

\* \* \* \* \* \*

EHDI Annual Conference

Capitol 5, Topical Session 1 & 2

March 18, 2024

2:25 pm CDT to 4:40 pm CDT

\* \* \* \* \*

This text, document, or file is based on live transcription. Communication Access

Realtime Translation (CART), captioning and/or live transcription are provided in

order to facilitate communication accessibility and may not be a totally verbatim

record of the proceedings. This text, document, or file is not to be distributed or

used in any way that may violate copyright law.

\* \* \* \* \*

(Captions provided by a live Captioner.)

Captioner standing by.

>> Hello. Hi. Welcome to our presentation. Thank you for coming. We're going to be talking about story sharing today. So let's just get started.

First of all, let me explain a little bit about who I am. This is the "me" slide. My name is Maddie Hinkle. I use she/her/her programs. I have a BA in literature from Oberlin College and grad study in Gallaudet. I worked in DHH educator roles with a couple of different age groups, most recently with Pre‑K, and youth coordinator with CHS in Chicago, which is a Chicago hearing society, which is a huge misnomer because it's statewide hearing services for Deaf, DeafBlind program. We have retch notebooks ‑‑ resource notebooks that are bound, a compilation of resources for families. They have research about technology, audiology, EI, communication, Deaf culture, all sorts of different stuff and we give that introductory information to families so they can make better informed decisions. The notebooks are free. We have the whole thing online on our Web site for free. You don't have to live in Illinois to get those. If you know of families that would benefit from a bunch of information they could go through at their own pace, I'm happy to provide them. You have family sign language classes free for Deaf, DeafBlind members. Extended family members are welcome. The registration is open now. If you have any families or are a family that would like to learn ASL, those are open to you. CHS has a program called ARMED, which is adult role models education for the Deaf Education advocacy with I.E.P. and IFP support. If there's anything we can help you with out of state, those of you for in state we can do basically anything. Okay. This material is a larger curriculum we do in Illinois. We help providers how to read with their children. They can bring it home to their families that they work with, and, also, some of the stuff will feel kind of like a no‑brainer. You're, like, of course, we should read. Of course, this is how you do it. But we wanted to make sure that you had the research and the background and the extra information that they needed to feel comfortable and confident in sharing that information with families.

Okay, so this is kind of our agenda for what we're going to talk about. We go through how we sit, read, re‑read and what we read. So before we can do any of that, though, pre‑agenda agenda. Let's talk about why we read at all. Research abounds about the benefits of reading with your children, with young children. The reading contributes to pre‑literacy skills, things like recognizing letters in print, connecting written words to concepts, spoken word, sign words. Book skills such as turning pages and identifying that you start at the beginning and you end at the end and this is how a book works, those kind of pre‑literacy skills. It helps with print concepts, like the written register, the kind of things we say in a book or the way things are phrased in a book is different than how we speak to each other, especially young kids, so it helps get the supports. Phone logical awareness. Language development like vocabulary, asking and answering questions, what we call de‑contextualized language, that's language that's not right in front of you. Reading helps relationships, bonding and interest in that shared kind of experience. This quote says the age at which parents begin reading with their children is correlated with children's language development. Children read to at an early age tend to have higher language scores later on. You probably know that, but to give you the research and the backups to bring home with you and say this is really important, we have to read early and often to support our DHH kids.

You can start reading with an infant or toddler or baby way earlier than we think. You can use high contrast books, board books, utilize tummy time where the baby is on their stomach and you have the books set up around them. The repetition and familiarity is a big benefit to see if they will recognize the books and get excited when they see the pages. Babies get your undivided attention when you're reading with them, so it helps with that relationship, and it makes up for some of the incidental learning. As we know, our DHH kids are missing some of the incidental learning of overhearing stuff that's happening around them, which is the way hearing kids pick up language. So we have to make up for that in ways that we can, including things like providing extra access to language, extra language, different kinds of language, and books are a really good way to do that. So read as often and as soon as you can.

We find families get stuck on this, so it's, like, well, the way I read with my hearing kid, I don't know if that works with my deaf kid. Where do we sit, what do I do? We want to give basic stuff like you can sit in any number of ways. The curriculum I'm sharing with you works regardless of communication mode. None of it is specific. So this stuff is applicable either way, also. So the big thing to keep in mind is, when you're reading with a DHH kid, is you want to keep your face and the book in their sight as much as you can. Even if you're using ASL, they'll take visual cues from your face, expression, lip reading, all that stuff, so it's important to keep those things together. If you're signing, they will want to see your hands and face.

These are examples. You will have access to the PowerPoint if you want to look more in depth. These are with a little older kids. Again, the point is to cope them with you and involved in that reading process. The third one over has a kid sitting in someone's lap which goes against keeping the book and your face in the same view. The benefit is, first of all, you've trapped the kid in the reading space which is great, they can't escape you. The other thing is, especially for ASL, is you can make sure you're speaking right into their ear, the technology, the better ear, that kind of stuff. For signing, it helps you to be more creative and active in the way you sign. So signing on their body in front of you rather than on your body behind them, that kind of thing. We'll talk about that more later. Just something to keep in mind.

So this information largely comes from a study by David Schleper in 1998 where he interviewed and worked with Deaf families and observed the ways they read with their children, whether Hearing or Deaf, and the main thing he could pull out from that. The main thing that he found is the way the parents read to their children changed depending on repetition, depending on how many times they read it. So the first time these parents were reading a book, they emphasized and explained things differently than the second, the third, the fourth time. The more times you read it, the more specific you're getting. I'll explain what that means.

So that first time that you're reading a book, and you guys might know this concept as pre‑teaching, is you really want them to understand what they're looking at. You want that kid to have all the information they need to understand the story. So what actual words on the page are not important during that first reading. Unlike with the hearing kid, where you might read, like, Goldilocks and the Three Bears, blah, blah, blah, that's not what we're going to do with our DHH kids. We're going to start by giving them the information they need, identifying things in the pictures, pointing things out, labeling stuff, talking about emotions and what we're noticing rather than actually reading the book. You want them to have the information they need to understand it. So first we do the pre‑teaching piece.

So we describe what's happening, things that are going on, on the page. We might say things like flower, but we probably wouldn't get specific and say, oh, sunflower, because we don't need that right now. We're focusing right now on the first reading making sure they know what they're looking at and what's happening.

You connect the English text to what you're reading, what their experiences are. So pointing things out that they might know. Point to specific words as you say or sign them. Work on identification of pointing at an illustration or word. Saying it and signing it and pointing again. Things like having the child repeat after you if they're old enough to do that, and we'll be surprised how quickly they pick up the things, especially if it's a repeated word in a book, if they recognize that word even earlier than we think they will.

We want to elaborate. The main thing is not to be constrained by the text. I am not only sharing information that is written here. I am not reading everything starts to grow, and I am not only reading everything starts to grow. I am explaining what I'm looking at and everything that's happening and way that's similar to my child's experience so that they can understand what they're looking at. Again, we adjust the reading style to fit the story. So if you have different characters, we talk about tone shifting and role shifting depending on whether you're voicing or signing, and matching those things together, talking about movement and enthusiasm and the stuff that gives them the clues they need for the story.

Finally, we need to expect success. There's no reason our Deaf and Hard of Hearing can't become literate and the expectation that they will is important to their development.

Also, connected with that is to make what is implied explicit. So things that make sense to us because we understand them and we have the information we need to get that kind of implication, we want to make sure our DHH kids have that information, too. So, the book, let's say we're reading Goldilocks, and she finishes eating her porridge and has a big yawn, the next page is her going to bed. The next time you might give more information. Oh, she ate so much, now she's tired and going to bed. That is implied in the text that's there, but we want to make sure they have the connections to understand that so they can get the story and the basics of what's happening. Does that make sense? Thumbs up? Nods? Okay. Great.

So I'm going to pause briefly to talk about attention maintenance strategies. When you're reading with an infant or toddler, their focus is not always there with you. So some things that you can do is use eye gaze. So that's really important of noticing what they're looking at, what are they interested in on the page. If you can find what they're interested in, you can elaborate on that thing. For example, like they're really into this pink dress or whatever, let's talk more about that. That helps keep their attention. You want to allow wait time, so let them have time to look at the pictures to absorb what they're looking at before you try to throw stuff in. This should be a child‑guided reading experience for the most part. It also includes when you're asking questions, even if your kid isn't at the point where they're answering questions, you want to give them that wait time as if they're going to answer it, which gives them information ability how the conversational turn‑taking works. I ask the question, I wait, you answer the question. Even if you're answering it yourself, giving the wait time is a good learning experience.

You can shift the book or tap shoulders to draw attention back to it. You can engage them with facial expressions, creativity, enthusiasm and all the stuff we do when we read anyway. The other thing I will say is you utilize peripheral vision. They have more peripheral vision than we think even if they're not looking at you when you're signing or looking at the book when something is happening, they're able to absorb more of that than we think they do. So even if they're not fully dialed in, focused on you, it's still part of that reading experience.

All right, so I have a couple of tips about ASL and then I'll do tips about LSL. Here are some ASL tips. When signing, you can use ASL variation for repetitive phrases. That can be an increase in intensity, like mad versus furious, especially in books that have repeated words or phrases. Those variations can also be different kinds of ‑‑ showing there's different concepts that use the same language. This is from the book from Deaf Dog called Nevermind. It's about how the feeling of feeling, like, isolated and lonely when someone is like, oh you didn't hear me? Never mind, it doesn't matter. In the back to have the book it has tips on thousand to sign the repeated phrase "never mind" depending on the context. So it might say ‑‑ let me make sure I have this right. Yeah. It might say, what did you say? Nevermind, I didn't say anything. Or I didn't know it was time to line up, and fine, whatever, it doesn't matter. These kids don't know you're cool, and it's that's fine, never mind, ignore them. Different ways of signing, so kids can see ASL, different words can have different meanings and it's key for development of understanding contextually. Keeps their interest, develops sign vocabulary. So A plus there.

Adjust sign and placement. You can sign on your body, the kid's body, the book, the stuff animal. Keeping the reading experience more interactive. We can incorporate finger spelling way earlier than we think. Well, my kid doesn't know his letters yet, why would I finger spell. Retch suggests kids copy the shape of finishing spelling and they'll pick that up and it helps them connect words to letters and concepts and to figure that stuff out so we can use finishing spelling earlier than we can. If we're reading Clifford, you can make a sign name for Clifford or spell Clifford every time. It really is okay to do that. You can use that finishing spelling even if they aren't reading yet.

Okay. So some specific LSL tips. Ling sounds are the sounds we use in speech, cover high‑to‑low frequencies, and speech language pathologists use them a lot to emphasize sounds and pulling out certain sounds. So you can look for books or activities or pulling them out of the books that you're reading to kind of incorporate that and emphasize that. This is an example of a book that does that here. This book has different page also where it talks about different Ling sounds and kind of focuses on them. Then, again, you can use music. A lot of nursery rhymes or repetitive music or that kind of stuff can be used outside the reading experience, too, during the day, using the music as it connects to a book you read is a great way to kind of continue that learning.

Okay. I say this all the time ‑‑ the only person that is tired of reading the same book over and over is you. Your child is super into it. And that's great. We kind of get stuck, too, on the idea that we need to increase the difficulty level, give them the next book, the next area. But doing the same book over and over is learning. It is part of that development, and it's part of that literacy, and it's an important step and it's okay to do. If they're really into that book about trains, you can read that same book about trains a bunch of times and not feel bad about it. When you get to the last page, close it, turn it over and read it again. That's okay. Repetition is learning.

How do we re‑read? When you're reading it the first time, the idea to get what you're looking at across, the pre‑teaching, so they can understand all the concepts they're looking at. Next time, you get to add a little bit more. And the goal is the more and more times you read it, the closer and closer you're getting to the actual text. The first time I'm reading Goldilocks, there's a girl, she sees a house and smells something good, so she's going to go inside. That is going to be really different as we get farther away. I might talk about the forest, what she's doing in the forest. I might get closer to the text as it talks about what she's thinking or saying. And that's kind of the point here. So we're going to start basic so we understand what we're looking at and adding more information as we go. We started with the flowers earlier. The next time you read it, you can add sunflowers and provide more information and details and let it be linguistically complex, giving detailed information, just doing it in a way that they have the scaffolding they need to understand that.

So, let's talk about some of these specifics. So this is a quote from ‑‑ I'm sorry, I don't have it up here. This is a quote from David Schleper. He says Deaf readers elaborate on the text extensively the first time they reach a story, but the successive readings has less elaboration. It's a continuum moving towards a more direct translation of the English text. That specifically is about ALS but the same is true for spoken language, too. You want to start by explaining the story rather than the text and add in dialogue or narration. Provide the next level of detail, bear versus polar beer. They ask questions, what do you remember from the time you read it before, can you connect the book to real life, are they able to perform actions and follow along with you? Again, we're allowing wait time, we're elaborating on things that are there and not there, so motivations, emotions, things that you're kind of inferring. Again, we're getting more and more detailed on that stuff. We can focus even more on repeated phrases, things that show up again and again, pointing out specific words and phrases and spelling stuff. As they get more familiar with the book, you can read it more as it's written and ask more complicated questions.

I don't have a lot of time, but, for example, this is from a board book called baby love the five senses hearing. It talks about ho we hear. It has a section talking about hearing aids and implants. The first time I'm talking about, look, that kid has a hearing aid. Do you have one? What color is it? I see yours. I see a girl. All that stuff. As you read it more and more, you're getting more information until we get to a point where we're hearing hearing aids make things louder and implants change the way you hear. We're getting that information, and you can teach that to our kids. We just start with what they see, what they understand, so we know they can build off that to get to the point of what the text is talking about.

This is an example from Goldilocks. She's discovered in baby bear's bed. The first time we're labeling it, emotions, we can do, oh, no! Every time, because that's fun. We can talk about why she's in the bed. We can talk about real life, like, oh, this one has rockets on the bed, what does your bed look like? Things like that. Finally, we can get to something closer and closer and closer to the text, this is like a phrase, someone's been sleeping in my bed and she's still there, that we kind of know from Goldilocks. We won't start there but we'll end up there where we're getting to the same rote phrase our kids get the other way. We're making sure our kids have the information they need to understand what that means.

This is another good example. This is If You Give a Mouse a Cookie, a great example of making what's implied explicit. We know the reason he wants milk is because he ate the cookie and he's thirsty. It goes from one thing to the next. So he wants a straw, now he wants a napkin, and it goes from one thing to the next. So the first reading in the first few readings, we want to make sure our kid is understanding what that transition is. Not just they had a straw and, you know, they need a napkin. But, oh, they drank it and now it's all over their face, look, their face is all messy, that means we need a napkin, and making sure the connections are clear so they're fully understanding the cause and effect and getting the full benefit of that text.

This is a slide from my other presentation that I did this morning, which you can find in the handout thing, which is about representational literature. So this is about positive or productive picture books that have Deaf and Hard of Hearing characters that were designed at least in some way for Deaf and Hard of Hearing readers. We want to provide them access to seeing themselves in the media that they consume and understanding that they are important and a valued part of their society, and seeing that through literature is really key.

I'm not going into this because I did it earlier, but if you have any questions or you want to talk about presidential literature or get my graphic of this ‑‑ my graphic of picture books by category which is part of my thesis project for my grad school program, then I'm happy to share that with you by email or you can come up later. I think I have Lyme three of the handouts left. So if you're really fast, you can do one.

I want to touch briefly on linguistic diversity when we're reading with our kids especially when we're teaching this to providers, profits, to keep in mind letter sounds make different sounds depending on the language. English letter sounds are not the same as letter sounds in other languages. So if you're working with the family, making sure you're aware of that, so they're getting consistency and support in the home when you are there and not there. The same is true for onomatopoeia, where the moo sound is not the same in every language and every country, so making sure you're aware of that. Another ample is this is five little monkeys jumping on the bed, whatever ‑‑ I think it's ten, this one is only five. They say momma call the doctor, and the doctor said, right? If the family doesn't call their mom "momma," then the connection of what that means isn't going to make sense. So switch it out, put whatever word they use for their mother in that slot so they can get that understanding.

Incorporating routines that are culturally sensitive that are aware of the family roles and the different traditions and habits that families have is another important part of this reading experience. We want to make sure that we're building reading into families' existing routines and not kind of trying to overwrite anything. For example, if you're, like, oh, we read before bed, but the family prays before bed, you don't want to take that over, and you suggest a different time.

That's pretty much it that I have for you. Language and literacy are tied closely together, both huge indicators of future success and healthy development. So you can start working on the literacy skills super early and expect success. Being conscientious and intentional about what literature you are providing including showing diversity in the literature you are providing. Our world is diverse, our literature can, too. This is my contact information. If you want more information, reach out to me. Thank you for coming. Come on up if you have any questions.

[End of session]

>> DONNA: We're going to start in one minute. I'm Donna Sorkin, Executive Director of the America Cochlear Implant Alliance. We're glad you joined us. We're sharing information from an initiative we started eight months ago to look at ways to enhance language literacy in children. So the session that we want before us, a perfect segue into mine. Just to see who's here, how many of you are parents of children who are Deaf and Hard of Hearing? Wonderful. And how many of you are professionals who work with children zero to three? Great. And four to eight? Okay. There's something here for everybody, though it's really focused on the younger children.

I wanted to just let you know who I was, you know, where I'm coming from in terms of an organization. The ACI alliance is a membership organization and we're concerned with early hearing intervention and access to care and our members are early intervention professionals and educators, speech language pathologists, audiologists, physicians and those who serve children as well as parents with hearing loss and advocates. We have a robust site you can go to that that is information. We put on training webinars and other educational initiatives. Please join us and become involved.

Our agenda today is we're going to look at where and why the term language nutrition evolved. Has anyone heard that term before? A few hands. I'm surprised more haven't heard it. We'll look at a role that parents in a child's development, which is really something this meeting is very devoted to, there are a number of sessions on that, so we're going to talk about that and what retch says about the impact of parent talk. Not what kids do in school or early intervention, but what parents do with their children in terms of turn taking and rich language, lots of it, and the impact of socioeconomic status on language. We're going to talk about that because that's really with the research that led to this term was derived. The language of the home and how that matters and what we can do to support families. So that's what we're going to try to cover. Today, I'm going to start with this graphic and I'm going to come back to it because this is what I'm going to take you through today, and that first arrow in the left top corner refers to a study that was started in 1982, the Hart & Risley study, and how that dead into the work done by Dr. Dana Suskind, Thirty Million Words. Are you familiar with it? It was the original study that led to Dr. Suskind's work and how that led into pediatric nurses getting involved in this topic with the first use of that term, language nutrition. Then those of us who are involved in working with children who are Deaf and Hard of Hearing and therapeutic professionals began to really see the importance of this and their work with families. And lastly, in the bottom right corner there, you will see the identification of some of our larger governmental and foundations that have gotten involved in this topic of building children's vocabulary in the home, involving families. So let's work through all this in detail. This first study I'm talking about is the Hart & Risley study, work that was begun in 1982. And Hart & Risley actually went into the homes of 42 families, and they painstakingly took ‑‑ kept track of the interactions between parents and children. They work with 42 families over two and a half years, and they recorded hundreds after interactions between children and families and look at the talk that was going on and the nature of the talk. There were large differences happening in the homes. There was a lot of talk going on, a lot of interaction going on, but large differences between families of higher‑income children and families of lower‑income children. So what they found, essentially, was, between those two socioeconomic groups, there was a difference of 300 words per hour spoken. So if the child was from a higher‑income family, they were being exposed to 300 more words in an hour than they were if they were from a lower‑income family, and that, over time ‑‑ over four years ‑‑ that meant a 30‑million‑word gap, and that's where the Thirty Million Words came from. So, over time, when children are not exposed to that rich language, that turn‑taking that occurs in the family structure, it really adds up and it begins to affect the vocabulary that children have. And, remember, the vocabulary that a child has at age three is the single best predictor of their reading scores in third grade.

So taking us to Thirty Million Words, Dr. Suskind's work, she is a physician, an ENT at the University of Chicago, and she realized that what she did as a physician wasn't going to accomplish what she hoped to accomplish with those families, if there wasn't more going on besides giving children access to sound. And she was a physician that works primarily with lower‑income families. So she wanted to see what she could do when she came across the Hart & Risley work, which had not received much attention. And, remember, this was aimed not at children with hearing loss, it was named at typically hearing children. And Dr. Suskind's work actually shifted away from just working with children with hearing loss to looking at children in her Chicago community, more generally. And her three Ts, I'm going to talk about more, tune in, talk more, take turns, and it's just a great summary of what you want to see going on in a family dynamic with a parent and a child.

What we're really talking about here is building your child's brain. There's people that have talked about this at this meeting and are better at talking about this than me, and I think what it really comes down to is putting the parents at the center of language learning for a child.

When I first entered this field, which was over 30 years ago, we would expect that a family would bring their child to therapy, okay, that's when we were identifying children when they were two and a half to three years of age, and the mom would wait in the waiting room, and the child would go in with the speech therapist, and then the child would come out with the therapist and the mom would say, how did he do? And that was the way we did therapy 30 years ago. I remember it well. So we have totally turned that dynamic on its head and recognized that, if you're going to overcome this language learning issue and the fact that children are graduating from high school not reading above the fourth grade level, we have to do it at the family level. So parent talk improves school readiness. Those meaningful conversations shape a child's future, and there is that rigorous scientific evidence on brain development.

And what we're really talking about is prevention, not fixing things later, by optimizing brain development at that early age. And every parent has those tools right in front of them ‑‑ tune in, talk more, take turns. It's been really fun for me to watch my two‑year‑old grandchild and the way his parents interact with him. And they've heard me talking about this stuff for years, and I thought they weren't listening, but they really were listening, and they really do talk to him all the time. And I overheard his mom reading to him recently, and she was reading a rabbit book. And the book used the term "burrow," and he corrected her and he said, it's Warren. So he's already picked up all of that vocabulary and recognizing that there are numerous ways of saying the same thing. And he's two. I never would have expected a child of that age to say that. But this is really what we're talking about in terms of building that language of the home as part of the child's upbringing.

The next study I want to talk about was done in 2017 after publication of Thirty Million Words, and it was a recognition by pediatric nurses, and they looked at these same principles, and they read Dr. Suskind's book and looked at other work that had been done, went back to the original Hart & Risley work, and they published an article in pediatric health called the power of language nutrition for children's brain development. This is the first time that term had been used and, interestingly, it was brought into our vocabulary by people outside of hearing loss. So I'm just telling you all this because these principles really evolved from outside of our community, in the communities of just working with children. So their audience was pediatric nurses, and they really were trying to liken development of vocabulary and providing nutrition of vocabulary to what they do on a daily basis, in terms of the diet for babies and young children, and that was really how this evolved. And they were trying to develop those skills in families to encourage those practices that would then build the child's vocabulary and their learning and recognizing, again, that the child's vocabulary at age three was going to lead to their reading skills at third grade.

So what they said, in terms of their coaching ideas for families, was the fact that the quantity of word matter, the power of those interactions, the way parents interact with their children, engage with their children, ask them meaningful questions, use slower speech sometimes, and use that parent‑ees that we talk about where you elongate our vowels and emphasize the language of the home as non‑fluent language, more simple speech grammatically. Incorrect phrases is sometimes what you see if families are using a language that's not the language of the home. And that's what they were emphasizing.

We have many Spanish‑speaking families in this country, and, again, 30 years ago, when I first got into this field, we used to tell families, you can't speak Spanish at home. If you want to get a cochlear implant, you have to speak English at home. Remember that? Anybody who's been around as long as I have, and that was a terrible mistake to make because families did not feel comfortable using a language that wasn't their home language and, as a consequence, children were being cheated, they weren't getting the exposure to language, and the comfort that a mom and dad have in using the language they are comfortable with. So that was also part of that. And we all know this leads to expanded vocabulary and more complex ideas an abstract thinking.

Okay, so this concept of language nutrition was created by the nursing community and emphasizing the quality and quantity of exposure to language, and this being crucial to a child's development and associated with future literacy and academic achievement. And I've mentioned before this link to reading scores at age three. So, actually, these concepts are now becoming more a part of what we do in hearing, but it actually started from outside. So guiding principles, parents have the key role in their child's development of language. They have to. We have to help them have that key role, and it also helps their child to feel valued and loved. And they already have the tools to do this with their own language at home, with book reading like we heard in the prior session here. And traditionally, outside of hearing loss, we've always viewed passports as a child's first teacher, and we have to make sure that they still have that role.

So applying these concepts to Deaf and Hard of Hearing children, educators and therapists have traditionally focused on their own role in working with children who are Deaf and Hard of Hearing, and it's really only in the past eight to ten years that we have really begun to focus on the role of parents, so this shift to parent mentoring. And there's a number of wonderful their opinions that have been written on this topic. I took out one. It should be Arora language environments and spoken language development of children with hearing loss that focuses on the important role of parents in their child's development and talks about turn taking, and rich language and lots of it, and the language of the home. And what I have been really tickled to see has now been picked up in some programs in some states, my favorite is Georgia. Anybody here from Georgia who is part of that wonderful program where they have been emphasizing the idea of language nutrition using the term in the public and private school systems and in the State of Georgia to really emphasize the role of families in pushing this forward.

So we want to restore parents' confidence in being their child's first teacher. I think parents are sometimes hesitant to do this, and it's really critical that we allow them to have comfort in doing this and moving forward.

And then what we've seen is this being picked up in government, in the Clinton Foundation's Too Small to Fail, an effort started by Bill and Hillary Clinton and is still ongoing, still an important initiative for the Clinton Foundation. Then, perhaps as a consequences of the Clintons, the U.S. Department of Education's engaging families to bridge the word gap. So, again, we're talking about the 30‑million word gap. And UNESCO recently picked up the same concept in language acquisition in the early years of childhood and the role of family in pre‑primary education. So really exciting that this is now making its way into governmental institutions, again not ‑‑ in this case not kids who are Deaf and Hard of Hearing but children in general, which is really a way of documenting what we are saying should happen with children who are Deaf and Hard of Hearing.

And just to give you some data on children who are in homes that used a language other than English at home. In 2019, this was 22.6% of children were growing up in homes where English was not spoken. So, if we are encouraging families to use some other language that is not the language of the home, it's going to be very difficult for parents to practice these principles. That percentage is going up, and it will continue to go up. In some areas of the country, it's definitely higher than this. So that's another thing to just keep in mind when you're thinking about supporting families and the language of the home.

So, again, coming back to this graphic that I've mentioned at the very beginning, that just brings home this idea of language nutrition for children, I put this in the handout so you can download it if you wish to have it, and I've also put in the handouts the related resources and references that I talked about today, so that you can go back and look at them. We didn't have too much time to go through everything today, but you can go back and see them. We also have an upcoming audiology online series with Dana Suskind who are talk about her latest work, Beyond The Thirty Million Words and Charles will joins to talk about what's going on with EHDI in the past 20, 30 years. An exciting program. If you're interested in cochlear implants, I inside you to come to the conference in July in Vancouver, Canada. It's international. We have some amazing speakers. There's no better place to be in the summertime than Vancouver, Canada. So consider joining us there. That's all I have. Thank you very much.

Any questions? Comments?

>> I don't want have a question, but I just wanted to make a comment that language nutrition has been a game changer for my program. Georgia Mobile Audiology. So, when you mention families being a little ambivalent at first, but we've given them strategies, like, habit cards, things to encourage families to continually communicating with their children, whether it's through sign or listening and spoken language, and it has made a world of difference for the families that we diagnose. So I would encourage anyone here to look into language nutrition. It's something that we preach every time we talk about our program, whether it's about audiology or what we have ‑‑ what we call parent navigation, language nutrition is the forefront of our mission and just connecting language nutrition to literacy.

>> DONNA: For adding the real life example. Anybody else? Thank you very much for being with us.

[End of session]

Captioner standing by.

>> NICOLE: While y'all are coming in, there's a QR code or a link on the screen if you want to participate in a little poll we have going. This presentation doesn't technically start for seven more minutes. So if you want to stand up and stretch, do some jumping jacks, talk to a neighbor. It's really quiet in here.

We still have five minutes. Nobody's doing jumping jacks, yoga, nothing? Make sure you participate in our poll. It's a little tech savvy, but we have faith you can figure it out. You have two options, either typing in the address at the top or scanning the QR code. If you have trouble, let us know.

This is a two‑minute warning. We'll start on time at 3:10. We would love it if you participate in the poll we have going, if you haven't yet.

>> EMILY: Stand on the platform.

>> NICOLE: I don't have one. You can stand on that. Hmm. Any theater people can tell us how strong this box is?

Looks like there's a few chairs open for those people still coming in.

Hello, everybody. If you're still coming in, there are definitely seats in the back middle area there. We also don't mind if you sit on the floor in the front. We're going to get started because 25 minutes is such a short amount of time. We will give you another chance to do this, if you haven't yet, and we're just going to get started, if I can figure out how to change the slide. We'll see. Didn't think to test that part. Nothing. Well, that was too fast, but we're figuring it out. There we go! We've got this. You didn't know pre‑school teachers don't have a lot of tech skills until you put them in a room like this.

We're excited to have you here. The title of the presentation here is Words Matter: The Impact To Have The Words We Choose. I'm Nicole Hutchinson, I work at the Kendall School on Gallaudet's campus running their program with a wonderful team. Also on the board of the Maryland and D.C. Hands and Voices chapter.

>> EMILY: Hi, everyone. I am not a little bit overwhelmed by the number of people here, so thank you for coming. My name is Emily Wojahn Small, a second‑year Ph.D. student at Gallaudet University. As of seven days ago, I became D.C.'s state EHDI coordinator. So don't ask me very much about D.C. specific, but I'm excited to be here. Nicole and I came to this topic over years of conversation. I'm a teacher of the Deaf by training as well, and we noticed there were different words that we were hearing for the children that we work with generally based on different organizations and different agencies, people coming from different backgrounds. So that's where we started with this.

Fast forward to last fall. I was taking a methodology class as part of my Ph.D. program and had to do a qualitative research project. So you will also get to hear a little bit about that. This is a combination of both our experiences, a little bit of research, literature and what we hope will be a conversation with you.

>> NICOLE: We're going to kick it off with a quick show of hands so we can get an idea of who's in the room. If you are an early interventionist, raise your hand. If you are an EHDI staff member in any capacity, speech‑language therapist. Deaf and Hard of Hearing adult. An audiologist. An educator. A family member of someone who is Deaf and Hard of Hearing. I love this. What a great group of people here. Thank you so much for coming.

We wanted to start with this question, and we don't even need a show of hands because we know we have all felt the way we feel here. We're having a conversation about communication here. Hold on one second. Is everyone able to see the interpreter okay? Yes? We're good? All right.

So if you've ever felt afraid of saying the wrong thing, you're in the right room. The reason why we wanted to have this conversation with you guys today is not that we're going to tell you what to do. We are not the experts, we did not come here to preach at you. We came here to make us all pause for a moment and just think and have a conversation about the words we use with families, how those words impact their perceptions of their children's abilities, their futures, their successes, and just the choices we're making without even knowing we're making them.

>> EMILY: This topic might come with some feelings, some emotional or physical reactions. I want you to honor that in your body. I hope that you can agree to abide by the norms by remaining with us, respecting others views and opinions. Be curious. We're open to learning. E.R. with at a professional conference, a conference for this community to learn. Agree to disagree. Assume good intentions. Be present and recognize your own privilege and bias. Nicole and I are both hearing, white women. We are not parents of Deaf children, we are not Deaf adults. So we value the voices and the perspectives of the people who represent those communities and acknowledge they bring different perspectives maybe than what we do.

As I mentioned, this presentation is coming in part from conversations we've had in part because of a study I did. We'll go over some of the things I found. Keep in mind how different words for deafness make you feel and how words influence passports and caregivers along their EHDI journey. We're going to include community learning. Many of you participated in the QR code survey, I hope, and then we'll have a call to action.

>> NICOLE: If you didn't get a chance before, we'll give you two minutes, maybe one, we'll see, to figure out a quick poll. It's a word cloud. We'll show you the results in a minute. Would you have two options ‑‑ the QR code, or type the web address.T people have been having success. We'll pause for a second so people can catch up. I see people scanning our QR code. Then I'll show you what we have. I'm going to give it my best shot. Wow. The size of the word is weighted on how many people have typed that exact phrase into the word cloud. Unfortunately, it does not honor capitalization. So, if you capitalize anything intentionally, I apologize. It's not going to show there. At the very end we'll take a screen shot and figure out how to attach it as a handout. Cool. I don't know why it's jumping.

>> EMILY: People are still adding.

>> NICOLE: Cool. As we continue into the presentation, I'm going to take this away, but we want you to think about the words you see, how they make you feel, the frequency they were used, how big are they, and just carry that with you through the rest of this presentation.

I'm a Mac computer girl, so when you put a PC in front of me, I'm lost.

All right, we are going to start with some literature. We are going to start with the JCIH document that came out in 2019. Many of us overlooked this tiny light blue blocks that was in the 2019 document. The font is too small to read. I'll read them out loud. The first quote, the term "infant" or "child" who is Deaf and Hard of Hearing is intended to be inclusive of the entire spectrum of children representing varied hearing levels. And the second one, the JCIH recognizes that terms like hearing loss, hearing impairment and hearing level have different values or interpretations assigned to them, depending on one's cultural perspective.

There are other documents that talk about technology, in particular with this population, one of them being a recent recommendation from the American Academy of Pediatrics, which we did not include and wish we did, so I'm mentioning it. We also are highlighting three research articles that are relatively recent that look at parents' perceptions of provider strategies, methods, communication styles. For the sake of time, I'm not going to read you all the bullet points. These handouts are on the EHDI Web site, but I'm going to give you a couple of highlights. Some of the key themes, the roles professionals have in influencing and impacting parents' perspectives of their Deaf and Hard of Hearing children is very important. The way information was shared and the information that was shared both have impact, and how the professionals communicate really resonated with families, in particular a focus on clinical‑centered care versus parent caregiver‑centered care. The biggest thing we took away from this is we need more research. So Emily is trying to do something about that.

>> EMILY: My pilot study research question is up here. What are the perspectives and attitudes of early intervention professionals regarding technology used to communicate with families about being Deaf? This was approved by Gallaudet's Institutional Review Board. It was a qualitative study, for you research in other words out here, just this weird slide. It was a pilot study so means a small population. So only three participants. We had interviews over Zoom. We did a document review I'll talk about next, and then phonetic analysis. It's not published anywhere. I'm not that fancy. I'm just a student so far, but this is the first step into sharing some of that information with you.

So the document review. This is something I hope you can take with you as a tangible task you can bring back to your communities and your agencies, the people that you work with, who was in a session earlier about the family‑centered early intervention guided values and they talked about the term stakeholders and the connotations that term has. So the new term is invested partners. So I'm trying to use that term. So take this back to the other invested partners or to your communities. What I did, I requested that the interview participants share documents that they routinely share with their families who have children who are newly identified as Deaf and Hard of Hearing. I ended up with five unique documents, and I just looked at all the documents and saw what were the words the documents used for deafness. Those are listed next to the green bars. The green bars represent how many documents those showed up in. The most common word used in the first four of the five documents was hearing loss. The next most common were hearing level, Deaf and Hard of Hearing and deaf with a lower case D.

I would encourage you to do this ‑‑ we frequently share documents shared in‑house within our organizations and created by other people. We have an amazing EHDI community. So many people have been involved creating documents. How many times do we consider stopping and considering what all of the documents say and what could those parents be perceiving from those words that are being used? So this is a tangible thing you can take with you. From that study there were a few quotes to pull out for you to read that were impactful. I'll read them out for the interpreter and the captioner. That's the thing imprinted on their brain. You're the first person they remember, the one thing they remember, talking about a professional meeting with the family. When you're brand‑new and families don't know how to articulate the child's hearing levels, I let them say whatever they need to say, then as the relationship continues, I try to ask more about it. Talking about a journey, we're all on a journey.

Technology is changing, but it's not noticeable until you step back and think about it. This is your opportunity to step back and think about it. It matters how you, the professional, talk because families want your opinion, and they value your opinion. You know, I don't think that these new terms that we're using with families are represented well in the resources we share. Is that resonating with anybody?

>> NICOLE: We love presentations with a little activity, so we're going to put our teacher hats on for a minute and have you do a pair and share. We know we have multiple primary languages happening in the room for the sake of our poor interpreters, if you would turn to somebody who uses the same primary language you use or at least a shared language, that would be really helpful. Here's our activity. I'll give you a second to read it.

What we want you to do is think and turn to your partner, elbow somebody you know or don't know and reflect on the question. If somebody uses a different term for a child's hearing than you do, how do you respond? That could be a professional, a parent, anyone in your community.

Here are some of the things we came up with, but we are open to other ideas. Do you match their technology? Do you pick a different term? Do you discuss with them why you use a different term than they do? Something else? We're going to give you two minutes to turn to a neighbor and talk about this, and then we'll kind of do the moves to get everybody back on board.

>> (Inaudible)

It will be on the screen. Thank you so much.

>> EMILY: This is your opportunity to take what we've talked about here back to your communities. We have these questions as a handout. We likely don't have enough for all the people in the room. It is on the Web site for you to upload. Things to interest, how are the words we are using impacting parents' perspectives of their child? Do the words we use in our print materials ‑‑ Web sites, handouts ‑‑ match our intent? Are we being intentional about the words we choose? And what conversations can we have with our community members about the words we choose to use?

Like we said at the beginning, the purpose of this is not to tell you how or what the do. We don't have the answers, but we can come up with the answers together as part of this community. We want you to get to thinking. So these are our questions for you to take back.

>> NICOLE: During the poster presentation, I had the opportunity to chat with Andy from Children's Hospital, their audiology Department. She has a poster, number 39, and it is all about technology and about how their audiology Department at Children's Hospital is tackling some of this. We had an awesome conversation about what they are doing in their audiology Department, how they started conversations, what their next steps look like. She has a great poster. On her poster she has a survey. She wants to collect information from all of you about your thoughts and feelings about technology, so we told her we would help her out. Her poster has a QR code on it, and we have a copy at the front and at the back by the water. So, when we're done here, we would love if you could help her, but also go check out her poster because we think it's a great example of how we could take some of these principles back to our communities. And what do we do next? It doesn't help anybody if Emily and I sit in her dining room and complain about it, that isn't why we're here. It also doesn't help p we leave the conference and do nothing, so tuck a note in your back and when you get home maybe you will pull it out and say, oh, yeah, this had me thinking. So we hope you enjoyed our presentation. We do have some time for questions. I'll put our thank you slide up so you can see our contact information. If this sparks something in you and you want to have a conversation about next steps, we would love to hear from you.

Questions or comments? Or, if you don't like questions or comments, we've got a question for you: Do you have an example of something you've already done that you think really worked?

We have a question in the back.

>> So at the I.E.P. level, we are constantly checking a box "impaired," and I don't think the community of any other family of disabilities, if we're even going to call it that, would accept being "impaired." And I would like to see or know if anybody is thinking about that at the federal level.

>> NICOLE: That's a really great comment I don't have an answer for, but it has me thinking.

We have a comment in front. Thank you so much for passing the mic.

>> We had that issue in one of our school districts and in the State and we had it changed in the State legislation, the 1508 people appraisal bulletin, so it's no longer "hearing impaired," it's "Deaf and Hard of Hearing."

>> Which state are you?

>> NICOLE: Louisiana, actually.

>> My son is three and we went through the I.E.P. process. As a parent, I'm seeing those check the boxes that say "impaired," so I am doing parent education to the school district as well to let them know I don't like the technology they're using for my kid, and I know you have to check the boxes, but when we are talking about my child, we will use these terms, not "impaired."

>> Hi. I work for Colorado State Health Department as the new hearing screening coordinator for the database there. The find I find interesting is our hearing screening program is under our Colorado State birth defects registry, and there's a number of other hearing screening programs that are under the state birth defects registry. Do you know if there's anything nationally that they are working on with technology? Because I'm not a big fan of labeling it as a defect, labeling any disability as a defect. But that's the way it's currently labeled federally.

>> EMILY: Tag, I'm it. I think what we're talking about now is the overlap of all of these different systems that a child moves through from the time they ‑‑ before they are born and the care that a parent gets through early intervention Part C into school age and the advocacy that is needed from our community to say, this is not okay. And it means call your legislators and working with our agencies and saying this needs to become a priority. And if you're a professional, it means talking to those people who are running your professional organizations. I mean, the AAP put out a statement saying we don't want to use the words "hearing impaired. And they came up with a list that's on that Andy's poster. I wish I had taken a picture to read it off to you, but I encourage you to go, of these are the words we are choosing to use. American Academy of Pediatrics, if they can do it ‑‑ this is going to be a grassroots movement that no one person will be able to tackle together, but find the people who think like you do and find your organizations and make it a priority and call and contact those people who are making the laws and can change those laws. We don't have the answers.

Couple more questions.

>> Hi. I have been a pediatric audiologist for a Hong time, and we started changing the word we used with families and in our reports and we've gotten really positive feedback about it. I will say audiologists are pretty bad about the terms we've used oaf time, and we're getting better. There's a lot of room for improvement.

>> I think that's a personal example of when we know better, we can do better. That was a part of I took Andy's survey, and this is a step towards gathering that data, that information. We live in a society that we need data, so doing those ‑‑ getting that information, those surveys from your community partners, from your invested partners and coming together to make change. We have two minutes.

>> So, first of all, my name is Michelle Coppets and I am thrilled to see this. This is truly a dream. This is something I strongly believe in, but, first of all, language, I think it really impacts how parents experience the EHDI system and the process and their ability to go through the grieving process. And it would be easier and would really improve things if we were more neutral or used more positive language, more affirming language, and that's really great. I'm thrilled to see this here, and I would love to see a lot more. But, also, I would like to add that the EHDI legislation on the federal level, it used to use the phrase hearing impaired, but they have since switched it out to Deaf and Hard of Hearing children. So I am thrilled to see that language shifting. But it's still kind of a small trickle, if you will.

>> One of the things I wasn't able to talk a lot about in my study because some of the conversations that happened in these interviews, and that quote about the impact of the first words. And we really need to be thinking about the newborn hearing screeners, those nurses who are caring for the parents right after birth. Those first contacts with the families, that's what was imprinting on the families' memories. And until they have more opportunities to interact with people who use different terms, that's the only one they're going to use.

>> I have something I would like to add.

>> Sorry. Yeah, I did wanted to point out that the technology before you get to the diagnosis is important, too. I'm EHDI staff. I'm the one that contacts parents to try to get them to follow up. I found out, if I don't say, your baby referred or your baby failed, I just say your baby needs more testing, I get a lot less defensive, a lot more parents willing to listen to me, so, from the very beginning, I think the words do matter.

>> NICOLE: We're going to wrap up. I'm going to put the questions back up because I know we did not have enough handouts. These are our references, you can get them through the EHDI Web site. We'll take a picture of this. We're putting it up. It's an attached handout. We hope you will take this information with you and think and do and start conversations and report back to us. We would love to hear, we're figuring out what our next steps would be around this topic. But we hope you enjoyed the presentation. If you can help Andy out with the QR code in front or back, we would love that, or visit our poster. We are lucky. We have another break of this. If you want to chat with us, feel free to come on up.

[End of session]