Language and Literacy Development of Deaf Children in United States Families Where English is Not Spoken

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Extensive research has focused on the great difficulties faced by deaf children in their
development of language and literacy. These challenges are broadened when the deaf or hard of
hearing child must grow up in a predominantly English society without English being his or her
first language. About 45% of deaf children and youth can be considered a part of the “minority”
culture (Gerner de Garcia). These deaf children whose first language is not English must
develop literacy and language skills in a language that they may not fully, or even partially,
understand (Mayer, 2007, p. 2). Unfortunately, there is not one universal sign language, but
instead a different sign language employed in each cultural group (Tong, Cornes, & Wiltshire,
1999, p. 322). It is society’s responsibility to learn the needs of these children and to develop
some programs and resources for the non-English speaking families of deaf and hard of hearing
children; thankfully, numerous resources are becoming more available to these individuals.

Walker-Vann (1998) comments that in order “to improve the scholastic success of these
children, educators should reexamine the cultural and linguistic appropriateness of current
educational programs” (p. 47). For educators in bilingual programs, the challenge exists in
finding “the balance between the two languages that allows for sufficient opportunities for the
development of both” (Mayer, 2007, p. 16). It is estimated that approximately 56% of United
States public school teachers teach one or more English Language Learning students (Olumba,
2009, p. 5). “The teaching force is not well prepared to help culturally diverse children succeed
academically and socially” and teachers in these situations have been “learning on the job”
(Gerner de Garcia). Merino affirms yet another issue in dealing with limited English-speaking
children- the problem of misdiagnosis. An example of this exists when children who are
attempting to learn a second language are actually diagnosed as having a handicap (Merino, 1983, p. 380). All in all, it is essential for future research to be done regarding non-English speaking deaf children. “Family profile” surveys should be conducted to help convey information to professionals and to make these intimidated families feel more respected and included in their child’s educational experience (Flores, Caraway, Sussman, Giraudo, & Cornejo, 2010). The results from these studies will not only help society gain greater knowledge on these individuals, but will also outline new and improved early educational intervention services.

A greater amount of the research that has been done focuses on a fast growing minority in the United States- the Hispanic population. 20% of deaf children and youth are Hispanic, while about 56% are White (Gerner de Garcia). Furthermore, 15.3% of deaf Latino children live in Spanish-speaking homes (Gerner de Garcia). As recognized at the AG Bell 2010 Biennial Convention, “in today’s global society, the issues facing programs in Spanish-speaking countries are quickly becoming realities for programs in the United States, many of which have students whose parents come from around the globe and speak a variety of different languages” (Flores et al., 2010). With this growing population, it is clear that provisions should be made to the education system.

It has generally been found that Hispanic families in the United States are “undereducated, underemployed, recently immigrated, limited in English proficiency, and poor when compared to Anglo families” (Walker-Vann, 1998, p. 49). In 1999, 16.8% of immigrants lived in poverty (Olumba, 2009, p. 7). Poverty prevents one from obtaining basic human needs like clothing, food, and shelter; therefore, a focus on English culture and language is probably not at the top of one’s list of priorities (Olumba, 2009, p. 8). Also, two very beneficial pieces of technology, the hearing aid and the cochlear implant, are very expensive and non-English
speaking families living in poverty cannot afford such life-changing gadgets (Olumba, 2009, p. 13). In addition, these families need interpreters for audiological appointments, have concerns about teaching two languages, and find difficulty in facing culture clashes between parents and providers (Flores et al, 2010). Tong, Cornes, and Wiltshire (1999) add that “services…are not culturally appropriate,” there is “a lack of education regarding services available,” and there are “differing cultural views of mental illness and problematic behaviour” (p. 321). By making culturally appropriate services more available and public, the education of non-English speaking deaf children would greatly improve.

Because these families do not use much English in their homes, it is hard for the children to assimilate into an English-speaking society. This is made more difficult by the fact that some children are deaf as well. When children have trouble learning a new language, like English or American Sign Language, it makes it more difficult for them to further their learning in subsequent languages, such as Spanish (Merino, 1983, p. 396). These problems learning multiple languages not only manifest themselves in the child’s literacy development, but also in his or her social interaction with peers (Luetke-Stahlman, 1994, p. 475). If one child’s first language is Spanish, and another child’s first language is English, they may find it difficult to interact with one another. Furthermore, it is undoubtedly complicated for non-English speaking children to interact with a group of children whose first languages are all English. Mayer (2007) adds that in order to understand how to sign in American Sign Language, some experience in communicating in “face-to-face English” must occur (p. 16). The school setting and peer interactions provide help in the “transmission of social and cultural mores” (Tong et al., 1999, p. 321). Furthermore, “early conversational exposure influences performance on tasks devised to
test for theory of mind understanding” (Tong et al., 1999, p. 321). Without social interaction, especially with peers, this learning as a result of “face-to-face English” will not take place.

On another topic, Walker-Vann (1998) claims that these children must be “trilingual” as they need to learn English, American Sign Language, and Spanish; moreover, it is beneficial if their parents learn such languages as well (p. 53). Parents not only need to learn new languages to communicate with their children, but also to communicate with health providers. Doctors and educators “may use terms like ‘moderate to severe hearing loss’, ‘audiogram’, ‘earmold’, ‘digital hearing aids’, and ‘cochlear implants’” which the parents might not understand (Olumba, 2009, p. 3).

According to DesJardin and Ambrose (2010), parents’ literacy beliefs and talents serve as the groundwork for a child’s developmental language skills in the home (p. 32). To make sure there is consistency between school and home practices, a “coaching model” should be put into place, whereby the parents and professionals work together to help the child and one another (p. 33). One easy way in which parents can actively participate in helping their deaf child’s education is by storybook reading in the home. Because the child is deaf, the storybook may not be read aloud, but the parent and child can sign the pictures they see. This not only builds a connection between parent and child, but helps develop the child’s vocabulary and exposes him or her to certain words not encountered in everyday life (p. 36).

It is important for all children to have a steady role model in his or her life. “Deaf parent[s] provide a positive role model and communicate positive feelings about deafness” (Tong et al., 1999, p. 320). But, 90% of deaf children have hearing parents (Tong et al., 1999, p. 319). No matter how great a connection exists between parent and child, hearing parents simply do not
know what it is like to have a hearing impairment. Therefore, a deaf adult role model should be found outside the home; this individual would greatly improve the deaf child’s outlook on life.

On a separate note, due to the high incidence of low socioeconomic status in many Hispanic families, any intervention or help programs may be out of reach because of financial difficulties. One program in South Africa, HI HOPES, has focused on the essential aspects of early intervention. This is a home-based program for children ages 0-3 and families can participate for free, eliminating any financial problems faced by having a lower socioeconomic status. The program connects families with deaf adults in the community and the “Parent Advisors” assigned to each family are usually multilingual to help families whose first language is not English (Storbeck & Calvert-Evans, 2008, p. 315-316). Besides having a Parent Advisor, each family is able to attend meetings and information sessions to talk with others about the best approach for their deaf or hard of hearing child (p. 318). HI HOPES also involves language development assessments and an attempt at integrating early intervention into the “health care system, the community and family” (p. 320). Programs like HI HOPES should be implemented in the United States in order to help deaf children and their non-English speaking families without causing stress on these families.

Moreover, Luetke-Stahlman (1994) points out the importance of having interpreters and transliterators in childcare centers, preschools, and intervention programs (p. 475). This interpreter/transliterator would be an added influential adult (apart from the parent and the teacher) in helping the deaf or hard of hearing child better their social and literacy skills. The interpreters/transliterator should be available for free to help families of low socioeconomic status and should be provided in the educational environment in order to work alongside of the teacher. However, although there are more than 24,000 general translators nationwide, this is
still not enough for the representation of the over 300 languages spoken in the United States (Olumba, 2009, p. 9).

In yet another study, an outline for a different type of intervention program is created. Christensen’s 1986 study developed a “‘concept-based, visual-gestural mode’ termed ‘conceptual sign language’ [which] was…used as a ‘bridge’ linking English-speaking teachers, Spanish-speaking parents, and deaf children” (Walker-Vann, 1998, p. 53). Parents of deaf and hard of hearing children watched videotapes of vocabulary in Spanish first and then in English, with conceptual sign language accompanying both (p. 53). Parents’ sign language abilities increased and they experienced better communication with their child as well as an interest in continuing their education in sign language (p. 53).

The Center for Hearing and Speech recognizes the need for family intervention, especially given in more than just one language. The center provides Family Support services in English and Spanish. Their licensed Director of Family Services is bilingual and provides “an array of mental health and emotional support services for hearing-impaired children and their families” (The Center for Hearing and Speech). The services include everything from play therapy and social groups to parent support groups and counseling. The Center for Hearing and Speech strongly believes that “the emotional strain of hearing loss on the entire family must be treated as aggressively as the hearing loss itself” (The Center for Hearing and Speech). They go one step further and understand the stresses faced by non-English speaking families and work to combat those problems.

Besides community resources, online resources are also available for non-English speaking families of deaf children. One website, BEGINNINGS, outlines important information parents should know about their deaf child and the options available to them. It teaches the
reader about hearing loss and why early intervention is essential for the crucial periods of development. The entire website is offered in Spanish at http://www.ncbegin.org/index_s.shtml for parents who wish to gain knowledge on their deaf child but cannot easily understand English. A similar Spanish informational site is available at http://www.audiciondelbebe.org/portada.asp. This website is from “My Baby’s Hearing,” which provides parents with information on how to make decisions and participate in positive parenting, as well as advice on early intervention. Furthermore, the “Padre a Padre” option allows parents a chance to view opinions and stories of other parents in their position.

Apart from these informational sites offered in Spanish, Oral Deaf Education provides downloads for parents on information for raising deaf children. The material is offered in DVDs, tapes, and cassettes and can benefit parents, educators, as well as children. Although all of the material is provided in English, most of them are provided in Spanish with a few offered in other languages such as French, Japanese, and Portuguese. Best of all, these materials are all free, which helps families whose low socioeconomic status may be in the way of helping them raise their deaf child (Oberkotter Foundation, 2011).

Another online source for Mexican as well as American Sign Language is Signing Fiesta. Signing Fiesta’s mission statement reads, “To provide quality educational videos to individuals in need of learning sign language through Spanish, English, and Taglog” (Signing Fiesta). The sign language DVDs can be bought off of the site. There are 16 total videos, ranging in price from about $35 to $69. Unfortunately, those who do not have much money to spend may find difficulty in affording these DVDs; all 16 videos amounts to a total of $844.89. Although the idea behind Signing Fiesta sounds impeccable, the price will undoubtedly prevent many individuals from buying the products.
Lastly, in a lecture by Flores, Caraway, Sussman, Giraudo, & Cornejo (2010) at the AG Bell 2010 Biennial Convention, one idea was set forth for future direction in the study of non-English speaking deaf children and families. We should be learning from our colleagues in Central and South America because “professionals in the United States can receive educational materials on hearing loss written in Spanish” (Flores et al., 2010). Furthermore, even just the “professional development of Listening and Spoken Language Specialists in Spanish-speaking countries” will provide a greater knowledge of how to help Spanish-speaking children and their families all over the world (Flores et al., 2010).

Even though widespread research has been done on intervention programs for deaf children, more focus should be placed on the challenges of language development in children whose first language is not English. Typically these children are from lower socioeconomic statuses and their families may be struggling along with the child in learning English. The deaf or hard of hearing child struggles with being “trilingual” and communicating with his or her peers. One program in South Africa, HI HOPES, has proved to be beneficial toward deaf children and their families; however, does such a program exist in the United States? Another means of helping non-English speaking deaf children is the placement of interpreters/translators in educational environments. This will definitely help children in the school setting, but there is still the issue of helping the children in their homes. A 1986 study by Christensen faced this problem head on. In this program, parents of deaf children learned sign language both in English and Spanish, which helped parents help their children. There are some resources for non-English speaking families of deaf children in the community, but many are not known to these families because of the difficulties they have communicating in English. However, there are various resources online, including informational web pages in languages like Spanish, as well as sites to
buy and watch videos on raising a deaf child. It is hard enough for a child to learn one language, but when this is worsened by having to learn a second language, and maybe even a third, as is the case for deaf children, early intervention in the community is essential.
Bibliography


