EARLY EXPOSURE TO A VISUAL LANGUAGE FOR CHILDREN WHO ARE DEAF...WHY WAIT?

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Cassandra Lucas-Szumigala, M.S., CCC-SLP

What brought me here today...

• Gallaudet University
• Virginia School for the Deaf and the Blind, Staunton, VA
• Early Intervention
• Project ACCESS
• Clinical Instructor in Communication Sciences and Disorders Department Edinboro University
• American Sign Language & English Bilingual Early Childhood Deaf Education: Birth to 5 Certificate Program
• Handmade Communication, LLC
• Western PA School for the Deaf

Cassandra Lucas-Szumigala is receiving an honorarium and travel support from PSHA for this presentation.
Today we will cover...

- Terminology
- Medical perspective of being deaf
- Socio-cultural perspective of being Deaf
- Universal Newborn Hearing Screenings
- The epidemic of language deprivation
- The bimodal/bilingual approach

By the end of this presentation you will...

- Want to enroll in an ASL and Deaf Culture course right away (Just kidding!...kind of ☺)
- Be able to:
  1. Identify the critical window for language acquisition.
  2. List risks related to language deprivation.
  3. List benefits of a visual language.

First and foremost—“Ally”

- Hearing allies are valued in the Deaf community because of the dominance that hearing people have over the lives of deaf individuals.
- Despite protective laws such as the Americans-with Disabilities Act, deaf individuals continue to experience discrimination in a variety of ways.
- "Hearing allies can be valuable partners in this social justice work" because they can "combat chronic discrimination and oppression against deaf people".
- Hearing allies can provide support to their Deaf friends as appropriate.
- It is important to understand the difference between being supportive and taking over.

https://store.treehousevideo.com/contents/read-how-to-be-an-ally-to-the-deaf-community/
Let’s start with the basics…

**Little “d” deaf**
- referring to the audiological condition of not hearing
- those who find themselves losing their hearing because of illness, trauma or age;
- they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people.

**Big “D” Deaf**
- referring to a particular group of deaf people who share a language (ASL), and a culture.
- inherited their sign language and use it as a primary means of communication among themselves
- hold a set of beliefs about themselves and their connection to the larger society

**Hard of Hearing**
- a person with a mild-to-moderate hearing loss, OR
- a deaf person who doesn’t have/want any cultural affiliation with the Deaf community

**DO NOT USE THESE TERMS!**
- Hearing impaired
- Deaf and dumb
- Deaf mute

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**Medical perspective of being deaf**
- Pathological perspective
- Person is “impaired” and requires a cure

**Socio-Cultural perspective of being Deaf**
- Not a disability
- Linguistic and cultural minority

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According to the National Association of the Deaf:  
"Individuals can choose an audiological or cultural perspective. It’s all about choices, comfort level, mode of communication, and acceptance. Whatever the decision, the NAD welcomes all Deaf, deaf, hard of hearing, late-deafened, and deaf-blind Americans, and the advocacy work that the NAD does is available to and intended to benefit everyone."
Let’s start with the basics...

<table>
<thead>
<tr>
<th>Language acquisition</th>
<th>Language learning</th>
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<tbody>
<tr>
<td>• Occurs through a subconscious process during which language learners are unaware of grammatical rules.</td>
<td>• Is not communicative, but rather the result of direct instruction in the rules of language.</td>
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<tr>
<td>• The emphasis is on the text of the communication and not on the form.</td>
<td>• Students have conscious knowledge of the new language and can talk about that knowledge.</td>
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<tr>
<td>• In order to acquire language, the learner needs a source of natural communication.</td>
<td>• Research has shown that knowing grammar rules does not necessarily result in good speaking or writing.</td>
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An infant’s brain

• Infants show discrimination between two languages very early (for hearing children this can occur in the fetal stage)
• Newborns can distinguish their parents' native language from unfamiliar language
• Prior to 2 years of age, bilingual children have shown the ability to know which language to speak depending on whom they are talking to and in what situation


Age of language acquisition-Mayberry

• Has lifelong effects on the acquisition of a first language (L1)
• Small effect on second language (L2) acquisition, but only when learned after an L1 and early in life
• Delayed exposure to an accessible L1 results in incomplete acquisition of L2 (L3+) learned subsequently

Hearing vs deaf/hard of hearing L1 and L2

HEARING INFANTS:
• Access to spoken language from birth
• Exposed to language all around them, all waking hours
• Access to more than 1 language in bilingual/multilingual homes and community environments due to normal hearing status

DEAF INFANTS:
Auditory L1
• Access is highly variable for children born with a severe or profound hearing status
• Age of identification and initiation of support is variable
• Typically focuses on listening and speech, overlooking exposure to sign language
• Listening to/ lipreading speech provide insufficient linguistic details for the child

Visual L1
• Access to visual language from identification
• Exposed to language all around them
• Strong L1 skills in a visual language can scaffold strong L2 skills in a visual/spoken language


ASL/ENGLISH BILINGUAL EDUCATION: MODELS, METHODOLOGIES, AND STRATEGIES

Subtractive bilingualism
• Language minority children are educated with the goal of shifting away from the native language to the exclusive use of the majority language

Additive bilingualism
• Builds upon research that shows that first language proficiency is a powerful predictor of second language development
• A common core of cognitive and linguistic proficiencies that are shared by two (or more) languages and benefit their development

Taken directly from Visual Language and Visual Learning Research Brief, June 2012 Written by Maribel Garcia, Ph.D.
ASL/English Bilingualism...

- Goal: develop social and academic proficiency in both ASL and English
- Stresses the importance of ASL and English in the lives of deaf children as well as their need to develop the expressive and receptive language abilities linked to each language
- Students' abilities to fingerspell, read fingerspelling, lipread, and mouth English are also emphasized because these incorporate skills from both languages
- When provided with consistent exposure to an accessible language, deaf children acquire linguistic milestones at the same rate as their hearing peers

Cognitive and linguistic benefits of bilingualism...

- Cognitive skills such as divergent and creative thinking skills, improved attention, memory, symbolic thinking, and self-regulation have all been identified to be "superior" in "balanced" bilinguals when compared to monolinguals (Piper, 2007, p. 251)
- Studies on bilingualism show greater advantages in areas of cognitive benefits, metalinguistic awareness, and enhanced executive functions such as problem solving, attention control, and task switching (National Association of the Deaf).
- Bilingual children exhibit the same rates of lexical and morpho-syntactic development as monolingual children, at least in their dominant language

Social emotional benefits of bilingualism...

- Access to L1 and L2 allows learners to have communication options during their social interactions with both the majority and minority languages
- Aids in development of social skills
- Participating in 2 communities supports positive psychosocial skills
- Promotes positive identity and social-emotional development
Language learning around the globe...

Nationally recognized languages (of equal status) in the following countries:

- Canada: French and English
- Switzerland: French, German, Italian, and Romansh
- Central and Northern Europe: Danish, Dutch, English, German, Swedish
- Western and Southern European regions: French, Italian, Portuguese, Romanian, Spanish
- China: Mandarin Chinese, Standard Mandarin
- India: Hindi, English

Why is it ok for hearing babies?
Newborn Hearing Screenings

- All states have established Early Hearing Detection and Intervention (EEDI)
- Forty-three states (plus D.C. and Puerto Rico) have mandated newborn hearing screening programs
- More than 95% of all newborns born in the United States are screened for hearing loss shortly after birth
- Many infants with hearing loss are identified at a few weeks of age

Benefits of Newborn Hearing Screenings...

• Centers for Disease Control and Prevention (CDC) report: 77% of children confirmed to have a permanent hearing loss were enrolled in intervention programs by six months of age

• Early identified deaf and hard of hearing children perform significantly higher than late identified children in language, cognitive, and academic areas

• Research also confirms that children with highly involved parents perform significantly higher in language and cognition than children with less involved parents

* See next slide for the Deaf perspective on what intervention means

Intervention – the other perspective

The Deaf community views "intervention" as an opportunity for families:

• to be introduced to Deaf mentors

• to become educated about Deaf Culture and all that it entails (language, art, customs)

• to learn about accessible language models and how they can support their child's cognitive and language skills immediately, as opposed to waiting for medical intervention (i.e., amplification, surgery, etc.)

Approximately 95% of Deaf children are born to hearing parents

In a parent survey conducted by Decker, Johnson, and Vallotton (2012), medical professionals, audiologists, and speech language pathologists were listed as the primary sources of information (Conclusions and Implications section).
Medical Professionals

“medical professionals have historically been the first point of contact for parents of deaf children, and while their expertise is valuable, it is primarily limited only to their medical areas of expertise” (NAD Position Statement on Cochlear Implants, 2000).

• Advice from medical professionals were typically in line with an “audiological” model as opposed to a “sociocultural” model, which impacted the parents’ decision between a speech only versus sign language approach to communication. (Decker, Johnson, & Vallotton, 2011; Eleweke & Rodda, 2000; Li et al., 2003; Meadows-Orlans et al., 2003; Young & Tattersall, 2007; Young et al., 2006)

Guidance from medical professionals

• PRIORITY:
  • To “fix” the hearing loss
  • To provide early access to sound

• AFTER THOUGHT:
  • Sign language
  • Exposure to a visual language

  • Many professionals will recommend sign language as last resort. (See Hintermair & Albertini, 2005; Knoors & Marschark, 2004; Lake, 2005; Percy-Smith, Cayé-Thomasen, Breinegaard, & Jensen, 2008)

Parents

can feel...

• Scared
• Confused
• Helpless
• Desperate for answers
• Looking for direction

So they may...

• Accept one sided advice
• Think that they have to choose between 2 worlds
• Want to make their child “hearing”
• Choose against providing a visual language model
WHAT HAPPENS WITHOUT ACCESS TO A VISUAL LANGUAGE?

Language Deprivation

Lawrence Siegel

“For deaf and hard-of-hearing children, the absence of communication and language has a crushing effect on the development of basic educational and life skills.” (2006, p. 3).


Effects of language deprivation...

- When deprived of an accessible language in the first 3 years of life, deaf/hard of hearing children fail to meet linguistic and cognitive milestones
- Delayed language acquisition - may never catch up to hearing peers
- Underdeveloped Theory of Mind
- Poor literacy skills
- Pragmatic delays resulting in “immature” behavior and poor connections with peers, resulting in even less exposure to language in conversation
- Isolation, poor self-concept, depression
- Higher risk of being unemployed, incarcerated, and poor health

Why is this happening?

- One school of thought
  - Children cannot learn 2 languages simultaneously
  - By teaching them ASL, we are taking away their ability to also learn English
  - Parents aren’t fluent ASL users, therefore the child does not have access to a fluent language model
  - Children with hearing loss use sign language as a crutch and do not adequately develop their auditory skills
  - If a brain does not have access to sound, their auditory cortex atrophies

New research disproves old theories...

New research disproves old theories...

Task-specific reorganization of the auditory cortex in deaf humans

“A recent study published in *PNAS* suggests that, in at least one case, these brain circuits are repurposed for a similar task. When deaf people were asked to interpret visual rhythms (represented by a flashing light), the same auditory processing regions used to listen to rhythms were activated.”


The proof is in the pudding...

“Deaf Brothers Listen Without Sound” [https://www.youtube.com/watch?v=Myq4ItcoeVw](https://www.youtube.com/watch?v=Myq4ItcoeVw)

In review...

- We are wired from birth to acquire language
- It’s time to shift our view of Deaf Culture
- Cultural sensitivity: medical professionals must educate themselves on the cultural perspective of being Deaf
- Deaf mentors must be made available to all families upon identification of being deaf or hard of hearing
- Parents should be provided with ALL of the information including:
  - The socio-cultural perspective of being deaf
  - Being in the “deaf world” doesn’t mean you’re losing your child – you are gaining a community
  - The importance of visual language access during the “critical window” of language acquisition
  - Realistic expectations for CIs and listening and spoken language approaches
- ONE way is not the BEST way
I LEAVE YOU WITH THIS

Human Connection

https://vimeo.com/148127830

Ally

Your problem is my problem.
Your injustice is my injustice.
Your desire to see change happen is my desire too.


Thank you!

Contact Information:
Cassandra (Casie) Lucas-Szumigala
MissCassie.SLP@gmail.com
References


