

**WELCOME!
WHILE YOU WAIT...**


**WHAT WORDS HAVE
YOU SEEN/HEARD USED
TO DESCRIBE THE
CHILDREN YOU WORK
WITH?**



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WORDS MATTER: THE IMPACT OF THE WORDS WE CHOOSE

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WHO IS IN THE ROOM?

EARLY INTERVENTIONISTS

EHDI STAFF

SPEECH-LANGUAGE PATHOLOGISTS

DHH ADULTS

AUDIOLOGISTS

EDUCATORS

FAMILY MEMBERS

WHO ELSE?



**WHO'S EVER BEEN
AFRAID OF SAYING
THE WRONG THING?**

COMMUNITY NORMS

BE CURIOUS
AND OPEN TO
LEARNING

ASSUME
GOOD
INTENTIONS

RECOGNIZE
YOUR OWN
PRIVILEGE
& BIASES

RESPECT
OTHERS
VIEWS AND
OPINIONS


AGREE TO
DISAGREE

BE
PRESENT



WORDS MATTER

AGENDA:

- Literature Review
 - Pilot Study
 - Community Learning
 - Call to Action
- 

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JOINT COMMITTEE ON INFANT HEARING (JCIH)

Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs

The Joint Committee on Infant Hearing

Terminology

In this 2019 Statement, the Joint Committee on Infant Hearing (JCIH) seeks to use terms that: (a) are acceptable to a range of stakeholders, and (b) clearly convey the intended meaning to the entire community. Because of the diversity of the committee's composition and represented viewpoints, a compromise resulted in choosing currently-recognized terms that reflect accepted, person-first language. In particular, the term infant or child who is deaf or hard of hearing is intended to be inclusive of the entire spectrum of children, representing varied hearing levels. This spectrum includes children who are deaf or hard of hearing whose hearing losses may be congenital or acquired, unilateral or bilateral, of any degree from minimal to profound, and of any type, including conductive, sensory (sensorineural), auditory neuropathy, and mixed hearing condition, whether permanent, transient, or intermittent. This spectrum includes those individuals who identify themselves as being a part of either, or both, the Deaf or hard-of-hearing communities.

The commonly used term *hearing loss* is replaced, when grammatically appropriate to the written English language, with the terminology such as hearing thresholds in the mild, moderate, severe, or profound range, acknowledging that for an infant who is born with hearing thresholds outside the typical (normal) range, no loss has actually occurred. 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. It is the intent of the JCIH to convey audiological concepts using culturally-sensitive language whenever possible. However, there are times the term hearing loss is retained to clearly convey audiological concepts/conditions, including references to late onset and progressive types. Further, use of the word *normal* as a type of hearing is replaced, when appropriate, with the word *typical* to avoid any suggestion of the stigma of abnormality. Finally, in an effort to use clear language, the term *refer* for a hearing screening result that is a not-pass outcome is avoided, due to lack of clarity and confusion about the meaning and implications of the word *refer*. The term *fail*, which in years past had been discouraged in the belief that it would stigmatize infants, is recognized as a commonly-used term in the medical world to describe the outcome of a binary screening and has been adopted for use in this document.

“The term infant or child who is deaf or hard of hearing is intended to be inclusive of the entire spectrum of children, representing varied hearing levels”

“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”



LITERATURE REVIEW

ELEWEKE & RODDA, 2000

Contributions to choices families make include

- influence of information provided to parents,
- the parents' perceptions of assistive technology,
- attitudes of service professionals and education authorities, and
- quality and availability of support services.

TATTERSALL & YOUNG, 2006

The way professionals communicate impacts families' experiences.

Good communication

- has good explanations
- is sensitive
- is inclusive
- is honest/open

Professional manner is

- approachable
- patient
- accommodating

ROBINSON, BOWMAN, & BARKER, 2022

Themes from parents' experiences relating to hearing screening and diagnosis

Hearing healthcare experience

- downplaying newborn hearing screening referrals
- clinician-centered care
- medical expenses and health coverage

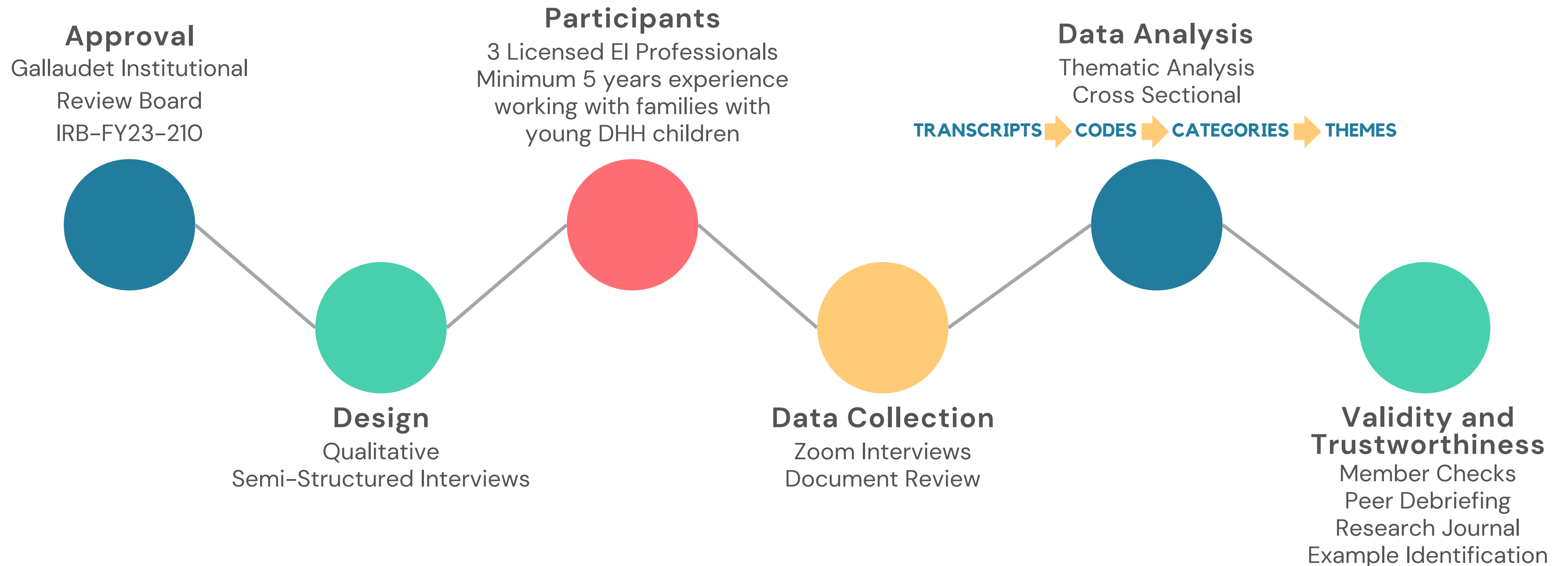
Parents' early experiences with their child's hearing loss centered around

- parent-to-parent support
- "mom guilt"
- a new reality

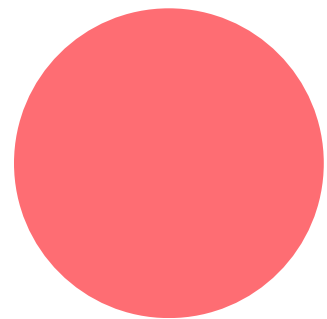


PILOT STUDY

What are the perspectives and attitudes of Early Intervention professionals regarding terminology used to communicate with families about being deaf?

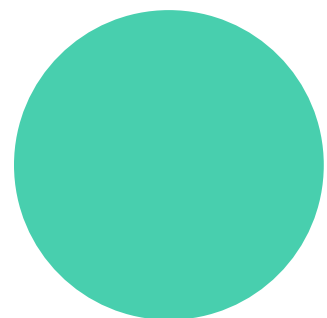


DOCUMENT REVIEW



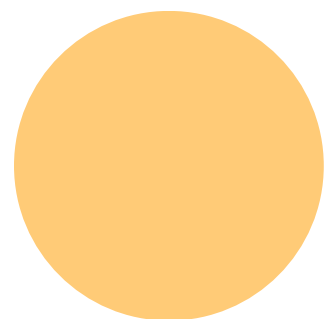
COLLECTED DOCUMENTS

Requested documents from EI professionals that they use regularly with families in their work



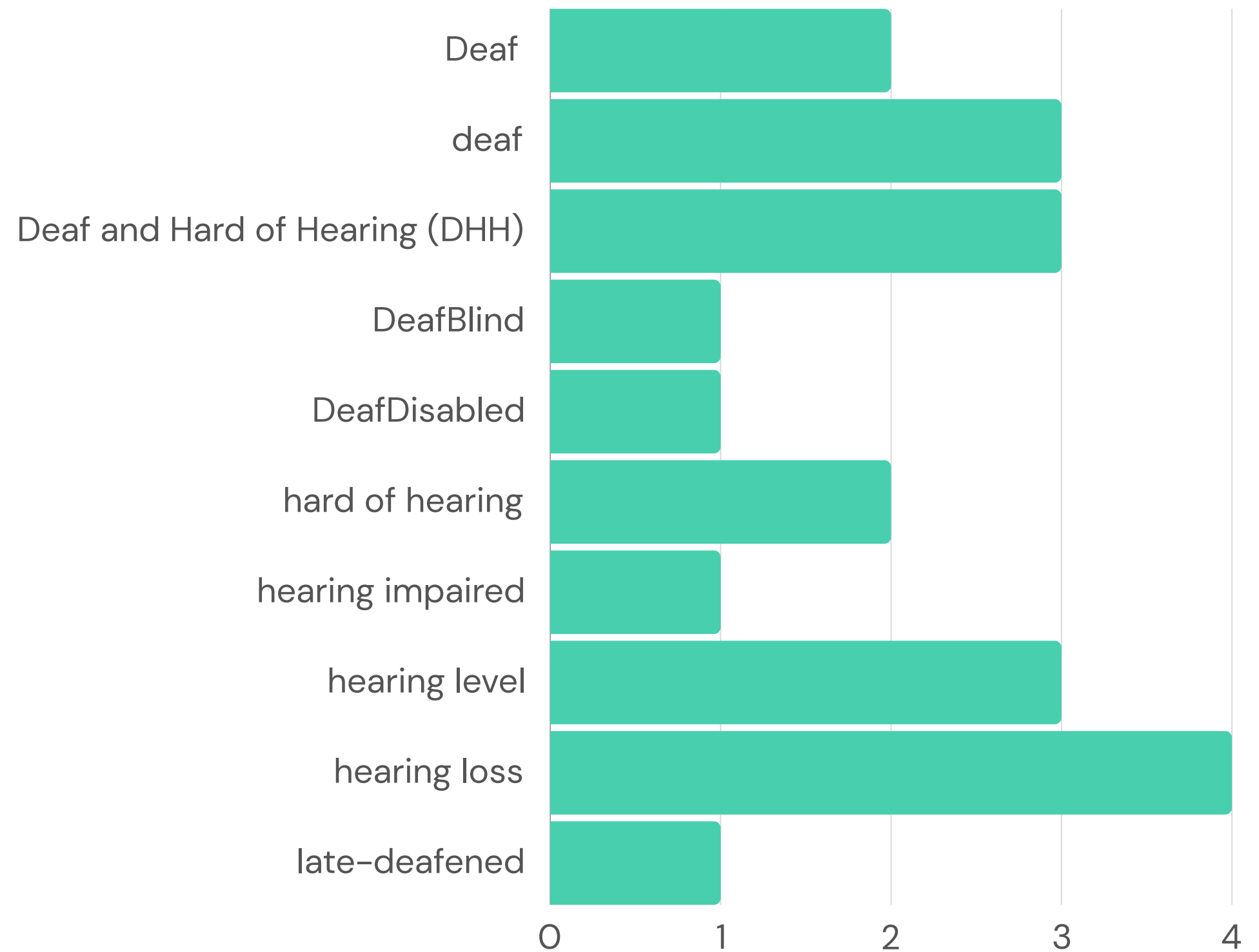
IDENTIFIED UNIQUE DOCUMENTS

Compared documents and identified 5 unique documents



COUNTED TERMS

Counted which words for being deaf were used in each document



"That's what has imprinted in their brain, essentially you're the first person...the one thing they'll remember."

"Terminology is changing, but it's not noticeable until you step back and think about it."

"I think especially when it's brand new and families don't really know how to articulate it (their child's hearing levels). I kind of let them say whatever they need to say and then as our relationship continues, then I try to ask more about it."

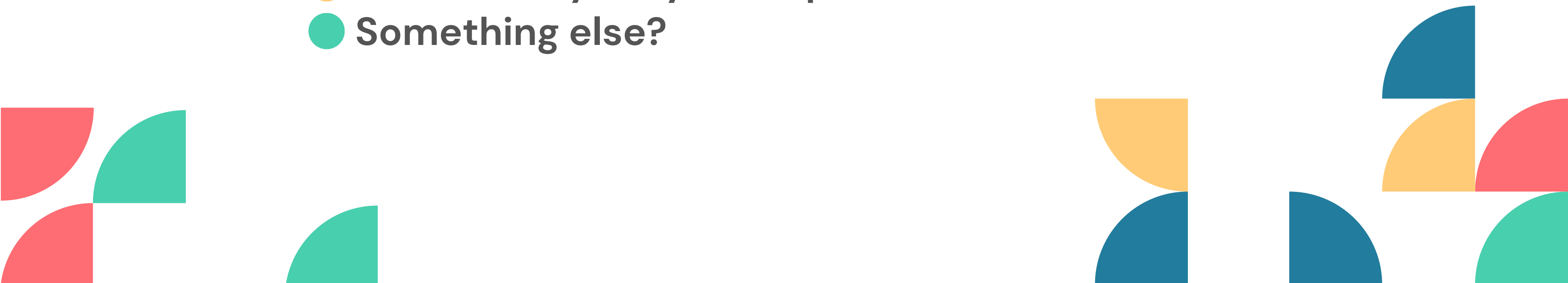
"It matters how you (the professional) talk...Because families want your opinion."

"You know... I don't think that these new terms that we're using with families are represented well in the resources we share."



PAIR AND SHARE:

If someone uses a different term for a child's hearing levels than you use, how do you respond?

- Do you match their terminology?
 - Use a different term?
 - Discuss why they use a particular term?
 - Something else?
- 

QUESTIONS TO TAKE WITH YOU:

How are the words we are using impacting parent's perspectives of their child?

Are we being intentional about the words we choose?

Do the words used in our print materials (websites, handouts, etc.) match our intent?

What conversations can we have with our community members about the words we choose to use?



THANK YOU

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