From Options to Opportunities:
Proposing a Default Bimodal Bilingual Approach in Early Intervention

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Introduction

- Current systematic practices are not adequately addressing persistent language deprivation issues in the Deaf education field despite advancements.
- The medical model and its impact
  - "Fixing" and attempting to assimilate the child through honing speaking and listening (Harmon, 2013; Valente et al., 2002).
  - Without early, frequent exposure to a fully accessible language, deaf children are at risk for language deprivation (Hall et al., 2019).
- New research-based policy considerations, deaf adult expertise, and recommendations for changes in existing systems are necessary to support the default practice of bimodal bilingualism from day one of a deaf child's identification to provide the best possible educational outcomes (Swanwick, 2016).

Background

- **Three principal components of EHDI:**
  - Hearing screening
    - 43 states have some form of legislation regarding Universal Newborn Hearing Screening (NCHAM, 2019). Only 28 of these 43 states require every newborn to be screened, and only 29 out of the 43 states are required to report newborn screening results to their state's Department of Health (NCHAM, 2019).
  - Identification
    - In 2017, 18.4% of all families screened in the United States and its territories were labeled as LFU/LTD (CDC, 2017). These infants and their families need to become the focus on additional tracking for identification to increase positive child outcomes and enroll in early intervention.
  - Early intervention
    - Only 65.1% of identified children were enrolled in early intervention services (CDC, 2017). This lack of enrollment is compounded with the 18.4% of LFU/LTD children (CDC, 2017).
    - 96% of deaf children are born to hearing parents (Mitchell & Karchmer, 2004), who frequently have not met a deaf individual prior to their child's identification.
    - The goal(s) during early intervention typically center around speech, hearing, and/or language development (NCHAM, 2019).
- **The Illusion of Neutrality**
  - EHDI for deaf children is believed to remain neutral as far as providing balanced options with all communication approaches (Global Coalition of Parents of Deaf/Hard of Hearing Children [GCPDHHC], 2010).
  - The GCPDHHC (2010) position statement shows only "50.9% of families were given "complete and balanced information about all communication options" (p. 5).
- **Bimodal Bilingualism**
  - Bimodal bilingual strategies largely avoid language delays, develop more effective spoken language, as well as provide more effective language and cognitive outcomes than do spoken language interventions alone (Davidson et al., 2014; Hassanzadeh, 2012).

Principle #1
Reframing EHDI

- ASL/English bimodal bilingual environment from the point of early deaf identification to at least two years of age.
- Incorporation of deaf professionals (e.g., Deaf Mentors) in the EHDI team.
- Singular focus on *supporting language opportunities* rather than *communication options*.
- Be unified in presenting information stressing the importance of bimodal bilingualism.
- Welcome partnerships with national deaf agencies (e.g., National Association of the Deaf and the American Society for Deaf Children)
- Scaffold and incorporate the home languages of families who do not speak English.

Principle #2
Focus on Language, Not Modality

- Present families with timely information about the impact of bimodal bilingual research from the beginning.
- Provide family-friendly ASL curricula to all parents.
- Teach families how to navigate visual and joint attention with their infants.
- Monitor both signed and spoken/written language acquisition.
- Provide Deaf Mentors for language modeling and a source of support for families of deaf children.
- Present a unified front as a diversified bimodal bilingual EHDI team to validate and support parents in providing crucial language opportunities to their deaf infants.

Principle #3
Continuity of Bimodal Bilingual Practices in K-12 Education

- Continue implementation of bimodal bilingual strategies into K-12.
- Direct access to highly qualified Deaf education teachers specifically trained on bilingual bimodal educational philosophies and strategies for implementation in the classroom.
- Utilize the bilingual strategy of language separation to develop strong foundations in both ASL and English.
- Provide greater opportunities for DHH students to develop bilingual bimodal skills to master both languages in the classroom and beyond.
- Review current school practices to assess alignment with bilingual bimodal philosophy to boost outcomes.

Discussion

- Eliminate either/or thinking regarding language pathways
  - Providing "one or the other" to families has been shown to be harmful (Humphries et al., 2012)
  - Give the child a proverbial toolbox to allow them to make decisions about their modality and language usage depending upon specific contexts in life (Swanwick, 2016)
- Transitioning from thinking of deaf children as possessing a deficit, such as having a 'hearing loss', to thinking of them as simply 'different' (Crace & Rems-Smario, 2017) .
- Decisions made at identification are often heavily biased toward listening and spoken language interventions and unrepresentative of all the professionals needed for effective outcomes (Hamilton & Clark, 2020).
- Language and modality decisions are frequently made with one-sided input, which often leads to language delays and subsequent language deprivation (Hall et al., 2017).
- In the haste to proceed with best practices within a medical framework, EHDI professionals have often failed to consider a culturolinguistic perspective as well as the knowledge and expertise of deaf communities (Crace & Rems-Smario, 2017).
  - Each EHDI provider needs to engage in self-reflection and awareness of their own biases and epistemology (Hauser et al., 2010).

Correspondence & Acknowledgments

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References