

I Need Both: Supporting children who need sign language for expressive language but use listening for receptive language

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Presenters: Who We Are

- Dinah is a member of the Colorado State EHDI Team representing early intervention. She has more than 25 years experience in early intervention, including serving as the statewide Program Coordinator of the Colorado Home Intervention Program (CHIP). Currently Dinah is working as a consultant in the field.
- Denise, is an SLP, TOD, and an Infant Specialist. In addition to years of experience as a preschool teacher, she has more than 30 years experience as a Colorado Hearing Resource Coordinator for early intervention services for children who are deaf and hard of hearing.
- Both are members of the Board for Colorado Families for Hands & Voices.

Financial Disclosure

- We have no relevant financial or non-financial relationships to disclose.

The Value of Communication

- Communication is at the heart of who we are as human beings. We connect and interact, exchange info and ideas, all of which is made possible through communication.
 - [Caroline Jagoe, International Communication Project](#)

The Value of Communication

- There is a world of communication which is not dependent on words.
 - Mary Martin, American actress and singer

The Value of Communication

- Empowerment and participation come with the ability to experience the world and communicate
 - [Every Move Counts](#), Jane Korsten

The Value of Communication

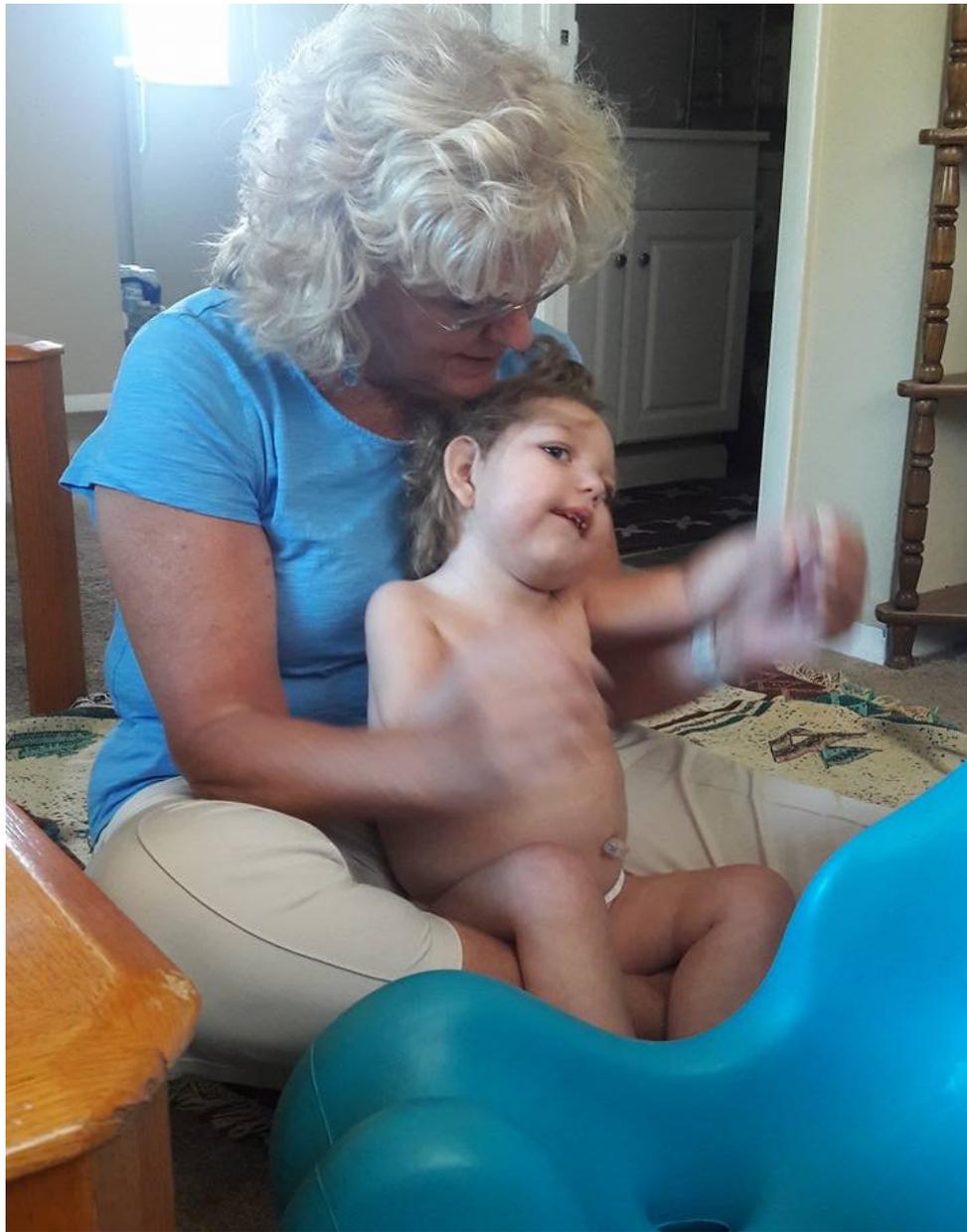
- The single biggest problem in communication is the illusion that it has taken place.
 - George Bernard Shaw, Irish playwright, critic , and political activist

EVERYONE HAS THE RIGHT TO COMMUNICATE as well as the ability

- The value of communication
- What communication looks like
 - Early communicative intents
- Accessing sign language instruction
 - IFSP language that supports sign language as a choice regardless of whether there is a hearing loss
 - Sign language instruction matches child's communication
 - ASL vs Baby Sign vs functional sign/gestures vs coactive sign

Conditions that *may* lead to the need for a combined approach

- Combined vision and hearing loss
- Down syndrome
- CHARGE
- Cleft Palate
- Other syndromes or conditions requiring medical interventions such as trachs / gtubes
 - Treacher Collins
 - Goldenhar
 - Lennox Gastaut
 - Etc.....



Gallaudet Research Institute (GRI)

- US Survey of D/HH Students published annually from 1999-2007 indicated 40-50% of the students had additional disabilities.

The Need

GRI Annual Survey 2010

No condition in addition to deafness	61.1 %
Low Vision	3.8%
Deafblind	1.7%
Developmental Delay	5.3%
Specific learning disability	8.0%
Motor (includes CP)	4.4%
ADD/ADHD	5.4%
TBI	.3%
Cognitive	8.3%
Emotional	1.8%
Autism	1.7%
Other	14.2%



Story of Brayden

- Down Syndrome

Incidence of Hearing Loss in Children with Down Syndrome

- Emily Nightengale, AuD, reported in the Feb 2018 issue of the Hearing Journal the following results from a study at the SIE Clinic at Children's Hospital Colorado
 - 308 children with Down syndrome were tested
 - 25% identified with permanent hearing loss
 - 38% permanent conductive loss
 - 34% sensorineural hearing loss
 - 28% mixed loss
 - 22% had transient hearing loss secondary to middle ear effusion or otitis media

National Down Syndrome Society

- The American Academy of Pediatrics and the Down Syndrome Medical Interest Group recommend audiologic testing at birth and then every six months up to age three, or until the child can cooperate for an audiogram that includes ear-specific testing (more frequently if hearing loss is present). After the age of three, children with Down syndrome should have a hearing test performed annually. Hearing aids should be considered even in cases of mild hearing loss to prevent delays in educational, emotional and language-related development.

Language Development and Down syndrome

- Receptive language is typically stronger than expressive, with particular challenges in phonology and syntax (Martin, et al, 2010)
- Children with Down syndrome frequently begin to use single words (sign or spoken) between two and three years of age (National Down Syndrome Society).

Role of sign language for children with Down syndrome

- Many children with Down syndrome understand the relationship between a word and a concept by 10-12 months of age. However, at that age, a child generally does not have sufficient neurological and motor skills developed to be able to speak. That's why it is important to provide another system so that the child can communicate and learn language before they are able to speak.
- Combined use of signs and gestures with speech to teach language... provides a child with an output system to communicate when he or she has not yet developed the skills needed for speech.
 - *Speech and Language Therapy*, Libby Kumin, National Down Syndrome Society

Story of Blake

- Strategies to support sign language learning for family

Parent/child Isolation

- Where do I fit in?
- Where does my child fit in?
 - Not with the hearing
 - Not with the deaf
 - Not with children with the other diagnosis
 - So Where??
- Connecting with other families is vital. Families often report they do not belong with any of the existing groups or associations. Assist the family in making connections with other families that are struggling with the same issues and have similar needs. This may be through connecting with another family over the internet.
 - Hands & Voices
 - Parent to Parent
 - Others

Story of Mary

- Wolf-Hirschhorn syndrome

Story of Kyle

Utilize Appropriate Assessments

- *Every Child Moves* - Sensory based approach to communication and assistive technology for individuals with significant sensory motor differences, developmental differences, & autism.
- *Communication Matrix* – Assessment tool to help us understand the communication status, progress, and unique needs of anyone functioning at the early stages of communication or using forms of communication other than speaking or writing.
- *LENA* – Technology that provides an objective picture of the early childhood talk environment.
 - Measures and analyzes the auditory environment including adult word count and early communicative turns, as well as environmental sounds
- *MacArthur Communicative Development Inventory* – Parent report instruments which capture important info about children’s developmental abilities in early language, including vocabulary comprehension, production, gestures, and grammar.
 - CDJohnson’s checklist
 - OBSERVATION

Utilize Appropriate Assessments

- Functional Listening Skills Checklists
 - *Auditory Skills Checklist Cincinnati Children's Hospital Medical Center* – parent interview to rate auditory skills
- *Kent Inventory of Developmental Skills (KIDS)* – Provides a clear picture of a child's developmental status and relative strengths and needs. For infants 0 – 15 months.

Value of Appropriate Assessments

- Parents might need help recognizing small steps their child is making
- Focus on what is working!
- Affirm what the child is doing
- Build on the child's strength
- Assistance in determining next step needed to meet goal
- Utilize to assess appropriateness of goal
- Prepare parents for terms they may hear in Part B services

Appropriate Assessments

- Believe in the value of assessments for all children!
- Use an assessment that affirms and recognizes what the child is doing.
 - Communication Matrix
 - Every Move Counts
 - Kent Inventory of Developmental Skills
 - Functional Listening Skills
- Involve the parents in the assessment process – Listen to what they have to share!



Story of Lucille

- UHL – atresia/microtia

Short vs Long Term Communication Goals

- Assist the parent in meeting the child where he is at right now, but with the long term goal in mind
 - Discussion – share how this strategy will lead to the long term goal
 - Meeting other families whose child has been on the same/similar journey
 - Use assessments to mark/chart progress
 - What types of communication opportunities are happening in the schools, community

Transitioning to Preschool

- Preschool programs are often not designed to support children using several means of communicating
- Part B evaluation
 - Ensure the right people are at the table
 - Present assessment data
 - Include a parent advocate
- Health/Medical concerns vs. communication/learning concerns
 - Story of: Trinity
- Peer relationships
 - Story of: Julie
- Prepare the school for the child
 - Story of: Henry

Strategies to Support Successful Transition

- Begin discussion with family early in the process
- Observe schools
- Connect family with an educational advocate
- Complete appropriate assessments
- “The teacher doesn’t want my child”
 - Story of - Sally

Resources & Bibliography: Assessments

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Websites

- Hands & Voices

www.handsandvoices.org/articles/articles_index.html#ei

Contact with Questions

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