

# TAKING DOWN BARRIERS TO WORK WITH PEOPLE WHO ARE DEAF

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## INTRODUCTION

This poster will present information from the literature regarding the preparedness of SLPs to work with the deaf and hard-of-hearing population compared to the hearing population when enrolled in an intervention program related to speech, language, and listening development. Research questions this study will discuss include Are clinical workers prepared to work with people who are deaf or hard of hearing? Do Speech-Language Pathologists have the skills to work with the deaf and hard-of-hearing population? Are Speech-Language Pathologists getting the training they need to communicate with people who are deaf or hard of hearing?

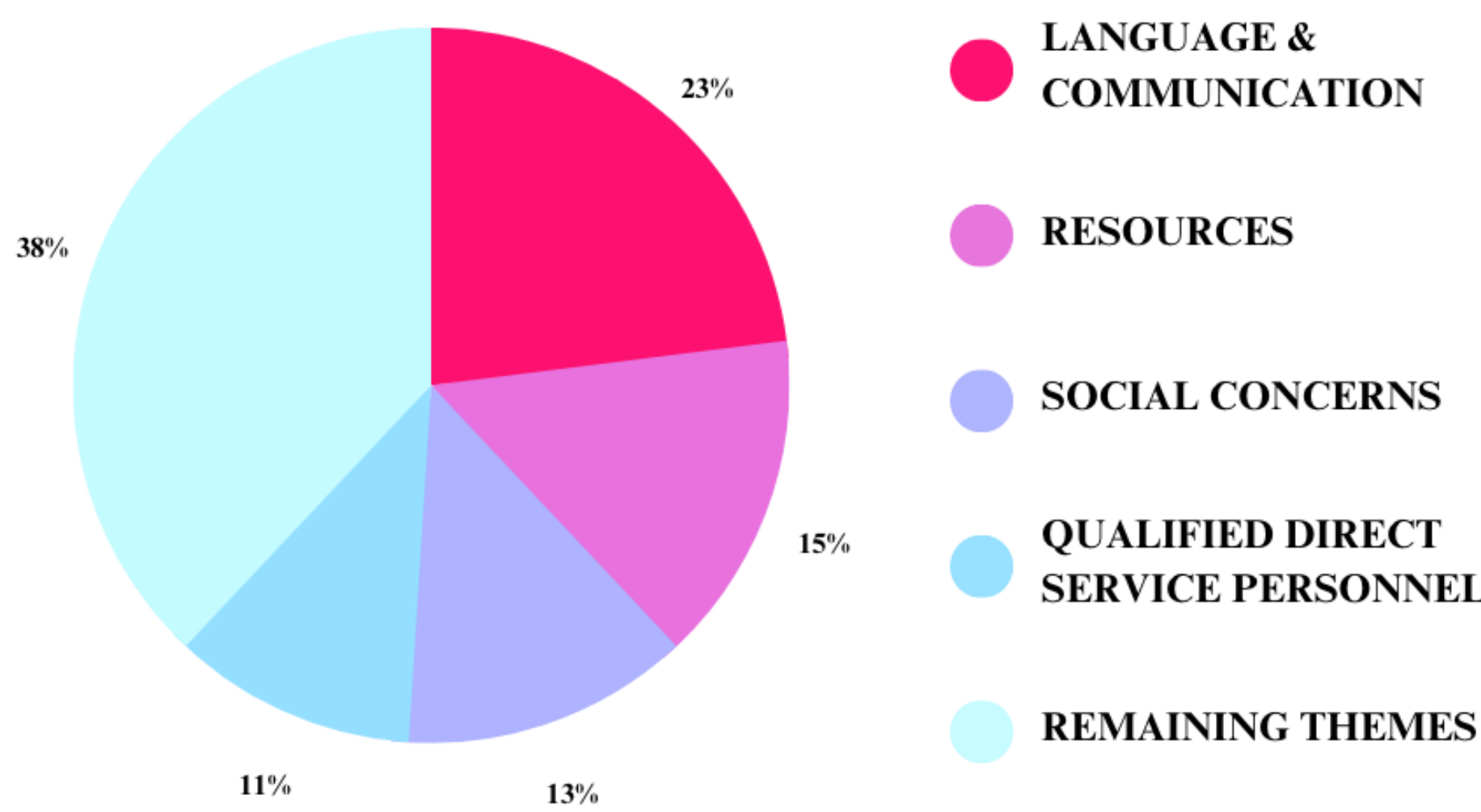
## TERMS

**Deaf:** a hearing loss so severe that there is very little or no functional hearing.

**Hard of Hearing:** a hearing loss where there may be enough residual hearing that an auditory device, such as a hearing aid or FM system provides adequate assistance to process speech.

**D/HH:** Deaf or hard of hearing.

## PERCENTAGE OF BARRIERS IDENTIFIED



(SZYMANSKI 2013)

## RECCOMENDATIONS

1. Fundamentally, it was found that interventions must be based on explicit principles, validated practices, and the best available research while being respectful of family differences, choices, and ways of doing things (Moeller et al, 2013).
2. Understand ways in which discrimination, oppression, and stereotyping may affect the provision of services (Moeller et al, 2013).
3. Speech-Language Pathologist needs to increase their knowledge and understanding of deafness, deaf and hard of hearing students, hearing loss, Deaf culture, and the lives of deaf people that has led to misinformed attitudes, expectations, and perspectives of deaf and hard of hearing students (Szymanski et al, 2013).
4. There needs to be more training and focus for professionals on the current needs of D/HH children and their families (Szymanski et al, 2013).
5. Intervention programs should be to strengthen parental self-efficacy related to supporting both children's hearing device use and their language development, which in turn should result in better device use and stronger language outcomes for children (Ambrose et al, 2020).

## LITERATURE REVIEW

Moeller et al. (2013) wrote a consensus statement on the best practice principles guiding the implementation of family-center intervention with children who are deaf or hard of hearing and their families. The Panel members reported that the implementation of family-centered principles was uneven or inconsistent in their respective nations. Interventions should be implemented in a manner that is culturally competent, and professionals devote themselves to ongoing continuing education to maintain the highest standards of best practice. Opportunities for collaboration and information sharing among professionals who work with deaf or hard-of-hearing people need to be increased. Speech-Language Pathologists should be trained to work with people who are deaf or hard of hearing during their graduate work. Common threads of challenges and successes within the discussion will be noted, categorized, and shared with the audience participants. Gallaudet University wrote a public input summary that explained that lack of collaboration, instruction, intervention, expectations, understanding, family support, and resources are a barrier for D/HH students to succeed in speech services (Szymanski et al, 2013). There was a theme in the literature that stated there is a lack of qualified professionals who understand and can meet the diverse needs of D/HH students and their families. Some literature suggests that current early intervention services may not be sufficient for supporting families in optimizing hearing device use and thus, optimizing their children's language outcomes(Ambrose et al, 2020).

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## CITATION LINK



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