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EHDI Annual Conference Topical Sessions 7 & 8 – Mineral A

 (March 19, 2024)

1:15 P.M. – 4:00 P.M. (MT)

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**3/19/2024  |   1:45 PM - 2:10 PM   |  What if...and why not   |  Mineral A**

>> Okay.

It's 1:45, we're going to go ahead and get started.

I'm Anne Gaspich, and I am here because of my fourth child, Brent.

So I give him all the credit for bringing me to this wonderful conference and letting him meet all the amazing people I've met over the years of his journey.

So I wanted to start off by asking you, can you show me a hand if you're a parent of a child with a hearing difference?

And if you're a provider?

An EHDI staff person?

A researcher?

Come on, we've got to have one researcher in the room.

Not today.

So the first thing I wanted to share with you… it's not allowing me to advance my PowerPoint.

Hm.

Okay.

Let's learn together.

And I read this quote from Adam Grant from the university of Pennsylvania where he was talking about the quality that we have that correlates with our ability to learn, and I want us to learn together today.

And he says that that quality is humility.

So I want to let you know that sometimes I'm going to be talking and I'm going to know the back stoker, and you're not going to know it, so I want you to interrupt me and say, what, what, what happened then?

So it's a small group, you can interrupt me anytime, and I'll be here afterwards if you want to talk further.

So this is Brent when he was a little dude.

And when Brent was born on November 2nd, 2006, I knew in the delivery room as soon as they handed the baby to me, who I was convinced was a girl and they had to show me that I really was a boy, but they showed me Brent, and right away, I said, what's wrong with his ear?

And they were like, you're a hypercritical mother.

There is nothing wrong with him.

And they preceded to put his newborn cap on and cover up his ear.

Actually, in this picture, you can see that his ear on his left side is significantly smaller, and if you look closely and from a more artistic or medical perspective, he does have half of his face is significantly smaller than the other.

And if you were an artist or a surgeon and you looked at him in a different perspective, so you looked at him in an upside-down perspective, you can clearly see the facial difference.

It's really hard to see it as humans because we correct for a symmetry automatically in our brain.

So the other thing I noticed in this picture, and this was literally as I sat here waiting to get started was part of the list that the pediatrician gave us at our two-week visit, which was a list of deficits or defects in our actually.

I still have it, and Brent's 17 years old.

It had a huge negative impact on me, but you can see one of the items.

So when you're given a list of things that are wrong with your child, it can be a really discouraging start.

Within a few weeks of his birth, we were connected with Early Intervention, and being asked to make really big decisions.

It was super overwhelming.

We really didn't know enough.

We just didn't know what we didn't know, either.

And the biggest thing I would say is, I didn't remember how we heard.

So I'm being honest with you, I couldn't really remember that lesson in signs about what happens with the noise and the air and how does it get in down your ear canal, and what are those little bones that start to move.

That process, I had long forgotten.

So that's the basis for understanding anything about our child with hearing loss, is understanding how we hear.

We wanted to learn fast.

And we anyhow, we didn't have all the time in the world, because, as you saw in that picture, he's our fourth child, and I was very busy with educating and giving my older children experiences, that was a big part of our life.

So adding this into our life was time-consuming, and also I felt very pressured.

We were mourning what we expected, and also loving what we got.

But we didn't view Brent as perfect right away, and I'm being brutally honest with you, it took us a little while to realize just how perfect he really is and was.

And we also were saying, why are all these people talking about when he turns 3?

He's not even two months old yet.

And there was this focus on turning 3.

So these things were very foreign to us.

When we met with early intervention, and I'm an educated professional, I'm a CPA by trade, and I literally thought, occupational therapy, my goodness, they're talking about when he's 3 and now they want to think about when he gets a job.

I know that you guys who are OT can laugh at me about that, but I quickly understood that he had fine motor skills and he had eating issues where an OT would have been helpful.

So one of the first things that helped us was learning how Brent loved to learn.

So Brent literally as a newborn infant would push his skull into my chin because I was a singing mother.

It was just part of what I did as a mother.

And he actually was giving himself bone conduction hearing via my jawbone, and I had I had no clue why he was doing it, no one was explaining that to me.

And I think it was pretty intuitive of him, pretty cool, that he figured out fast that if he felt my jawbone, he could hear me. this is an actual note from preparing for an IFSP meeting, it was singing that he learned best.

I kept this note.

And you can look at this picture, and now it's a couple of years later, and he has way more metals on his chest, and he'll be singing in eerie, Pennsylvania in our all-state chorus with a very permanent hearing loss in one year.

We engaged in music therapy to evoke sound from him.

When we went to a conference when he was a little dude, the teacher of the deaf said to me, he's such a good, quiet baby.

And I said, what, you're saying that to me?

Anyway, we quickly got him on to utilizing his voice via singing.

And he really did communicate through humming.

That's a whole other story.

He could hum a song and stop at a word when he needed that word.

So for example, when he was about two and his teacher of the deaf asked, how's your brother, John?

He hummed a song,

¶ Are you sleeping ¶

¶ Are you sleeping ¶

¶ Brother John ¶

And so he did.

[ Hums ]

>> And stopped at John.

It was a moment where we got the chills and the hair raised on your arms, but he continued to do that when he saw a bus to my left when I was driving, he hummed "The Wheels on the Bus" and stopped at bus, and I said, no, there can't really be a bus, and I turned my head, and there was a bus beside us.

He learned to communicate with humming as one of his tools, and he learned to finger spell by the time he was a few months old, he could finger spell B-A-G-E-L, he just knew that at that point in time, it was legal and encouraged to give kids frozen bagels for teething pain.

Don't do it now, it's not recommended.

So what did we need as parents?

We needed to know we weren't alone.

We needed appointments, and we didn't need them six months from now, we wanted them right now, ASAP.

We needed information, and we needed to feel better.

Soy we just needed somebody to tell us that you're going to be good at being Brent's family.

It's going to get a little easier.

You've got this.

Our baby was welcomed into the world by the deaf community.

This was when he was two weeks old.

It was the first time I left the house.

Church was a big part of our life and is a big part of our life, and we went into mass, and we had always sat behind the deaf community just was just that way, it wasn't planned.

But when the interpreter was telling me what her husband said she did not want to tell me the whole story, she said, but ethically, I have to tell you what he just signed to you, but she said, I know you're not going to understand this, but he had signed celebrate deaf baby.

I really wasn't celebrating at that point in time, but I learned overtime that was a warm invitation into a really beautiful culture.

And it was a reason to celebrate.

So this gets to the title of my presentation today, the what if.

What if we could make it easier for everything family?

If everyone knew that they needed to become their child's best advocate?

What if we could get parents engaged immediately and every family had that unbiased support?

Really, that big thing, helping parents understand their role and what they contribute is no imperative to the success of their child.

And if every parent knew to expect their child to Excel and provide them with enriching experiences.

I'm going to move on.

So what did we do?

We enrolled in Early Intervention, even when we were discouraged by the ENT.

Because he had one usable ear.

We worked with teachers of the deaf.

We created goals and we utilized resources.

We had the library in the American society for deaf children within 30 minutes of our house, it was a reasonable drive, and back then, you really did have to use books.

We visited Gallaudet, and Brent realized that sign language was not our language, that there were a whole host of other people that use sign language.

So a maintenance worker that was signing the lawn, I was signing grass, and the maintenance worker signed green grass.

He kept the conversation going about what he was doing with the grass, and Brent's jaw dropped, and he was in complete amazement, it was a huge moment for our family, and our other kids were there to see it.

We learned from signing time videos, we talked, we read, we sang, and we signed.

We also took ASL classes and we learned the signs for parole officer, and bacon.

They weren't real helpful.

We started using Boys Town Press sign with me, which is real outdated, but I can give you a resource to connect to the updated version of it on YouTube.

We established relationships with Deaf and Hard of Hearing adults.

It was hard to find a deaf adult interested in being a mentor to our family, and we were even willing to pay for that service, so I can tell you, it's really awesome that in our state, we now offer that at no cost to families.

We were lucky to connect with the schools for the deaf, attend trainings, and conferences, so every training in our state is free to families at all times, and there are scholarships to every single conference where they talk about a deaf or hard or hearing child.

We partnered with the library when there weren't programs appropriate for my son, and there were programs where 40 people came on Saturdays to experience a deaf storyteller, an assigned story with English, as well.

We got written up in the newspaper for creating this new fun event.

We then advocated for the library to spend money on things we needed, and get it in every branch of the library system.

So we made changes based on what the we needed that helped lots of other people.

So we gained support, knowledge, access to events, we made friends, and acquaintances.

Not everyone in the community was a person who we felt like was a friend, but certainly a valid acquaintance, and we gained comfort.

So this is Brent.

Brent just does life.

He really, we expected him to be included, we expected him to be able, and we didn't hold him back from anything.

If he was interested in it, we left let him try it.

And we did make minor accommodations as needed, and sometimes we had to remind the coach three and four times that he can't hear you, so stop yelling at him.

But it was always in a positive light just reminding him, you've got to use those gestures, we can't hear you across the field.

We made the accommodations, but we expected he would achieve anything he put his mind to.

We made this happen because we had brave teachers of the deaf.

They didn't always go along with what the administrative people wanted, they told us things that were risky for them to tell us.

We had this outreach center, and we had funded literacy programs where we actually went and got a DVD, we learned all the signs to go with the stories, and we know handed four books when we left on the Saturday program.

So we took advantage of every opportunity that we found out about.

We went to the conferences, we have an Elks Home Service program, which is a permanent service coordinator for your family until your child is an adult, and even in adulthood.

Now, what allowed us to do all of this?

At first I looked at my own advantages in life.

And then I talked it over with a colleague, and I was like, Mary Anne, how did we make all this happen?

And really, it came down to things that any family can do, have, obtain, get.

So let's look at grit.

We really had it.

And we were motivated.

We were willing to learn, we were willing to ask for help, and we were givers, we were the people that made the dinners for families that needed help.

We weren't the askers, but we became humble and realized that we were giving other people the opportunity to provide help to us, so we became really humbled really fast.

We had a huge desire for Brent to achieve everything his siblings had as hearing people as possibilities for them.

So these are all things that families can develop and lean into and you can encourage them to lean into these things that are free.

We learned enjoying our baby was first and foremost the most important thing we could have, and we really realized in our family based on an organization, which I am the Program Coordinator of, that every family needs consent to enjoy their baby.

All these other things happen after that.

Treating professionals well, it's a small community.

Your teacher of the deaf at 13 months, is going to reappear in second grade, and you bet would have been nice to her.

Help your child to know themselves.

Value routines and integrate language into every single routine in your child's life.

Our family grew, we changed, we became better, and my older kids fell in love with their little brother.

It was life-changing for each and every one of them in the most positive way that I can tell you.

Looking back, we learned about all these communication options, and we learned a lot about what are the possible accommodations for my child?

We learned about classrooms and preschools, and that's like, shh, don't talk about what's out there.

So that's quiet.

But we kept asking and asking and we learned about all of these different things.

We learned from other parents, conferences, and trainings.

Why not?

Why shouldn't every family have access to all of this?

We really had high expectations.

We assumed his competence set the bar high, didn't accept limbs or give up.

We assured that he had a teacher of the deaf through 11th with unilateral hearing loss, being told many times, ah, we can drop him from our caseload.

Nah, you're going to have to find another family to drop, it's not us.

So we explored summer campus, and that was something I was really afraid of, because I felt like he was too little for it.

But you know what, he did it, and we sent him to camp way younger than other kids, and it was amazing, he met his people, and it was very powerful.

We narrated life, we printed things, we had stuff all over our windows.

We shared the beauty that we saw in life.

We shared where we were and where we were going next.

We never let Brent be surprised.

We encouraged interactions with hearing children, and we oftentimes would bring something really weird that these kids wouldn't have, maybe, so that they would be curious about what Brent had, what is he holding, what is that?

We took every opportunity offered and we made experience books.

If you don't know what they are, Google it.

So when we had events like this where Brent got to meet a miniature horse, we came home and made an experience book page.

When he went sledding with his dad, we came home and we made an experience book page.

We were the author and the illustrator and the reader.

But when Brent played T-ball, he came home and said, Mom, I need that book, and he, the athlete became the author and the illustrator.

I had a baseball game tonight.

I caught the ball on first base.

And then we had a little lesson about sight words, and I corrected underneath it the spelling, this is C-A-U-G-H-T, a tricky word, you have to memorize it.

We started with sight words from the moment he became an author.

If you look at those pants, you can see how little he was.

We made the best of situations when people stared at us because Brent's hearing loss is physical, you can see it.

Though I wanted to pull my claws out from the Mama bear, I was like, oh, my gosh, I'm seeing my children how to handle this, and I said, you seem really curious about Brent's hearing aid.

It's like a mini-computer on his head.

Can you imagine how rich the person is who invented that?

I really wanted to, RR, but I just made it nice, and that's how all of my children talk about their brothers, in a really positive light that allow people to be curious and don't get angry, though, I admit, I was a little association policy for itching ear.

Brent learned we were positive about his situation, and frankly now he'll tells us, Mom, I like my little ear, I'm not getting plastic surgery.

We assured our children we will get through this together.

We even looked for resources outside of our state.

I called Gallaudet and asked to meet with the researcher, and she said yes, it was really cool.

We realized experts would share their knowledge, and we laughed at ourselves when we made mistakes.

I don't know how familiar you are with the sign for 25, but my husband signed it wrong.

So we shared what we learned with others, and our other children grew, they became nicer, better people.

They improved their communication skills.

They worked at Wegmans, and there was a deaf person that worked there, and they were the only person employed in the store that could really communicate with the deaf employee.

They became willing to explore new cultures, my oldest son became interested in and became a surgeon based on Brent's facial differences.

My daughter gained confidence as a mother.

She is rocking motherhood.

But she watched my mother or little brother.

And they are all advocates for children in their lives.

So I can tell you over here on the right is my son, he was the Penn State mic man, the highest two dancers ever as a couple to raise money for children with cancer in Pennsylvania.

And my daughter bravely lives in japan in the navy and their new little baby.

Brent made them better people.

Families that get support, and they're aware of what's out there for them, really can help their children maximize their development and their success in life.

In Pennsylvania, we offer parents support for their children with hearing loss through our FBO family connections, but we also offer support to those families who have an additional disability through Parent-to-Parent of Pennsylvania.

Every single child with hearing loss is immediately eligible for medical assistance, Early Intervention at no cost to their family, and with services, so supplemental nutrition and transportation costs.

I'm going to quote, I see children as kites.

You spend a lifetime trying to get them off the ground.

You run with them until you're both breathless.

They crash, you add a longer tail.

You patch, adjust, and teach.

You watch them lifted by the wind, and assure them that someday they'll fly.

And I can tell you that Brent is flying.

I'm going to read Brent's words to you.

As a matter of fact, I'm not going to give you the slide to read.

I'm going to go to my notes.

So this is a quote from Brent that he wrote for all of you - whoops.

Throughout my life, I have faced the challenge of living with a disability.

I was diagnosed with, along with conductive hearing loss in my left ear.

I was never expected to develop fully - he knew that he did not grow typically - and I was consistently undersized throughout my childhood.

My first communication was in American Sign Language, and I began to communicate orally through humming, and my parents pushed to communicate through verbal communication.

I will continue to face the impotent acts of people around me, but I have continued on.

If I could tell my younger self-one thing, it would be to accept the situation and grow from it.

It has taken me years to find myself, and I have faced the reality that I am different, but overcoming the obstacles that come with being different has made me a stronger person.

It could have altered my dreams, but I haven't allowed it to inhibit me in any way.

I strive to have an example for all children and teens with disabilities as I get older to show them that their disability does not change how they can impact the world.

I saw myself living on the fringes of the crowd.

Because of my hearing loss, I started making rules at recess so I could understand them.

This quickly forced me to become a leader.

I made a strong group of friends, and have continued to grow with them.

I have played team sports throughout my childhood and sports in high school.

Even getting the privilege of being called team captain by my peers.

My family and friends have been with me through trials and hardships, continually supporting me in everything that I do.

I find myself returning this kindness and support to those who are struggling.

And he says... that's his final quote.

All humans struggle.

Often, our struggles go unnoticed and are carried silently.

I take pride in my ability to identify hardship and provide support to people, and he hopes to be a future primary care provider.

Let's do more research.

Why do families engage quickly?

How can we engage resistant families, give access to information quickly, and in sure all families have a positive start?

Why not?

And I'll be in the hall if anybody wants to chat with me.

>> .................................

**3/19/2024  |   2:15 PM - 2:40 PM   |  Exploring Language and Communication Opportunities: Process of Empowering Families through Reflective Practices   |  Mineral A**

>> So you are in the right place.

Let's make sure captions are working, yep.

I'm a little taller than the last presenter, apparently.

So thank you for coming.

We are here today just to talk a little bit about the exploring language and communication opportunities process and how we use that in the state of Maine right now to empower families through reflective practices.

So I'm Amy Spencer, I'm the early intervention and family services coordinator in Maine.

I serve on the Maine Hearing Program Board and the Maine Interagency Coordinating Council.

I'm also an active member of our Earliest Interactions Maine team, and that's our HRSA team right now.

With a group of advisory committee members and my team.

And I'm hoping to get more national feedback.

So this is a great place to get that, so thank you for being here.

I live in Southern Maine and I have two young girls and a husband and I love doing all of those things, being outside in the mountains and still look to see and holding these babies that come and play group, so I'm usually trying to pop in and out of there and get off Zoom and get out of my office, my goodness.

So I don't have many disclosures, I get paid from being the coordinator, but that's about it.

So today, hopefully, I'm hoping that you guys will be able to identify some of the components of the exploring language and communications opportunity process, and I will say, ELCO after this, I tried a say it a couple of times in the beginning, but it's a lot of words.

And just being able to sum rise how we can use that process to reflect on language and communication planning when we're looker looking at how things are going overtime.

And then thinking a little bit, I know it's 25 minutes, so we're probably not going to have a lot of time to analyze for ourselves, but I'm hoping that maybe we can brain storm a little bit of how we're sharing language and communication opportunities with families, how we're using that as a reflective process and come up with an action plan for empowering families in this process.

So this guide is available to anybody on our earliest interactions Maine website, so please go there, take a look at it, I would love emails, feedback, I would love any sort of information from the community.

And there's a lot of other resources on that website, as well, so please just explore, and I will show you a few more things that are on there.

So why ELCO, why do I have this guide, really, just through my experience with families, my experience in Early Intervention, and going through the ITF program, the infant toddler leadership and collaboration program, just recognizing the importance of making sure that families have all of the information and accurate information about language and communication opportunities.

Really, thinking about parent and child interactions and how that's so highly predictable that some language outcomes later on, and that's part of our ELCO process is really looking at those early foundational language praxes.

Also thinking about family, culture, values, things like that in order to make a decision that matches your family, you need to know all of the information.

And then just really that connection access and exposure for language acquisition and have things broken up into those three components.

The ELCO process is not a script, so I don't expect people, I don't expect my team to go and read through the information that we have on the guide, but I do think it's important that they make sure that they share that information, all of the information.

Is it going to be in one visit?

Maybe, maybe not, I hope, depends how the conversation goes, but can they look back at the guide and say, Ooh I missed that part, so next time I'm going to make sure that I'm sharing that part about manually coated English systems or whatever part they were talking about.

So many pieces are happening simultaneously.

And we're really explicit about our role as an informer and a facilitator of Exploring Language and Communication Opportunities and not the person telling them what to do.

And thinking, like brainstorming about vision for the future and things like that.

We really encourage a lot of exploration and reflecting, and that's more about what this presentation is about, is about how we might be using, so we do our information, our language and communication planning, we do our assessments, and then what do we do with that the?

And we're using this tool as a way to look back and reflect and then pivot when we need to make a change.

The how, really, trying to build those trusting partnerships, all things like great Early Interventionists know what to do, really meeting families where they are and going through things quickly for families that really want, let's go through this, I really want this information right now, and slowing down when families really need to slow down.

And that's a really huge skill, that's hard to teach people, right.

So I think that early interventionists are special people, can read the room, read what's going on day-to-day, time to time.

I'm just going to go to the next slide, because I will be talking about all of these things.

Reflective practices.

So this is the general approach for our - can't tun that way so the mic won't hear me, but for the Exploring Language and Communication Opportunities.

So we do an overview of language and communication opportunities, and there is a guide for the chunk of information that we might share about each one.

And then the rest is really family-driven, so the family lets us know where they want to dig a little deeper, and then we'll go through that with some other visuals that I'll be showing you.

And then we pull in more research, resources, maybe pull in another professional that is specifically works with language, if they're really interested in that, so that professionals might come in and explain a little bit more about that, maybe a deaf and hard of hearing adult that has utilized queue language.

And then once the family feels like they have enough information, we'll write a language and communication plan and that will drive the IFSP services and goals at that time.

And then after that, we're doing ongoing assessment, take taking that information and using that information to reflect on their language and communication plan like how things are going, is it going how we expected, and then why or why not?

So this is our overview.

It is not a continuum.

Because some are languages, some are approaches, but some are more visual, some are more auditory.

And so we have it on this line that looks like it continuum, but it is not.

 [ Laughing ]

>> If you go to the earliest interactions.com/ELCO, we do have an interactive overview, so families can go in, click on bilingual, bimodal, it will bring up a little pair photograph about what bilingual, bimodal is, I think it's a video of one of my early interventionists talking about what those components look like and that approach, and there's a family talk about their experience using that approach.

So I think that's a really helpful either to use when you are going over the overview or as a way for families to have a second way to look at information again.

In the state of Maine, we do have a K-readiness law, so we are doing an ongoing assessment every six months, and we really try to do that prior to the next IFSP meeting.

Does that always happen?

I would say no, but that is our intention, and we want to get that information in order to use that assessment data to reflect on what we're doing right now, and if things need to change or not.

And when we're reflecting on our language and communication approach, when you put things over from Google slides to power points, things always get messed up.

There we go.

So we have one of these webs for every communication and language approach.

And so we can talk about, okay, for this approach, what needs to be in place?

So what are the access needs?

So for - it's not going in the right order.

For access needs, obviously, we need our tactile access or American Sign Language or tactile signs.

What do we need for, sorry, what do we need for access, what do we need for exposure needs, and then what do we need for connections?

So exposure, we need to have an SAL provider, that is a professionals provider.

We need families to develop for competence in ASL.

And then we need families to be making connections with deaf role models, connections with their child, and connections with other parents and families.

And this is just to show that we have one of these for each approach.

And so each approach does look at access, so when we are reflecting on, okay, so we have these assessments, things anger, rage, resentment or terror knowing how we connect expected, we can really walk through looking at the web together, and we can look at, okay, so where is the break down, right.

Is the break down in access, does the child have consistent access or is it just limited access?

Are they only wearing their cochlear implants two hours a day but we're only talking to them?

That's the problem with access, is the quality of their access good, are there technology challenges, what's the break down?

Then we can look at if that's not the area that seems to be breaking down, is it an exposure issue?

Do you not have the right providers on your team?

Maybe the family is having a hard time with participation in ASL family training?

Are we integrating those what we're learning into our daily routine, are we only using cue language when the provider is there?

It's a way for us to talk about the exposure piece.

Have we had deaf or hard of hearing role models involved in our intervention?

And do we have peers that are using the same language involved?

And then connections, and I think like we all know that this is the most important thing, because the reason why we're a learning language or learning to communicate is to be in a relationship and making those connections.

So the parent-child interactions and language are really one of the most important things that we talk about with family, because if they're not making those connections and responding to their child when they're making bids, then the rest is going to be impacted.

Are they having peer interaction opportunities with other kids that are using ASL or using cue language?

Does the family have Parent-to-Parent support connections, and Deaf and Hard of Hearing adults in their life?

So I think one of the things that we can do as Early Interventionists is really kind of go through reflect with families and have regular discussions about what they see for the future.

And review this language and review their language acquisition with those assessments and walk through with them.

We chose this approach, let's walk through this together and see, okay, this is working, we have access, okay.

Walking through that and wondering, okay, what do you think is happening here?

Let's look at this.

What might be missing?

Oh, yeah, I can never make that Monday appointment.

And that's the only time that my provider has or whatever it is.

Okay.

So we need to make a change for that.

I think we do revisit the ELCO overview every six months to make sure families are still aware like all of these opportunities are still available to you.

And is there maybe they met a parent that their family is using American Sign Language, but they weren't doing that yet, but now they're feeling like, okay, I think we want to add some visual language component, so we try to make sure that we go back to that every once in a while prior to the ISFP to make sure that our language and communication plan is going to stay the same.

The benefits, what are you seeing is the benefits of what you're doing right now?

You're using all of these strategies during the day, what do you see him doing at meal time, and reflecting on those benefits of what they're doing, and then limitations too and validating that, as well.

Yep.

I said all that.

So reflecting on where we are, where we want to go, and how we're going to get there.

So this is Maine's EHDI program, we have the website, we have lots of resources there, we would love people to be utilizing it, and we're hoping to build it up to be one-stop place for everybody involved in the process, so everybody involved in earliest interactions with families, whether that's audiologists or Early Intervention providers, families, we wanted to be an accessible place to find resources.

So in summary, we want to ensure families have knowledge and resources about all language and communication approaches so that they feel empowered to make decisions and to pivot when they need to and feel like they can do that.

And we want to make sure that families have parent to parent support, Deaf and Hard of Hearing adults involvement, and family and care giver child interaction.

We know those two things, family involvement, care giver child interactions are the most important factors for success, so really just making sure that those things are solid foundations.

And then using those ongoing assessments for reflection in a trusting partnership, so that trusting partnership has to be in place for people to feel vulnerable enough to do that reflecting with providers, and I think those things are essential.

We do have some video advice from parents.

This is a little clip from the end of, I don't know if it's going to play here, I don't know how much time I have left.

Does anybody have my moderator?

Oh, there she is.

Great.

I'm going to see if it will play, but bear with me if it does not play, and then it will be available on the slide, so if you want to take a look at it, you can.

And I won't play the whole thing, because it's...

>> All right, I'm stopping this, because I'm realizing my link went to the whole thing, and you do not want to see the whole thing, but we do have a whole video of all of the approaches, but we did break it up.

I'm not going to get back to my PowerPoint.

We did break it up into the segments that we could use it.

Look at me, I'm so tech-savvy.

We did break it up into sections so that it was more digestible, because an hour and 20 minutes, nobody really wants to sit through that, but it is broken up into each of the approaches on the earliest interaction website.

Food for thought, how do you share a language and communication opportunities with families, thinking about that.

And then what are three things you think you could do to improve family empowerment, having families feel like they are the guiding the process and the partnership.

And how does your reflection impact that process?

So if anybody wants to share anything, I think that that's - this would be a good time since I still have a few minutes.

Any questions?

She has a question over there.

Thank you.

I think right over there.

>> I think it's great that the providers give all of the communication options, and I'm going to say, that's the expectation that in theory that is what is happening.

Do you all have a way to make sure that is happening?

That the families are getting that information?

>> I think that I'm going to say yes, only because I have a small team of people that I work with, I feel like I have the confidence that that is happening.

And we do do surveys at the end of the year to see what families want more information about or how they're feeling like their Early Intervention is going.

I think it's hard because we are so independent, right, so we're all going into homes on our own, but we do revisit this a lot, so I feel like with my team of providers, I feel confident in that.

I think it can be harder when you get into situations where you have a lot of contracted providers, that can be tricky, but I think that's why I developed the guide, because we can say this is the expectation that you share all of this information and you also don't go so far like if you're really, you know so much about cue speech, you're going to talk about it more, that's your , that's your background, and experience.

And all of my providers have such diverse become grounds and that is amazing and such a strong thing about having a group of people from various backgrounds, but we want to make sure that families are getting similar, I'm not expecting everyone to say things the same way, I don't want that, because I want you to have a natural relationship and a natural conversation, but talk about these things, don't go too far off these things, and just make sure that you get to all of these points, and I think that the guide is really helpful for new Early Interventionists coming into the field.

They might know about all of these things and they want to share, but they might just not know everything that needs to be talked about for each approach.

And so we're trying to be pretty thorough, but also not make it overwhelming, either.

So we really try to compare each approach that we're not sharing more information about this one and less information about this one, that we're getting the key points in.

And yeah, I think that's one way to do that, is to have a protocol like that that is very clear to staff and to Early Interventionists that this is how we're doing it.

And yes, of course, if a family asked me a specific question, we're going to talk about that question, but we're also knowing to come back to the guide a little bit.

Anybody else?

>> Thank you.

I love this so much.

I love how it is reflective of the diversity of experiences that are really out there, I love that you're incorporating access into it.

My question is, whether you have a way of documenting what families actually end up doing and how that changes overtime?

>> Yep.

We have a language and communication plan document, and that is actually also on the website, so you can access that.

And it has a place for assessment data, it has a little section for that.

I can't put all of the assessment information in, but I can, when we do the assessments every six months, I can place that in, and then the families will check off that they are use this certain approach, yes.

They will check off, first they check off, I have enough information about all of these approaches to make this empowered decision, and now I'm going to check the bilingual bimodal approach for now, sign off on that date, and six months later, we go on that same document and sign the same piece of paper through Early Intervention.

>> They check one box?

>> They can check as many as they want.

>> Yeah, okay.

>> If they want to check two, they can.

>> Okay, cool, thanks.

>> Yeah.

They can check all of them, if they want.

Honestly.

If it gets a little convoluted, then it's a lot, but they can.

>> I'm from Hands & Voices headquarters, and I want to say, I've never seen this so well done.

I think what happens in some states is they get so stuck in point of impact care, custody, and control what you were talking about, can we trust our providers to not give too much of this or that information, and so they just don't.

And so if you're in a state where you're at that place, use this resource because it's really fantastic.

So I just wanted to say kudos.

>> Yes, please use this.

I really wanted to develop this to be used, with families, because I do think that it can be helpful.

>> We are at time.

>> Quick comment.

I attended your session last year, and we have started using the ELCO as a guide.

We had been pulling things from all different places and it makes it smooth.

And it's got all the pieces.

>> Thank you.

>> Thank you guys all for coming.

Please feel free to email me, I'm happy to chat, and I actually really like talking with people that speak my language, so thank you.

>> ..................................

**3/19/2024  |   3:00 PM - 3:25 PM   |  Family Language Planning: Research Informing Practice   |  Mineral A**

>> My daughter, who is the oldest of five, she's from Honduras, and she speaks Spanish, primarily.

And my granddaughter, who is five years old, she utilizes ASL, English, and Spanish.

Because she was born and raised in our home here in the United States.

My son is 19 and from Eritrea.

And he had language deprivation big time.

He wasn't given any language until he arrived to our home at the age of 15.

He had never been to school, never learned to sign language, never learned anything.

He gestured and he could do little baby signing, and he would start off with, he liked to watch soccer, our family is crazy about soccer.

So he would sit and he would look and do the sign, song, and he would watch back and forth, 0010.

That was his big communication was talking about soccer and the score of soccer.

And so he got from that, to now he has picked up so much language.

But there's a lot of mental let impacts that he's had because of that.

So that's him.

And then the other two have dyslexia and language processing disorders.

So that's complicated with their languages.

So we just use whatever works.

My husband is from Tanzania and he's deaf, and I'm hard of hearing.

So that's my family.

Presentation over, everybody can leave.

 [ Laughing ]

>> So family language planning.

This is the academic part and what it means.

When we started, I used to be a preschool teacher, and I realized, for me, when I became a mom, there was no manual, there was no handbook of how to navigate language, those discussions, what do we do, if we do, there was nothing.

Same with other families that we work with.

There's no guidebook for this.

People together, you want to do bilingual, I want to add more languages, okay, yeah sure, and from my experience, being a foster parent, working with other families in multi different languages, trying to figure out, navigate the hearing world when you've got - you need something a little bit more concrete.

So the field of language planning in the hearing world has developed quite a bit, but not so much in the deaf world.

So we decided to start creating a family language planning.

I think it was discussed here at EHDI last year.

Some of these schools for the deaf have given workshops and trainings on how to utilize this family language planning.

There's still research that needs to happen, and it hasn't happened.

So we decided, you know what, we're going to do that research and see whether or not this is working.

So we're working on our model is basically based on hearing and spoken languages, and we're adapting it and utilizing their field and their language acquisition and their policies to adapt for other languages.

When you think about language values, what it is, what it looks like, that's what we're trying to build off of and research from.

Families, where are they starting from?

How do they decide what language?

How do they decide when to use what language, who should use what language, et cetera, and how do they make that determination?

And what do they do for a deaf child?

Those are some of the things that we are left deciding, and we want to balance that with what's actually happening and what they can do in practice to say, oh, I have a strong belief that we we're balances bilingual, but the rest of it is SAL.

It's not bilingual, it's not a balanced bilingual approach.

What does it really look like in actuality?

Again, this is more of the influence from child language development.

So this again is the point of the study, as I had explained, that we're really wanting to hear from families.

What are their experiences?

There's no right or wrong answers.

There's no, oh, you're doing this on our about you're doing that.

No, it's really learning and having to help us to design and understand what the language plan is will fit with the needs of that family and what their families are, and we have to be flexible, because what works for one family might not work for another family.

And how can we make our study and our system work for all families?

The PowerPoint is on the app, on the website, if you want to read more about the research itself.

We don't have time for me to read every slide, but for this study, basically, it was two-fold.

We used a mixed method.

We had a quantitative survey that was sent out to the families that they filled out, and then we followed up with a qualitative data, and that qualitative data was both on the survey itself that was self-reported because there were some open-ended questions.

And then from the responses that we got from there, we chose several families to then go forward with the qualitative study and interview them to get some more in-depth information about an hour and an hour and a half worth of qualitative questioning data.

Again, just the demographics of our study.

Now, the actual results from that qualitative data.

There was a long laundry list of this, so we just picked some important things that are valeted for the purposes of sharing today.

So families first says, I believe that, the first family says, I believe that bilingualism is what benefits our family the most.

And most people believe very strongly in that statement.

Some felt, I believe bilingualism could cause confusion and delay.

I was surprised to see that response, but there were some people that we worked with that families have said, I don't know, I don't know if our kids can handle all of these different languages, especially with families that use languages other than English, because they've got establish English, they've got ASL, whatever their home country language is, I don't want to confuse them, that's too many, I'll withhold our country language and just use language, but our survey showed that some people were okay with it.

But it was difficult for families to navigate the bilingualism.

You can see there is a range of responses there.

We had hearing families, we had deaf families, we had hearing signing families, so there was a big range in that response there.

And you could see that as it was a challenge for them as to what they should do and what they should look like.

And again, wanting additional resources, and it was a challenge for families, which obviously should not be a surprise for us, that's why we're here at the conference.

We're seeing so many good presentations about resources that are being developed, so I'm taking all of these back to my study to use to put into my tool belt.

So for the qualitative part of our study.

So for the qualitative data, we only did this from the D.C. area because it's a pilot study.

We actually have a bigger study that just started in January of '24.

So this study will go on for two years.

This pilot we did just for a one-year study to see if it was worthwhile, and from there, we tweaked some of our methods to what we were doing to incorporate areas such as Canada, not just the D.C. Metro area.

Being bilingual, I took some quotes from some of the family, this is their words, much better than my words, so you can read these.

So the quotes that you see in italics, that's coming from the survey part of the qualitative responses in the survey, the ones that are not in italics are from the actual interview qualitative study: so you see a mixture of experiences, thoughts, what that looks like, how the family is feeling in a deaf environment, how they're feeling about adding ASL to their repertory of languages.

This print came out much smaller than I anticipated, sorry.

Again, this is showing language values how some families envision the role of language, what language they want to keep, which languages they value more to utilize, saying, look, I value the ASL and the deaf culture more or less than our Chinese language or culture or where the resources are, they support having resources.

A deaf child with deaf parents should learn how to communicate and navigate the world without interpreters such as in the soccer situation.

The child had to learn.

So that's where this is coming into play.

This was a response, was actually more common.

Not the part, but I thought that was interesting that they wanted to research more and find more information about that, and I was like, good for you, that's great.

But the fact that, okay, this day, what it looks like, we have a set plan, it's like, whatever it is, maybe some of you can relate to that, I woke up today and I'm like, I don't know what's going to happen today, but we'll see, we'll play it by ear.

And our study focuses on families who had decided to utilize ASL in their home.

Now, what that looks like, we haven't measured because it was a pilot, it will be measured.

We didn't screen based on that.

It could be, hey, we use ASL, maybe that's once a week they go to an ASL class or maybe the child is in a bilingual program, we don't know what that looks like, but the families themselves consider themselves SAL users or use cuing as well as ASL, but it's possible, but at least they have the ASL as part of that language plan.

And this family situation, not both parents are at the same level of ASL skill, and dad feels confused and left out, so we do see that many of our families in our study who are hearing or hear and deaf mixed families that does add additional challenges if not everybody utilizes sign language and they're not all bought into it and they haven't all had that acquisition for it, and so somebody gets left out.

In this case, Mom felt like she was in the middle of mediation between the communication of the child and her husband, so there was some frustration that was ex pressed.

And of course, the challenges for the family who uses other languages, whether it's written language or spoken languages that schools don't support, yeah, you say, great, it's a bilingual school, ASL and English, but what if may kid comes in with Spanish or French or whatever language, the school conduct support that, so it really builds and adds to their language issues.

So when a kid comes into school, they tend to reduce their use of their non-English language because they don't have academic Spanish, so they have academic English and they're learning ASL, so often that other spoken language gets squashed.

So again, some of those themes, just putting together here on this slide, the family's ideology, their practice, their management, the topic, the importance of language and some of the challenges that come with having multiple languages.

So some of the results, again, take this with a grain of salt, this is the results of our pilot study.

Actions are hard to align, and we're going to be focusing on that more with our next study.

And how to navigate multilanguage and what that looks like in a household.

And then more resource and support being provided, giving them more access to where families are, depending on the family's ability to do research and find more information for themselves.

Again, we are still researching, and we're still doing research here.

We've got the Canadian hearing services, CHS, which gave us a grant to add them into our research, and so we're using that money to research into the United States as well as Canada.

And part of that grant is being used to develop and to disseminate this information, and we're trying to figure out how we're going to disseminate it, and the way we're going to do is create educational materials are education and training opportunities, if we make it for families, that's great, but who's going to get it for those families?

So we need to do outreach training for professionals so that they can get it to the families.

That should be coming in the next year or so.

Sorry, a lot of information on a very short time.

That's it.

Any questions?

So my email is there on the slide, I don't know why it's red.

I took it from Google drive slides, so I don't know, that might have messed it up, but please email me if you have any questions, if you are trying to look for me, I'm in the education department, you can find me on the Gallaudet website.

If you have any families that you would like to connect with us that you think would love to be a part of our research, we would love to include them.

So yes, that's it.

Does anybody have any questions?

I might have missed it if you said it, is there an age range that you're doing for the study?

>> Yes, sorry, I'm not even sure that I said that.

But it's 0-8.

So for this study, we included some older children, but for the actual study, it's going to be 0-8.

>> My question ties to the previous question.

You're looking to partner with deaf presidential schools, are you looking to select participants from a variety of entities globally, or how are you selecting participants?

Yeah, to have more children and families involved.

>> Either way.

We'll reach out to the deaf programs to see if they want to share the information.

We're also welcome to say, hey, I know this family that meets your criteria.

By all means, recommend a family for us, and we can reach out to them.

We can add family facilitators, people are who are part of the community to help with our networking to collect more people to be a part of our survey, so either way, that would be great and to be a part of the study.

More the better, yes, send more, yes.

All right, I think time is up.

Oh, yes, you have a question?

>> What is your next step look like for this project?

>> Well, again, that's going to be the bigger study at that time we're going to be doing here in the United States as well as Canada.

We've already started that study.

We will be starting our interviews, and then we'll be monitoring some families, we'll be getting information, and then we'll make professionals development modules that we'll be sending out for working with families on how to develop a concrete language plan to meet with their family, their needs, their child, their language, as well as resources that can assist these families.

>> So if we have families, who we think would be good candidates, what do we do?

Do we reach out to you, or how do we get them involved?

Yes, you certainly can send them my way.

The deaf FLP email address is also available, so send a direct email to me is just fine, appreciate it.

>> Thank you, everyone.

Appreciate it.

>> ............................

**3/19/2024  |   3:30 PM - 3:55 PM   |  Outreach and Support for Families Beyond the Clinical Setting   |  Mineral A**

>> So it is 3:30, I would like to go ahead and get started with my presentation.

My name is Katie McCarthy.

And I am the coordinator of Outreach and Support Services for the Deaf and Hard of Hearing at Boston Children's Hospital.

I will start by explaining a little bit of what our clinic program looks like.

I will just spend a little more minutes on that.

I want to explain a little more about that, and then I'll focus more heavily on the outreach program and what we do for our Deaf and Hard of Hearing program.

Through this presentation.

Deaf/Hard of Hearing includes all of these uses, so we're saying all children are included in deaf and Hard of Hearing, capital D, lower-case D, late disabled, hearing aid users, cochlear implant.

The Deaf and Hard of Hearing program at Boston Children's Hospital provides a comprehensive evaluation and consultative services to deaf and Hard of Hearing babies, children, and adolescents.

We see children with assistive technology as well as those that don't use any kind of assisted aids.

We are interdisciplinary program is located in the department of otolaryngology.

And communication enhancement.

And that's for the deaf and Hard of Hearing problem lives, and we're in collaboration with all of the hearing sciences.

So we are a very large and a very experienced program, probably one of the most largest services for dedicated services to deaf and Hard of Hearing children, and we were established about 40 years ago.

And so it has continued to grow in those 40 years, we've seen over a thousand children annually.

So we use the 1, 3, 6 model after identification.

We encourage babies to be identified as soon as possible and we want to encourage them to be exposed to language and be incorporated within our language services.

Therefore, we can opt emphasize their success and their growth, and I would like to followup and be a part of families getting referred to us as soon as possible.

So we assess the child's language, their hearing status, and then we recommend them to all of the different stages of growth process that's happening for these children, and we collaborate with other departments once a child is identified, if you have a deaf and Hard of Hearing child, if they see somebody, they ask them if they know of our department, if they don't, they refer them to us, whether it's at birth or later in life, we are involved and we get referred and we be a part of that.

We create a roadmap that emphasizes language proficiency skills.

And our team collaborates with educators, and allied health professionals to meet the needs of the child.

We not only focus on the clinic but we also do a lot of community work, and we partner with many other groups.

We, again, we are an enter disciplinary team, we have psychologists, audiologists, we have cochlear implant surgeon programs, we have speech pathologists, we have psychiatry, and our basically, we can - we're a wraparound service that we can capture any kind of service that the child might need.

It's part of our website, our team is dedicated to equitable and evidence-based care.

We always look and see what is the best option, and we follow that trajectory, and we continue to research if what we found wasn't the right one.

We work very collaboratively and closely with physicians, and most of our clinicians are bilingual bicultural.

We have clinicians that have been trained at Gallaudet University, those that have trained through the deaf school programs at the residential schools, and so they have the culture, so and they are able to provide those appropriate services for our children.

We believe in the "whole child" philosophy.

It's not just their hearing status, it's about all of the needs that the child might have, their physical identity, social, cognitive, everything is inclusive, it's not just about the hearing, it's about the entire child's identity, and we encourage parents to think about the child's identity, as well.

We provide a range of services for the families because we don't want things to be withheld, we give them everything that they need, and we are very proactive in all of the needs that they have, and we have a very healthy approach to taking care of these children in our clinics.

So maybe you're trying to figure out, how does that click into a clinical approach?

Outreach community, yeah, I get that, but how does not work in a clinical approach.

I'm a clinician, and I do different things.

So I don't have a clinical role, but I have a presence in the hospital to influence and support other providers who are like, oh, okay, you're taking care of the deaf and hard of hearing children, they reach out to me to get some ideas, some training, some support when they have Deaf and Hard of Hearing children.

So we try to combat audism and ableism, and those words are very scary to them, but I approach it in a way that breaks down those concepts so they understand and they can change their approach to be sure that they are giving the best care to this child ask this family as they continue to take care of this.

We have different programs with the endocrinology and the Neurology and the different programs that we give to these programs, as well as the dental program.

We provide ASL classes through the office of faculty development.

And they support the ASL instruction and cultural classes for these.

And so these classes are offered five weeks at a time on a rolling basis.

They learn ASL terminology, for the healthcare terminology, deaf culture tips for when they are encountering these families.

And so therefore they can get that information.

And thin they spread that out amongst their departments, and then the more people in the departments come and take the classes.

There are advanced classes that they can take after they've taken multiple classes, we have an ASL connect program through Gallaudet with our tuition reimbursement where we encourage our clinicians to take those courses where they are more familiar with deaf culture, and it makes the hospital more friendly, because everybody has more of an opportunity to be exposed to the culture.

So the adaptative inclusive committee, that committee's been around for about two years now.

It's more for the physicians and the provider staff to improve their accessibility at the hospital for all people, whether it's physical disabilities, other kinds of disabilities or any types of needs to ensure that whenever we have an event that comes to the hospital or if we're caring for a patient in the hospital, they have an accessibility checklist that practitioners are utilizing to make sure that they're providing the correct services for their patients in the hospital.

And if they're not sure, they reach out to our department, and we can give them some resources, and we're still continuing to grow that.

We have people on our committee who are physicians and providers that might have a child with odd tips, and they want to see things that are taken care of better at the hospital or maybe somebody who works at the hospital has a disability themselves and they want to see more accessibility for treatment options.

So and so that committee is continuing to expand and grow and figuring out how we can make more of an impact hospital-wide, not just clinic would but hospital wide, and not just for a deaf person working in a hospital, but for anyone.

This is some information about our program.

You can find us on our website, see more about our philosophy, our care, our staff, what the expectation when you come to visit our hospital, figure out where the locations are of our hospital, you can get all of that information on our website.

Now, to tell you a little bit more about the outreach support service program that we have.

We hired - I was hired ten years ago when I started this program, and the outreach program had been there before that, but it was started by a family of with a deaf child.

In 2001.

And that project was called Careline Base.

And there weren't a lot of services.

Let's say you didn't have insurance to cover and families couldn't afford things, that's where this program started, it was an outreach program to help with funding.

And then our deaf and Hard of Hearing program felt like, well, what's going to happen with these kids leave school, how do we continue to keep their best interests in mind with our deaf children and to make sure that they're getting the needs that they need?

And that's where this outreach had come from.

Deaf and hearing teams working together, supporting families through the clinic.

And that's how the outreach program was born.

The previous executive director wanted us to continue that support, and that's where this came from.

I joined this program in 2014, so about ten years ago.

And I thought it was a really cool concept.

How many of you have a hospital near you with a deaf and Hard of Hearing program?

Anyone?

You have audiology services, but a deaf and Hard of Hearing program in your hospital?

Oh, I see a couple of hands, one or two, have a Deaf and Hard of Hearing program in the hospital near you.

Most of it is just odd logical services, I would assume.

We look nationwide, and we don't see another program that's like this outreach program and the services that we offer.

There's the children's hospital of Colorado, which is actually really cool.

Stephanie Olson runs the family consulting.

The family consulting there.

And that's really made an impact on the families in this clinic.

Seattle has one, it's the hospital in Seattle, they've got mental health services in hospital for deaf people.

Does anybody know of any others that have a deaf presence in the hospital other than maybe a deaf doctor?

They're few and far between.

Yeah, there's not a lot of them like this.

So I encourage people to think about this type of model when you go home.

Outreach programs has the same philosophy as I do, it's like a deaf and Hard of Hearing program, and it's under that deaf and Hard of Hearing program, it's the "whole child" approach, more recognition of all children, whether they speak or sign, whether they have cochlear implants or not, whether they're aided or not.

It's basically a sense of belonging.

And we use that through a collaborative lens and our collaborative work and there's a lot of collaboration that we do, and this model really has been quite successful for a lot of families benefiting from it.

So we have 1,300 families on our distribution list at this point.

And probably 600 professionals, as well.

And these are people that are looking at our outreach program to see what we're doing to be involved in some of our programs.

We have 7-800 adult children that are involved in our workshops and our resources.

And the program is me.

 [ Laughing ]

>> We just recently added a new person, I'm very excited to have some support and help.

And so, again, for ten years, it's been me, all through Covid doing everything, trying to think up strategic ways to meet the needs of our families, during Covid, and now we're all in person again, and I think, okay, we are actually back in person.

And so we're seeing more of a need now from the community post-Covid.

I think that during Covid, there were so many gaps in families' lives, so we had to hire a second person, Kelly Grier, a parent of a deaf child, who utilizes ASL as well as English with her deaf children.

She works with families with ESL, English as a second language, and she works with autistic children.

She's got a deaf perspective, the parent perspective, and the ESL perspective.

And I'm hoping to see that this program will now be able to grow more and be able to reach more families because we have doubled our staff.

So the outreach model, that we try to ensure is that that concept of belonging is not just inclusion.

People think, oh, belonging is inclusion, but it's not.

Yes, you're welcoming someone, there's an interpreter there.

But do you really feel like you belong, do you feel like you're a part of that?

So we want to make sure that the events are something you feel connected to.

So we had one event where a girl was not sure about her identity because she had a childhood disease that caused her hearing loss, and she wasn't really sure about her identity.

And then we have another child that was born deaf, and she went to this child and said, hey, come join us, come play with us, and this girl was like, not sure if I should do this.

But by the end of the day, she belonged.

She had these the ear, she had some ear adornments that she was wearing that for her hearing aids because she wasn't really sure what to do, she was awkward with her hearing loss, but having that is and taking her hearing aids off and joining with these other children, she felt like she belonged, and it was really good for her.

And basically, we have these events in natural settings, because we have an opportunity for accessibility in more of a natural than a clinical setting.

We do our best to use informed practice with parents, with educational staff, with our families.

We have parent network, hey, I'm raising a deaf and Hard of Hearing child, you're raising a deaf and Hard of Hearing child, let's share, this is a few examples of our family-centered events that we had for our outreach outings; soccer games in New England, we went on the island ferry, fall apple picking.

We had 300 adults that got together and did that.

But also, we do have smaller more local intimate events where people can meet one another in their geographic areas.

So this is again some more examples of some of our events.

We have a school middle school camp where kids that are in middle school can go and learn how to mentor younger children, and not just the little itty-bitty ones, but they get trained on how to teach them, and then once they get into the high school and college, they feel more confident about their own fights, and then they give back to that younger generation, and it's very cyclical the way that they are able to help and guide others.

More cute pictures of children, of course.

Can't go wrong with these.

So teaching a workshop for families.

Talking about listening fatigue.

Self-advocacy skills.

And we asked about what they need and providing the workshop of what people need, ewe provide support groups for people, as necessary, as well.

Collaboration with other venues ensure that they have accessibility places for deaf children to make sure that those children are feeling more inclusive in the activities that they're doing.

Making sure that there's always interpreters, making sure that we're training the community so that we can provide access to these additional events that are family-friendly and making them feel as though these children are included and belong.

Cultural connections with families is something that we've started last year.

We know Spanish-speaking families with Deaf and Hard of Hearing children who might not use ASL, they're not sure what to do, so we bring in a Parent Guide and give direct instruction to families and give them resources to utilize that ASL at home curriculum, to make sure that a child can communicate more confidently with their parent in their own language, even if the parents speak Spanish, they can have that ASL connection at home with their parents.

And again, more language, we need this for more additional languages, not just Spanish, but we need it for Haitian, Creole, Chinese, hopefully EHDI will start talking more about this in the years to come and talking about this program of inclusion in the other languages.

And we have information and resources from family.

We do a monthly and bimonthly resources that we send out, our team has developed guidelines for educational plans.

We've set the language in motion.

That is a curriculum that I've developed with the clerk center, and the final product will be advertised on our website, Gallaudet's website, as well as their website.

Make sure your look for that.

Also, there's a guide for IEP teams, planning for a child's education, different terminologies so families can be aware of the of what terms mean when they go to their IEP language.

How does an audiology appointment work?

It's not different modules that families can go through in English and Spanish as well as in ASL.

Books, magazines, brochures, with deaf and hard of hearing characters, when a book comes out that has a deaf and Hard of Hearing character, we send that out to people, we have a lending library that they can use it for two months and then send it back.

And again, just sending out as much resources on a monthly basis to our families to keep them in the loop.

Speaking of our family education advocacy team, they do transition workshops for our families.

I'm on that committee, as well, for our feet team.

They offer workshops, they have early intervention in preschool, they have professional deem for people who are working in educational settings, giving that transition information and sharing all of that through middle school to high school and high school to college.

We are hoping to get this model of over outreach, we want it to be successful for our families, and we have seen all of the benefits for our families, and we're wanting to get this out to everyone.

We see that this is been fills to the hospital and for the healthcare situation, and we want this model to get to other hospitals, other communities, other cities, other states to make this a part of your outreach and your local programming.

This is pretty self-explanatory.

A little more self-explanation here.

Again, the benefits of the outreach program are vast.

Accurate representation, a sense of belonging, knowing the child is being supported, developing one's own self-identity, and tuning advocacy in those self-advocacy tools, parent empowerment, child empowerment.

There's so many positive stories about this.

I wish we had three hours.

I could just tell you stories for three hours about everything that has come from our outreach.

So families in your area, reach out looking for different resources, different education programs.

We do this to keep everybody in the loop, we encourage people to go to our events, to network in their local areas.

For the education program, see what's being offered and what's planned.

Again, keeping parents involved in all of this.

And these are some ideas.

I'll close with this quote that you see right here.

So are there any questions?

We have a few minutes.

And of course, I'll stay a few minutes after.

I believe this is the last workshop of the day, so I'm welcome to stay in the room and answer any questions, but I'll take any questions that you have right now.

Again, thank you so much for coming to this workshop.

I'm here, please come up to me.

Thank you so much.