation?

Let me take an opportunity to let you read the number on the screen before I go into it.

Before I talked about the slide you have read and heard about how critical language acquisition is.

That period of birth-five is the magic language acquisition.

Natural exposure to language acquisition not language learning which is structured and taught.

That does happen at later ages in school and through other means.

To get to a foundational level were language learning can happen a child must have natural language acquisition.

That is the foundation for all of language development can happen.

Language deprivation takes place when liquid acquisition is either not happening or is happening but minimally.

Sporadically.

Maybe not provided in a rich language environment.

As a person who can hear, you know when you're out in the world the milestones of a child have been a long trajectory that are due to auditory exposure to the language.

The similar is true to children who are deaf except through visual means.

If it is not happening or if it is happening sporadically that children are exposed to language in a visual manner, they are not getting what they need to be able to acquire language naturally and said that foundation.

The lack of or sporadic exposure to natural language leads to language delay and potentially language deprivation.

Linkage deprivation is not a one-size-fits-all definition.

There is a range of language deprivation.

When language is deprived it's because that child was not exposed to rich, natural incidental language exposure.

In an accessible way.

It's important also to understand that acquisition must happen naturally.

When spoken language is not accessible to a child who can hear, and then there are attempts to teach a child spoken language they don't have the foundation of language due to a lack of language acquisition that allows them to build an understanding and continue to develop their language whether spoken.

That really applies to spoken or sign language.

It does not matter what language.

You either have full access to language that allows your brain to develop those neural pathways or you don't.

>> We also have to remember the when talking about in which acquisition, language cannot be separated from culture.

We have to think about the culture of that child, the family and community and how closely that is tied to language in language use.

The study was done by Tom Borges, lingua culture refers to the notion of language and culture are intertwined.

They both needed for the deaf child to form a deaf identity.

I also want to add to this the it will help the child form a healthy deaf identity.

They will see themselves as a whole person.

I will at the have to have a key to get access to the house.

That is what the symbol is.

If you don't have the key then you can't learn about the culture, community or history.

It's a missed opportunity to take advantage of those resources.

>> They are intertwined.

Clinical psychologists have done these kinds of research studies and hit upon this issue.

We have some data from deaf children and what we can do about that.

Sherry who is here, and truly.

[name] And a team of other people got together to talk about how we mitigate these negative effects.

First thing of course is data.

It is got to be data driven work.

That was really the birth of the lead legislation.

It was about getting data on deaf children so that we could convince the policymakers -it was a bill introduced in California originally.

Companies states have bills now?

22 states have passed lead cave bills.

That's great progress.

This legislation brings together deaf and hearing professionals, families etc. The community to keep discussing the issues.

They are hard, long conversations about how we collect data on how our children are doing.

These are the language acquisitions.

We know are deaf children are doing okay and that their families are feeling supported and they are moving through their journey and process.

With that loving pass California was the first state where it passed.

Started collecting data.

That was on the website, on the California Department of education website.

What we found in California, in 2019, 70 percent of deaf and hard of hearing children ages birth-five in the entire state do not linkage development milestones.

That was to be expected, we knew but the data is showing very clearly from Boston University that if families get appropriate support before the baby is six months of age, they actually do meet those milestones.

It's not a given that a deaf child cannot meet language milestones.

In fact, it's the opposite.

Any child given language input can meet those milestones.

That's what it is all about.

That they are kindergarten ready and they go into the classroom and they are ready to learn because they have that foundation and those neural pathways and a sense of who they are.

You know how to ask for support and then we saw Kansas the same thing.

In 2020, California and Kansas both had-how different can you give these two states?

A big state to a small state, rural and mountainous to the planes.

The numbers are basically the same.

2020 we see 79 percent of deaf and hard of hearing children ages birth-five not meeting language development milestones.

Maybe think about the kids who are not meeting those milestones and perhaps those systems are not in place or systems are in place but they are not working.

Whatever we are doing does not seem to be working.

These are all deaf children in the entire state.

Doctor Sanjay.

[name] From Harvard school of medicine Boston Children's Hospital who says, the incompletely which acquisition is epidemic.

It is also been a chronic situation for hundreds of years within our community.

Let's be clear, although it has been a chronic condition it is not okay.

It should not be tolerated.

It's not actually normal.

Deaf children can acquire language just as non- deaf children can.

The recognition that early language deprivation has long-term impacts on social, emotional intellectual and other domains of life.

That is Doctor Sanjay Gulati in the clinical findings.

He is late deafened himself.

This is a video we will show the first part of it.

He came in 2018 through the deaf and hard of hearing news network.

I will play a little bit.

[ Film playing]

>> This is an example of the myth buster work that has been done by research all over the world.

Educating us is what we can do and we can educate others on.

This is some more about Doctor Gulati's work on language deprivation.

There are hundreds of clinical patients who are deaf and hard of hearing that Doctor Gulati has studied and has found some factors that we need to look out for.

Symptoms of language deprivation and some of the factors that an impact that adult.

Julie is here from the lead K along with Sherry.

Welcome.

One of the symptoms that Doctor Gulati identified is the person may superficially appear to use sign language fluently, but in fact there are deficits.

Maybe the wrong handshake, maybe improper movement or orientation or using a sign and not quite the right nuanced meaning.

Not exactly following all of the rules of ASL.

That is a symptom.

Another symptom quite interestingly is that a deaf or hard of hearing person that has linkage deprivation as a child may struggle with the concept of time.

I'm not really clear how much time they have left.

They are not oriented in time.

And may not react appropriately to how much time they have to get ready or leave the house etc. They also may struggle with cause and effect.

Something happens and they are not exactly sure what might have caused that to happen.

It's not about being afraid that a parent might be mad at them, but they are actually struggling with understanding what has caused this mishap.

Also, sometimes a person who experiences language deprivation may not be a competent conversational partner.

They may not know the social cues and things were supposed to do like introduce yourself or engage in some pleasantries before you start talking about the situation.

They may not actually understand how our culture works in terms of society expectations.

They may struggle with abstract concepts.

The meaning of life.

Those kinds of questions they may find very difficult to answer.

It can answer concrete questions, but abstract questions take longer processing if they are able to engage in it.

They generally have difficulty learning different subjects.

It's hard to retain new information.

They may struggle as well with emotional regulation.

If something happens they may react spontaneously or out of proportion to what has happened and not be able to take that extra moment to emotionally regulate themselves.

Which of course leads to struggles and relationships.

There's lots of emotional give-and-take and relationships.

If you are struggling we can't understand what another person's perspective is.

Whether it's a romantic relationship with a platonic relationship or familiar relationship.

We may see some struggles.

They have a reduced fund of information.

They may be streetsmart.

They may have learned coping skills for navigating the world that is otherwise confusing.

They can figure it out.

They actually have deficits in information.

There may be sometimes unable to narrate their feelings.

But they act out in ways that are inappropriate.

We often see that with younger children.

We know that is a symptom of language deprivation.

They cannot express themselves so they show it and of course we have to provide support.

These are some of the symptoms from Doctor Gulati's works.

Symptoms of language deprivation syndrome.

My mother grew up oral until the age of 13 when she learn sign language.

I thought she had her unique language journey and that was what it was.

She was bilingual and could read and write English.

It wasn't until I saw this presentation that I went back and thought about all the ways I had related with my mother and the challenges that I identified that actually could be correlated with language deprivation syndrome.

My own mother -there are many deaf and hard of hearing people that have these experiences.

They are in our community and we see people struggle with these issues on the daily.

It's prevalent in our community and leads to ongoing trauma.

I hope that we can be proactive to prevent future generations from experiencing that trauma.

It's important to mention that we sometimes have a bias.

That's not going to happen to me or my family or people like me.

That's really not true.

Research shows in the deaf health equity center at Gallaudet University was surveyed over 1500 deaf and hard of hearing adults all over the U.S., different races, ethnicities, genders etc..

Sexual orientation.

We really had to iverse subject pool.

Our ages were 18-91.

It's not something that happened in the past.

The 18-year-old who have better technology are in better shape.

The truth is they are not that different at all from the 91-year-olds.

I think it is important also because I saw the plenary yesterday morning when Doctor Roscoe shared with us that there is $200 million that could be saved.

Do you remember seeing that?

I feel like that is missing the point.

200 million dollars could be used to provide services to families and children to support them.

To foster their development.

They don't have access to services.

400,000 deaf children only 79,000 are on an IEP?

What is that 300,000 that don't have an IEP?

They don't have access to accessible education.

Most deaf children don't have access.

That is concerning number.

I think we have to look at the real cost.

Here are some court cases.

There was a case a few years ago where a student sued at Washington state because they did not have full access to their education.

As a result of language deprivation and they just did not have language access.

They got a $1 million settlement.

There's another court case that has just been heard in the Supreme Court Perez versus Sturgis.

That is in Michigan.

And it's been discussed now by the Supreme Court.

The family wanted to sue using the Americans with disability act.

If the Supreme Court decides that is a viable option for pursuit we will expect to see a huge amount in damages.

That's a huge cost.

We want to see that continue.

It's not good for the school district or society.

We don't want to see these scarce resources and deaf children being mainstreamed and districts where they cannot be served.

The school thinks they are getting money by serving the child but in the end if they're not serving them well they may be sued and be subject to a much larger fine.

We have to think about the real costs.

There are resources, all of you in the room and all of your services, you are doing amazing work.

I want to encourage you to do that and encourage families and work with those families.

I will just bring a couple more resources to your attention.

There is a new program called the family language connector program at the heritage signed in which center at Gallaudet University.

There is a flyer in the back of the room.

You should pick it up on your way out.

They do an eight week virtual curriculum for families learning sign language.

They have a connector and it is birth-three for children that can be served.

Through the real program project some of you heard about the real earlier.

There are deaf mentor programs and deaf coach programs all over the US.

If your state does not have one and you're supposed to have one but April one of 2024 it's a requirement of federal legislation from federal agencies.

Look into that.

Don't forget there are schools and programs for the deaf that you can collaborate with.

They may have services that they can provide to your clients whether it be assessment or other.

Visual medication sign language checklists.

I might have run out of those flyers.

It's online and it's a great tool.

It's an assessment tool for deaf and hard of hearing children here using sign language or gestures medicating with their families.

Obviously that's from birth-eight.

Check in your state there are 22 states that have a lead K legislation it might be time to start a movement in your state to get the K bills passed.

Don't forget that deaf community as a whole there are many wonderful organizations.

State associations of the deaf diverse deaf communications.

Look at who you have and have conversations maybe have a panel of students or deaf adults to share with your families.

Thank you.

>> In summary, together we can stop language deprivation.

I'd like to add one thing, language deprivation may be a new term but the concept is not new.

This is an ongoing issue.

Together with our awareness and by supporting one another we can stop language deprivation.

>> We are happy to answer questions.

I think we might have a bit of time.

>> You mentioned by 2024 you're supposed to have a deaf mentor coach or program in our state?

Did you hear that right?

>> Yes, it's a HRSA state funding program.

It's the Eddie reauthorization act in 2017 that required it.

They did not change it in the reauthorization in 2022.

It's under the HRSA funding.

If you're getting funding Allstate to get HRSA funding must have 10 percent more families in their state or higher number must have access to a deaf mentor program.

>> We have time for one more question.

>> Of course if understood language deprivation and it hasn't really gotten better.

During COVID did you see any kind of differences?

Did it get worse?

Families had no services whether early intervention or other they were basically quarantined at home?

I wonder if we have data on that?

>> We are collecting data on just that.

We can definitely say the numbers have climbed because of COVID.

>> .

[name] Show the decline in access to EI services.

I'm sure we are going to be seeing correlations in the data.

>> From lead K we are releasing reports and look forward to those numbers.

We are collecting the data.

Of course, Julie is here.

You might talk to her about that data.

>> That was a valid and important question.

>> Thank you so much for coming today.

Thanks for engaging in the conversation and for your attention.

Feel free to contact us.

We are happy to talk more about this issue.

>> Thank you all.

[end of session]