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EHDI Conference 2024, Granite A-C Session 7

3/19/2024 1:15 p.m.

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**TOPICAL SESSION 7 ROOM GRANITE A-C**

Examining a family-centered ASL curriculum: Provider input and parent progress

3/19/2024 1:45 p.m. - 2:10 p.m.

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Test test.

>>: Hello hello back from lunch you're currently attending Examining a family-centered ASL curriculum: Provider input and parent progress.

We have emergency exits all over the place if there is an emergency.

As you probably heard in other sessions, we have very brief turnaround so when our session ends, please promptly get up and find yourselves to your next session so would get the next presenter in and ready to go.

Without further ado, welcome and let's get going.

LEAH GEER: Hello welcome, my name is Leah Geer and this is my co- presenter Razi Zarchy. A little technical glitch there. This PowerPoint is very excited to proceed. We have three learning objectives for you today. The first is we want you to be able to describe the structure of ASL at Home and service providers and parents who are learning ASL with their children. The second is to discuss the implications of the provider's perceptions of the ASL at Home curriculum and finally, to evaluate the ways that parents, child directed ASL change after the eight-week parent focused class using this ASL at Home curriculum.

Today we will be talking about two different research studies. One qualitative which is focusing on provider experiences. The other is quantitative focusing on parent learning outcomes.

Together we are hoping that we can get rid of that and refute that stereotype that says hearing parents are not a good language model. They are not fluent enough we think these two studies will show you that that is false and there is evidence that shows there are and there is more evidence out there to prove that they are good role models.

RAZI ZARCHY: I will go ahead and summarize and describe the at-home curriculum. It is innovative, family centered in the curriculum is designed for families with young, deaf, and hard-of-hearing children and professionals that support them. Ignore that.

[Laughter]

LEAH GEER: This is a very happy PowerPoint. I promise you that we practice this.

One of the things that we want to emphasize is the focus on this particular population., which is families, parents, grandparents, aunts, uncles, neighbors. Anybody who the family considers part of that family unit.

Typically these people are not college students. They need functional language so that they can use in their everyday interaction with these children all day long as they are working with them.

We also do not want to overwhelm people. One of the things that a grandmother once told us a while ago was one of our earliest students in our program I tried to take a class, but I have to memorize so many words, and I just could not memorize that much so I gave up. It was too hard. I could not do it.

But later, after utilizing our class and taking our class she said all this is kind of doable. This is doable.

We went to avoid that I am so overwhelmed I'm going to quit.

The other really important thing is that students need to start practicing senses immediately. We know so many people who know 200, 500 words, but they do not know how to communicate with their child because they cannot put them together. They know lots of vocabulary the the animals, color, different food items, but they cannot make a sentence. That is not functional language.

RAZI ZARCHY: Also into the best practices in EI is that we with all of that support is rooted in the daily routines and lives of those children. Young children learn best that way and their families do as well. If we practice it with that repetition on a daily basis they will acquire the language they are learning.

And that the children's and families overall will improve their skills at a much faster rate. That repetitive practice is imperative.

The ASL at Home has 12 chapters so far. Each chapter has three sections. The first one, language instruction, which includes vocabulary, a limited list and then we have expressive and receptive language.

We are also teaching language enrichment techniques. Two types of that. The techniques we have learned from Deaf parents as we have studied is see how they interact with their children, that visual techniques that they have established and that are contact based and also language that is more from the speech pathology field. We typically do instruct parents on how to have more language rich environment homes.

Also the deaf community cultural wealth, DCCW. Our focus and go from that is to learn from the deaf community and how they are navigating the hearing world. That knowledge and lived experience from those that deaf adults we want to teach that to the hearing parents and they can pass it down to their deaf children.

LEAH GEER: Lots of back-and-forth as you can tell. We want to talk about the efficacy of this curriculum. It comes from two different angles. There is the quantitative part where providers are experiencing using the curriculum, and then the quantitative part, which is measuring those outcomes and how well the curriculum works to increase their parent signing with the children and how they communicate with their children.

First am going to go ahead and explain the qualitative research study that I did and then Razi will explain the quantitative one.

I had six participants in this study. All of them were early intervention. We had four TODs and one administrator and one SLP. Five are from California and one is from Nevada. The picture tells you the numbers. They all happen to have been women. It was not intended that way. This is their age range.

Did a few different types of analysis focusing on different themes. One of the themes that we noticed that came up was having, I mean all of the providers would say something to the extent of, "before I taught ASL, but I felt like I did not know if I was doing the right structure. I just kept chugging through it." I was chugging through the motions. And then I received this curriculum and now I have a structure, I have a framework, I have a way to teach this. They were quite relieved. One person said and you can see the quote here. There were like I felt like I have a toolbelt now and I don't have that pressure that I once had.

Another major theme was the availability of this being in Spanish. Of my six participants, three are trilingual and work with many Spanish-speaking families. They use the materials in Spanish so they can communicate directly with the families. I had two other participants who are bilingual, ASL and English, and don't know anything about Spanish. However, they serve many Spanish-speaking families. They were able to take the curriculum, read it for themselves in English, identify where they were in the Spanish side of the curriculum to show that to the parents and be able to teach that way. They were able to teach the curriculum even though they don't share the same language.

Having the materials in Spanish, if the materials were not in Spanish, that would not have been possible to occur or would have been much more difficult. I remember, somebody told me here yesterday or the day before and some, but he says, "I am skilled in Spanish, but I don't want to have to read it in English and do all the translation myself because that is quite a bit of work." They would rather be able to read it in Spanish, work with these families in Spanish and go from there on the same language.

The final big thing, which was the inclusion of the DCCW, the Deaf Community Cultural Wealth. You can't separate language and culture. Because deaf adults have the experience that they have growing up that their hearing parents will never have and will never experience. This is not a negative. It is not saying it is bad. It is just different and is something that they have to learn and they need a way to learn that culture.

Another thing that came up in the study and again it was just incidental, not planned. All of the participants were hearing, but several of these participants mentioned "I can't answer some of these parents questions because I am not deaf and I am not really sure, I can get things that other people might have told me," but it is not first-hand experience so they felt a little unsure about answering that however, with the curriculum having being based in the deaf community and having things that are actually coming from deaf adults within the curriculum, they feel much more comfortable and felt like I can read this and understand what it is and I can give this to the families. They don't feel like it is them giving the opinion on DS, but it is actually coming from the community and they feel much more confident in that.

To summarize, and to recap the qualitative study, there was a before they felt like what they were doing had a lack of framework prior to using ASL at Home. They were very appreciative of the curriculum being available in Spanish. And very appreciated of the DCCW aspect of the curriculum because as hearing individuals they wanted families to have that authentic deaf experience from the deaf community.

RAZI ZARCHY: Now I will describe the quantitative study that I had done. My research question was for parents of young deaf children, how effective is a class using the ASL at Home curriculum and increasing the quantity and variety of signs that they are using with their child during playtime specifically.

I did have two dependent variables into things I had studied to see if they changed over time. The number of total words in ASL that the parents are using, and the second thing is the number of different words in ASL.

I did have five participants, and I will spotlight two of them specifically. They fit two profiles I needed during the study that I had identified, and so just two types of parents that I had recognized. For them to qualify for this study, they needed to have zero experience with formal ASL classes. They also had to have little or no ASL knowledge and that is self rated. They just had to choose a range where they were at that they knew little to know ASL. They had to be parents of deaf or hard-of-hearing children, and those children had to be of ages six months to two under three years old.

Their hearing levels had to be at least moderate. Moderate severe, or profound in the ear with the better hearing. The parents gave me that information. I did not test for this. If the child used assisted devices, and that is fine. They would not be worthwhile for the study. The study was designed as a single case, single subject, which means that each participant was measured over time and compared only to themselves. They were not compared to their other counterparts. There were no cohorts. The timeline for this there was a two-week baseline picked that meant that I gathered data, however, there were no classes. And then we had that intervention period and those were the classes I had gave the eight-week classes based on ASL at Home and then we had that follow-up period after classes were finished and then we continue to collect that data.

In that single subject study, one thing that we often look for is that we look at the numbers and percentages of nonoverlapping data, PND. And we are wanting a high number. So the higher number between the PND between the baseline and conditions, the greater the chance. At the higher the number means it is a greater chance that the intervention was the reason for the change.

We are looking for a number over 70%. That means the intervention itself was effective.

This is the first participant I'm going to highlight. Her pseudo name is Hallie. This first picture up here, the captions cut off a bit and I apologize for that this is the number of total words. This first column is the first time period and that is the baseline. We had not started classes at this point. This is the number of words that they signed with their child.

This next middle section, this larger section, that is during the class, those eight weeks at home courses. And then the last section is that follow-up period. Overall between the baseline and the intervention periods, the PND was at 67% for the total number of words. So almost that 70%. That bottom picture is the number of different words, and with the variety of signs that are used. At that PND was at 50%, but now with the understanding that the fourth and fifth point, those are some of the statistics they are, and those are outliers. What that means is if we see that it just deviated from what is typical in the progression.

If we remove those outliers, which we often do, we are reaching a PND score of 100%.

Now the next participant we will spotlight, pseudo name, Victoria. Actually let me go back to Hallie for a moment. Hallie self-rated their ASL skills at zero. Really they all did. But she clearly came into the class with some ASL knowledge already. She was already signing kind of a lot. But now over to Victoria, as you can see during that baseline, she signed either zero or one sign with the child. Most of it was just a videos. You see that it is a pretty flat baseline. Then we hit the start of the classes and immediately started signing more. The overall number had increased. Except one hard day. But we all have those types of days, don't we? But overall there was an incline of that progression.

I have to tell you guys that Victoria just got my heart. Her child did have bilateral cochlear implants and said that the implant team and everyone that they had worked with supporting them were telling her do not sign with your child. But she said her motherly instincts was like no, it feels wrong. We try to listen to them and try to put her arms down while speaking, but after the start of class, she felt so relieved that she was in an environment where we were encouraging and promoting those signs with the child. Teared up many times several times, was desperate for that type of support. It was very heart touching.

The PND was huge. 92%. A huge increase on how much was able to be signed with the child.

Five minutes left. Goodness. So short. To recap my quantitative study, with all participants increased how much and what variety of the signs that they used with their child and also for several participants who came in with some ASL skills, they did still increase how much they signed. So just being in class may have triggered that oh I should be lifting my hands up and signing more -- Dutra du TRA -- which is a counterpart of ours did there -- and found that one large part of an experience from the parents who decided to sign with their deaf children, that early acceptance of their child -- I think just maybe just getting into the class help parents become more aware and more accepting that I have a deaf child and that means I should be signing.

Both studies taken together for providers that are using the family centered ASL at Home gave a strong framework through which to teach ASL. They appreciated having the deaf community, cultural wealth lessons provided in an authentic useful guidance about raising a deaf child in the hearing world. The providers can use that curriculum to serve both English and Spanish speaking families. And ASL is not too hard for parents to learn. They can learn to sign more, and they can learn to sign a variety of more words.

This class is short, but they were still able to start signing much more. This family centered approach guides providers to support families as they continue to embrace their child's unique identity and communication needs.

LEAH GEER: I want to thank some people who supported this project. For my qualitative study I wanted to thank Sarah Honigfeld and Amber Martin. And also the seed grant funding, internal seed funding program at Gallaudet and for Razi support had the support of Michelle Veyvoda and Diane Lillo-Martin who is right over there (Laughs).

Thank you all so much for being here. I think we might have a moment. We have two minutes for questions. So ask them.

RAZI ZARCHY: Ask away, ask away. Questions comments?

>>: I started using this curriculum a few weeks ago I am an interventionist at Louisiana school of the deaf and one the structure, I was really lost on how to prioritize my time with the signs and I felt like on my own. Parents are feeling overwhelmed. The way the sentences the way the structure to applying the vocabulary with their child, my parents at the end of one session they were like I know so much ASL from one session. I've noticed such a difference and appreciate this curriculum.

RAZI ZARCHY: Thank you so much. Thank you.

>>: We have one minute, one minute.

>>: Thank you for that. Is there anyway we can make that QR code accessible with our phone? I think the top is blocked. Thank you very much.

>>: Thank you, everyone. Again, we need to end promptly so if you are staying for the next session, hang out. If not please find your way to your next session. Thank you.

RAZI ZARCHY: That QR code is also in the app. --

[Overlapping speakers]

(Off mic)

(CONCLUDED AT 4:09 PM)

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Spoken English or ASL? But Why Not Both? A Lived Experience Family Perspective

3/19/2024 2:15-2:40 p.m.

**[NOTE: Captioner lost Internet connection due to a storm, and it took too long to get properly tethered/reconnected, during which time a temporary replacement was found. The following is only a very partial excerpt to add to the other captioner's transcript.]**

>>: --five sets of tubes placed and I begged the ENT to please just leave them out. Leave them out. This is not working. We need a break. We removed his tonsils. It was this stinky goo coming out of his ears. But the ENT finally listened to me and said okay we will leave them out. His ears cleared up and he was able to wear his hearing aids. However, he was two years old at this point, and I did not want my child to become a statistic of a child who is deaf or hard-of-hearing with suffering with language deprivation syndrome.

We're here at the ENT who is in the room and she supported our family. The one before her did not support. We're really good friends and I talked through all my thoughts with her and we need to immerse our family in ASL because I cannot raise a child if I cannot communicate with him. And hearing aids are not the best option for him if he has --

(2:25 p.m.)