



# Factors Influencing Parents' Choice of Communication Mode for their Child who is Deaf or Hard or Hearing

By Paula Gross, MA CED

In conjunction with EDU742 / Jamie Doronkin, PhD and EDU729 / Jo Ann Mattson, MAT

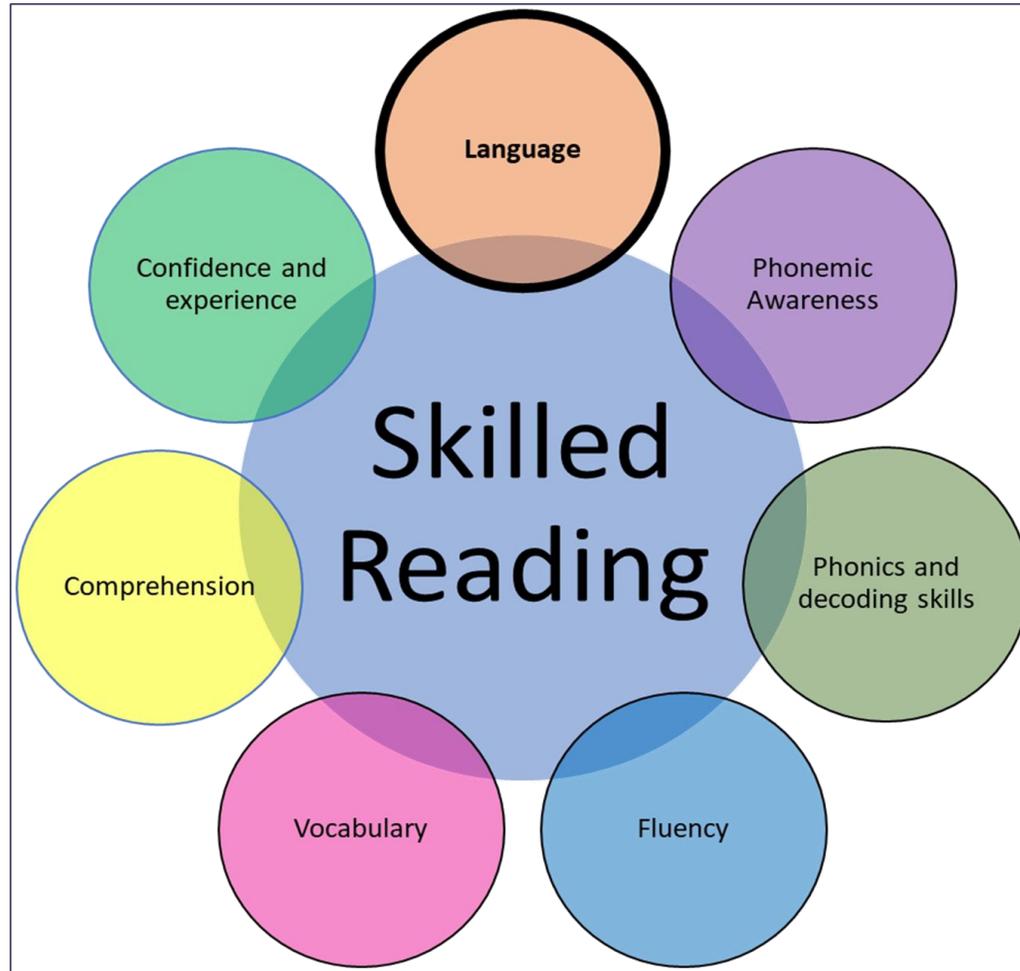
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# Why a Pilot Study?

- Camp FIRE participants
- Question of access/equity
- Classroom volunteering
- More questions and need for understanding



# Reading and Language Connection: Goals of Camp FIRE



**Language and literacy are interconnected. To be a proficient reader, one must have proficiency in language.**

# Observations from Volunteering in the classroom

TEACHERS APPRECIATIVE OF VOLUNTEER TIME AND ACTIVITIES

STUDENTS PARTICIPATED IN TASKS BUT DID NOT HAVE REQUISITE SKILLS FOR READING AND LITERACY

ALL STUDENTS HAD COCHLEAR IMPLANTS

LISTENING DEVICES WERE OFTEN LEFT AT SCHOOL

CHILDREN RETURNED TO HOMES WHERE FAMILIES DID NOT KNOW/USE ASL

INSTRUCTION DELIVERED THROUGH ASL

INTERPRETERS IN CLASS



# A disconnect for me...

- Did parents have a desire for their child to develop listening and spoken language?
- What happened between cochlear implant surgery and school entry?
- Why was instruction delivered through ASL?
- Why were listening devices left at school?
- How did families communicate with the children if devices were at school and family members did not know/use ASL?
- What language input happened in the home?
- Were children able to codeswitch between ASL and spoken language?
- **What was the communication journey for these families?**

# Research / Connection to literature



“When a child with normal hearing comes to the reading lesson with mature and sophisticated language skills, a child with hearing loss may come to the reading task with immature language and vocabulary” (Easterbrooks & Estes, 2007, p. 106).



Geers (2006) attributes the lower literacy level of DHH children to the “discrepancy between their incomplete spoken language system and the demands of reading a speech-based system.”



Mayer (2007) suggests that for optimal language and literacy development, a child should have minimal familiarity with a target language (signed or spoken) and cautions that the problem is that the level of familiarity is unknown.

# The Research Question

*“If I interview parents of students who are deaf or hard of hearing about factors that influenced their choice of communication mode for their child and how/if these choices changed, in what ways, if any, will the information guide professionals’ knowledge about parents’ communication choices?”*



# Methodology / Interview Guide



- A **convergent parallel/mixed methods** approach (Creswell, 2014) guided this pilot study.
- A **purposeful sampling** of parents of children who are deaf or hard of hearing were interviewed about the communication journey with their child(ren):
  - **Qualitative data** – Parent responses were transcribed and coded for emergent themes.
  - **Quantitative data** – Demographics of participants.

## Interview Guide

- How old was your child when diagnosed?
- How did you decide on a mode of communication for your child?
- Who helped you navigate this time in your life, and what professionals guided you?
- Describe the services you were offered and provided, and how they met the needs of your child and family at this time.
- What is the primary mode of communication used in your home?
- Does your child rely on ASL or spoken language? Has this changed from the time of your initial decision about communication mode and when your child entered school?
- Describe your child's academic abilities.
- Is there anything I have missed that you would like to share?

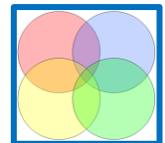
# Results

- 5 parents (all mothers) participated
- 6 children who were deaf between the five mothers
- Variation in communication modality
- 2 face-to-face interviews (audio-recorded)
- 3 interviews through e-mail, due to schedule conflicts
- Highly unique experiences per family
- Interviews transcribed for emergent themes



# Emergent Themes from Interviews

- Importance of doctors & other professionals at diagnosis
  - All participants were guided by professionals at diagnosis
- Importance of listening to opinions of family members, including extended family
  - All sought opinions of family members; one parent had a mother who used ASL because she was mute, and another's sister was a teacher of the deaf
- Use of listening technology early on, particularly hearing aids
  - All children used hearing aids immediately after diagnosis; one still does because hearing loss is not profound; one young man has chosen not to wear listening devices
- Technical vocabulary used among professionals
  - All mothers spoke of having to navigate new terminology



A glimpse of the families... (pseudonyms)

“The IFSP was not explained in a way that a parent could understand.”

“The para they provided me with helped me tremendously with emotional support.”

“When we first chose to use cochlear implants, we were told not to use ASL because she would become dependent on it. That was difficult for me and I didn’t agree with it.”

	Amy	Charlotte	Ruth	Shauna	Mary
<b>Role</b>	Mother	Mother	Mother	Mother	Mother
<b>Age</b>	30-40	41+	30-40	41+	30-40
<b>Marital Status</b>	Divorced	Married	Single	Married	Separated
<b>Race</b>	White	Black	White	White	Black
<b>Education level</b>	High school	Bachelor’s Degree	Assoc Degree	Aud Degree	Assoc Degree
<b>Income</b>	\$75,000-\$149,000	\$75,000-\$149,000	\$35,000-\$49,999	\$75,000-\$149,000	\$15,000-\$34,999
<b>Adults in home</b>	2	3	2	2	1
<b>Children in home</b>	1	2	4	3	4
<b>Primary language</b>	Spoken English	Spoken English	Spoken English	Spoken English	Spoken English
<b>Child’s mode of comm.</b>	LSL w/ ASL	TC	ASL	LSL w/ ASL	LSL
<b>Age of child @ diagnosis</b>	2 years	Birth	Birth	Birth for both boys	6 years

# Limitations

## Small sample size

- 5 participants, all mothers

## One participant was an outlier

- Audiologist
- Had two children who were deaf
- From more affluent area than other participants

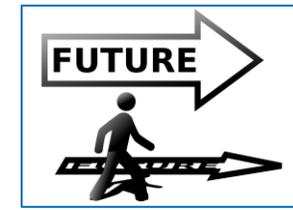
## Lacking operational definitions

- Spoken Language, Total Communication, Sign with Support

## Researcher bias

Three interviews conducted through email

# Conclusion / Future Implications



- Parents consider many factors
  - Advice of doctors and professionals
  - Opinions of family members
- Use of listening technology is met with mixed success rates
- Professionals' continual use of educational / medical jargon
- Incredibly personal experiences make generalizations difficult
- Each family made choices in the best interests of their child given the knowledge they had at that time
- *The simultaneously similar and different responses from data emphasize highly diverse needs and experiences of a population that is homogenous only by the disability category of hearing loss.*
- *Educators and other professionals should be careful of making judgments.*
- *Responses suggest need for further study.*

# References & Contact Info

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- [pgross@Fontbonne.edu](mailto:pgross@Fontbonne.edu)
- IRB# FBUIRB112120-PG.