

# EXAMINING A FAMILY-CENTERED ASL CURRICULUM: PROVIDER INPUT & PARENT PROGRESS

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## OVERVIEW & PURPOSE

This presentation aims to introduce attendees to the family-centered ASL curriculum called *ASL at Home* (Zarchy & Geer, 2023) and explain the results of two research studies on this curriculum. One of them examined provider experiences using the curriculum (Geer, 2023) while the other tracked the progress of parents taking a class based on the curriculum as measured by their total quantity of words signed and the total number of different words signed (Zarchy, 2023).

## LEARNING OUTCOMES

1. **Describe** the structure of the ASL at Home curriculum and how it supports provider service delivery and parents' use of ASL with their children
2. **Discuss** the implication of providers' perceptions of the ASL at Home curriculum
3. **Evaluate** the ways that parents' child-directed ASL changed after an 8-week parent-focused ASL class

## OUTLINE

- I. Introduction
  - A. What is *ASL at Home* – a family-centered curriculum based on daily routines (Jennings et al., 2012; McWilliam, 2016) designed specifically for the families of deaf and hard of hearing children aged 0-5.
  - B. Why was it created? What gap in services does it fill?
    1. There are many barriers to families of DHH children learning ASL

(Decker & Vallotton, 2016; Lieberman et al., 2022)

2. One barrier is ASL curricula which do not address the particular needs of this population of learners (Oyserman & De Geus, 2021; Snoddon, 2015)

C. Testing the effectiveness and efficacy of the curriculum

1. While the curriculum has been well-received, we wanted to assess if it's actually making a difference in the lives of the intended users (i.e., families with provider support, providers offering classes, and families on their own)
2. The authors were both in graduate programs requiring capstone studies; this talk reports on the findings of these studies

II. Qualitative study: Provider experiences

A. Design – semi-structured interviews

- B. Participants – six DHH-focused early intervention providers including four teachers of the deaf (ToD), one trilingual speech-language pathologist (SLP), and one administrator

C. Findings

1. Providers were particularly drawn to the structure ASL at Home provides for guiding ASL and Deaf Culture lessons during home visits or for teaching ASL classes. Ana<sup>1</sup>, a ToD, shared “So when I was given the curriculum and I had training, I felt like this **release of pressure**, like, ‘okay, **I have the tools in my tool belt** to be able to do this.”
2. Providers, several of whom are trilingual (ASL, English, Spanish) and others are bilingual (ASL and English) appreciated the availability of the curriculum in Spanish. Chava, another ToD, put it this way: “**I don’t know of any other program that supports Spanish-speaking families.**”
3. Providers all noted the importance of including Deaf Community Cultural Wealth (Fleischer et al., 2015; Yosso, 2005). This was especially important for hearing providers who wanted to ensure they were sharing authentic deaf experiences. TD, a special education administrator stated, “And then the **cultural wealth** piece is so important because again it’s broadening their view of what the

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<sup>1</sup> This is a pseudonym.

future for their child will be. And the connection that they can have, right, to the **deaf community** as well as the hearing community.”

### III. Quantitative study: Parent progress

- A. Design – ABA single subject (i.e., baseline-intervention-follow-up; not comparing one group to another but rather comparing each individual participant to themselves from the baseline phase of the study to the follow-up phase)
- B. Participants – five mothers of deaf or hard of hearing children aged 0;6-2;11 who self-rated themselves as 0 on a scale of 0-5 where 0 = little to no knowledge of ASL and 5 = native or native-like proficiency
- C. Independent variable (what was provided) – weekly 1-hour classes following the first 4 chapters of the *ASL at Home* curriculum, teaching ASL words, sentences, and language techniques to use during mealtime, bathtime, diaper changes/bathroom routines, and book sharing
- D. Dependent variables (what was measured) – number of total words and number of different words in ASL during 5 minutes of playtime with their child, taken from self-recorded videos twice a week
- E. Findings – the overall trend for participants was upward as measured by the total number of signs produced and the number of different signs produced, yet there was significant variation. The curriculum seemed to be most effective for participants who came in with less ASL knowledge, though even those who came in with *some* knowledge improved. Of note, many participants used signs that were not taught as part of the class, suggesting that merely taking a class casting ASL in a positive light was enough to encourage mothers to have more “hands up” time with their deaf or hard of hearing child.

### IV. Conclusion

- A. Implications of studies taken together
  - 1. ASL is not “too hard” for hearing parents (cf Knoors & Marschark, 2012) – in fact, they can increase how much they sign with their children in a short period, given family-centered teaching
  - 2. This family-centered approach guides providers to support families as they learn to embrace their child’s unique identity and communication needs
- B. Future directions
  - 1. Continued class offerings through *ASL at Home*
  - 2. Continued trainings with various organizations and school districts

who wish to implement *ASL at Home* as their early intervention curriculum

3. Development of the next level curriculum with more advanced language, maintaining the same family-centered structure, for the families of children aged 5-10

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## AFFILIATIONS

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