



# Cochlear Implant Education Center

## **Cochlear Implants and Sign Language: Building Foundations for Effective Educational Practices**

### **Critical Issues Summary: High Impact Strategies**



LAURENT CLERC  
NATIONAL DEAF EDUCATION CENTER



# Critical Issues

## Summary: High Impact Strategies

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## Critical Issues

### **Critical Issue 1: Medical and educational professionals often do not recommend the full range of language and communication choices to families.**

The causes of this issue as an obstacle were believed to be related to:

- The lack of identified funding to support research and professional education to impact change in this area.
- Professionals' fear of advancing different models than those currently promoted.
- The way diversity and multilingualism are not valued in the United States.

Some of the identified challenges related to addressing this issue were:

- Resistance from the medical community to including language and communication approaches inclusive of sign language and Deaf Culture for children with cochlear implants
- The difficulty in promoting family and professional understanding of American Sign Language as a full and rich language.
- The difficulty in convincing families to consider practices inclusive of sign, when medical professionals often do not understand and share this perspective.
- Educational professionals biased to sharing only oral education options to families.
- The belief of some professionals that parents won't be able to learn ASL and develop the skills to use it as a language with their children.

Some of the strategies identified by conference participants to impact change in this area were:

- The development of an educational video to be used for family counseling and professional training which discusses and demonstrates the benefit of approaches inclusive of sign language and spoken language for children with cochlear implants.
- The development and dissemination of a reader-friendly research synopsis supporting consideration of approaches inclusive of spoken language and sign language for children with cochlear implants.
- Encouraging educational professionals supportive of including both sign and spoken language for children with cochlear implants to work within their communities to identify a plan to share information with hospital cochlear implant centers.

### **Critical Issue 2: ASL/English bilingual education programs (and other programs inclusive of sign language) are typically considered as an option for children with cochlear implants only after a child is unsuccessful in an oral or mainstream program.**

The causes of this issue as an obstacle were believed to be related to:

- Insufficient evidence showing that children with cochlear implants can successfully develop spoken language using sign inclusive language and communication approaches.
- A lack of knowledge, lack of time, and lack of resources to develop and implement educational

programs that develop, value, and utilize both spoken language and sign language.

Some of the identified challenges related to addressing this issue were:

- The difficulty in convincing families of the importance of “language” regardless of modality.
- Professional and family perspectives based on a stereotype that ASL/English bilingual programs don’t include spoken English (despite changes in many schools for the deaf to develop and implement programs inclusive of spoken English as well as ASL).
- Professionals still in the process of figuring out how to address language planning and program design to address both ASL and spoken English within their programs. It is not yet clear what an effective program looks like.
- Families not yet exposed to children who have gone through ASL/English bilingual programs demonstrating success in their spoken language development. (Note: There has not yet been time to research the outcomes of these students.)
- Professional and familial concerns that sign will inhibit spoken language development.
- Local referral systems that guide families to oral education professionals. These children may not become known to schools for the deaf until they demonstrate significant delay in all areas, and may not be able to catch up.
- Doctors who may view schools for the deaf as too limiting and impart this to families.
- The lack of counseling for parents regarding the varied (and not guaranteed) spoken language outcomes for children with cochlear implants and the positive role that sign may play.

Some of the strategies identified by conference participants to impact change in this area were:

- The expansion of ASL/English bilingual programs to be more inclusive of spoken English for children with cochlear implants, and having those programs share their effective practices within various medical and educational circles.
- Working with early intervention programs throughout the United States to redefine early intervention practices to reflect information and practices inclusive of both ASL and spoken English.
- Reaching out to universities with programs in special education, deaf education, speech-language pathology, and audiology to promote inclusion of accurate and updated information regarding practices inclusive of spoken and signed language for children with cochlear implants.
- Meeting with and educating administrators and leaders in school districts about options. One way to do this is by going to their meetings.
- The development and dissemination of updated resource materials (videos, print, e-documents) to promote early inclusion of both spoken language and sign for children with cochlear implants.

**Critical Issue 3: Professional services and educational programs do not adequately address the needs of children with cochlear implants who have additional disabilities and/or are from homes where English is not the language of the home.**

The causes of this issue as an obstacle were believed to be related to:

- School programs not effectively planning or providing funding for services and/or training for these populations of children and their families (including those without cochlear implants).
- Training not being provided at the university level to prepare professionals to work with these student populations.

Some of the identified challenges related to addressing this issue were:

*Students with additional disabilities:*

- Hospital implant centers not adequately counseling families regarding the impact of a child's additional special needs on spoken language implant outcomes.
- Depending on age of implantation, a child's additional needs may not always be evident.
- The lack of opportunity to observe long term outcomes of implantation with children having varied disabilities.
- Implant teams not having sufficient experience with children with additional disabilities.
- Some families placing an unbalanced amount of time and effort into the cochlear implant process and training without equally needed attention on other areas of the child's disabilities.
- Families and professionals having unrealistic expectations in regard to spoken language growth specific to a child's additional disability.
- A lack of assessment tools for deaf children with additional disabilities.

*Non-English speaking homes:*

- Insufficient staff at hospital centers and schools to work with ESL learners/families
- Insufficient resources to bridge between ASL, spoken English, and the home language.
- Deaf families considering cochlear implants for their children, yet supports not being available at the implant centers or schools to support these families.
- Lack of respect for a family's home language.

Some of the strategies identified by conference participants to impact change in this area were:

*Students with additional disabilities:*

- Mentoring and teaming with teachers experienced in working with deaf children with additional disabilities.
- Interdisciplinary collaboration.
- Release time to observe and consult with professionals skilled in working with children with additional disabilities.
- Attendance at conferences specific to deaf children with additional disabilities.
- Linking to specialty groups for specific disabilities.
- On-site training for teachers of the deaf on issues specific to working with students with specific disabilities.

*Non-English speaking homes:*

- Seeking out already developed materials available in other languages to use in counseling families about cochlear implants (i.e. materials from manufacturers, other school programs, etc).
- Partnering with universities with ESL programs to provide support to families.
- Investigating states that have already developed effective ESL models/resources.
- Supporting the language of the home environment (i.e., providing an interpreter in the parents' language).
- Collaborating with other professionals to share modifications for assessment strategies.
- Including multilingual staff members.
- Providing focused support groups for Spanish speaking families.

**Critical Issue 4: There is an inadequate representation of a "Deaf" perspective related to children with cochlear implants.**

The causes of this issue as an obstacle were believed to be related to:

- Medical and educational professionals not valuing a deaf perspective that supports use of American Sign Language and deaf culture for children with cochlear implants.
- An insufficient number of deaf individuals demonstrating the interest or experience to be involved in educating families and professionals.

Some of the identified challenges related to addressing this issue were:

- A lack of access to deaf perspectives in mainstream programs where there are limited (if any) deaf teachers/staff role models in the school.
- Information being circulated about the negative attitudes of some deaf individuals related to cochlear implants that may be generalized to all deaf individuals.
- The possibility that deaf professionals and staff may not want to be involved in the process for a variety of reasons, including pressure from their friends, family members, and colleagues in the deaf community.
- When invited, some deaf individuals and professionals may not bring a balanced or informed perspective.
- The difficulty in including deaf individuals due to a lack of interpreters or lack of initiative to include interpreters.

Some of the strategies identified by conference participants to impact change in this area were:

- Working with national organizations and agencies (NAD, CEASD, CAID, ASHA, etc.) to develop strategies to promote inclusion of deaf individuals in fields related to working with children and families choosing cochlear implants.
- Actively supporting and disseminating the NAD position statement on cochlear implants published in 2000.
- Developing collaborative efforts between deaf individuals and early intervention programs, cochlear implant clinics, and educational programs.
- Including deaf college students in conversations about language, communication, and technology use diversity within the deaf community so they may be involved as future deaf mentors.
- Ongoing local and state consortiums involving all stakeholders: Medical professionals, educational professionals, cochlear implant centers and teams, members of the deaf community, parents, and early intervention centers, to facilitate communication and consensus.

**Critical Issue 5: Many educators and school administrators lack sufficient knowledge and experience related to cochlear implant technology, realistic outcomes, and strategies to address language and communication development.**

The causes of this issue as an obstacle were believed to be related to:

- The fact that no single organization is formally spearheading the identification and sharing of effective practices.
- The differing school philosophies, methodologies, and cultures related to implementation of programs that support development and use of spoken English for deaf children.
- The influence of medical community recommendations on the planning and implementation of

educational programs.

- The lack of time and resources to document, publish, and share developments in the education of students with cochlear implants.

Some of the identified challenges related to addressing this issue were:

- Administrators having difficulty finding the time and financial resources to evaluate current programs and refine programs as needed to meet the needs of children with cochlear implants.
- The lack of financial resources and time to educate educators and administrators.
- The difficulty in overcoming biases of administrators and educators.
- Staff isolation and segregation of programs.
- Determining where to start training.
- Determining what is right for each school's individual mission and culture while at the same time providing a program to meet the spoken language needs of children that has the support of hospital implant centers and families.
- The lack of systematic, purposeful language planning in schools.
- A fear of change in teaching strategies.

Some of the strategies identified by conference participants to impact change in this area were:

- Cross-training and collaborating with local hospital cochlear implant centers by having them come for presentations/trainings and providing them with information on ASL/English bilingual education.
- Sharing the National Association for State Directors of Special Education (NASDSE) publication, *Meeting the Needs of Students Who are Deaf or Hard of Hearing: Educational Services Guidelines*, as a resource to guide recommendations for children with cochlear implants.
- Creating a national network to support interaction of administrators and educators who have established or are seeking to establish or modify educational program to meet the needs of children with cochlear implants.
- Developing and promoting a mechanism for information sharing within individual programs and between school programs.
- Encouraging administrators to share a clear school-wide vision specific to meeting the needs of children with cochlear implants, including:
  - Language and communication beliefs
  - A plan to address language and communication practices
- Creating National Collaborative Training (NCT), with leadership from the Clerc Center, that addresses effective practices for children with cochlear implants.
- Establishing national standards for teacher training and continuing education that include best practices for:
  - Sign competency
  - Language and reading
  - Technology
  - Aural rehabilitation

**Critical Issue 6: Professionals supportive of including sign for children with cochlear implants are often isolated, without the support of a professional network for sharing experiences and strategies and without funding for possible research and collaboration.**

The causes of this issue as an obstacle were believed to be related to:

- The lack of national leadership to promote networking and collaboration.

- The way the field has not considered it a priority.
- The lack of resources allocated for this purpose.

Some of the identified challenges related to addressing this issue were:

- The lack of a central organization that supports integration of sign language and spoken language for children with cochlear implants.
- Best practices have not yet been identified.
- The lack of enough time in midst of doing our jobs.
- The difficulty in balancing parent wishes, medical community recommendations, and what is known about effective practices for all deaf children.
- Conflicting philosophies with some hospital CI Centers
- A fear of honestly sharing beliefs and perspectives.
- The lack of a consolidated research review document providing support for use of sign language for children with cochlear implants.
- The challenge of dispelling myths about bilingual education for deaf children.

Some of the strategies identified by conference participants to impact change in this area were:

- Establishing a centralized clearinghouse for information sharing for professionals seeking to share information on use of sign and spoken language for children with cochlear implants.
- Establishing a national organization with certification possibilities (ASL/English-CI).
- Including training at the University level on developing ASL and spoken English in children with cochlear implants
- Encouraging the Clerc Center to provide a host page on their website with a United States map showing where schools and programs of the deaf are located; resources; and professional development opportunity descriptions (schools could upload information pertaining to their school, workshop opportunities, etc.).
- Establishing a list serve group for CI/ASL professionals to enhance continuing contact and information sharing.
- Using the [ASL/CI blog](#) as a resource.
- Encouraging the Clerc Center to develop a newsletter to share effective strategies.
- Encouraging the Clerc Center to collaborate with the Gallaudet Regional Centers to promote training on the use of spoken and sign language for children with cochlear implants.
- Establishing a National Training Center with the Clerc Center as lead, while ensuring it is a collaborative effort that includes all national and appropriate organizations.
- Sharing information about the effectiveness of philosophies and strategies inclusive of both spoken language and sign language for children with cochlear implants through organizations such as ASHA, ASDC, NAD, CEASD, CAID, Hands and Voices, etc

## **Summary: High Impact Strategies**

### **High Impact Strategies**

The CIEC reviewed the high impact strategies recommended by conference participants to address the challenges those in the deaf education field face in planning for current and future generations of deaf children who will be using cochlear implants. The strategies narrowed to recommendations in three major areas:

1. Leadership to promote networking and collaboration



2. Development and sharing of resources
3. Encouragement of outreach activities

The Clerc Center will look closely at these recommendations in planning their next strategic steps.

- **Leadership to promote networking and collaboration:**
  - Establish a national collaborative training network to promote interaction of administrators and educators interested in and involved with designing and implementing programs and strategies inclusive of spoken language and sign language for children with cochlear implants.
- **Development and Sharing of Resources**
  - Develop and disseminate new resources (print, online, video) discussing and demonstrating the benefit of approaches inclusive of sign language and spoken language for children with cochlear implants.
  - Gather and share existing resources to promote approaches and describe benefits of programs and strategies inclusive of sign language for children with cochlear implants (to be translated into various languages)
- **Encouragement of Outreach Activities**
  - Collaborate with school professionals throughout the United States to identify and implement a plan to promote dissemination of information about the benefits of sign/spoken approaches and inclusion of deaf professionals for children with cochlear implants. Provide outreach to:
    - Hospital cochlear implant centers
    - Educational administrators
    - National organizations such as American Speech-Hearing Association (ASHA), American Academy of Audiology, Educational Audiology Association, and organizations for medical doctors.
    - Early intervention programs
    - University training programs

The Laurent Clerc National Deaf Education Center is comprised of two federally mandated demonstration schools for students from birth through age 21 who are deaf. Located on the campus of Gallaudet University, these schools work in collaboration with a national network of exemplary programs and professionals to identify, research, develop, evaluate, and disseminate innovative curricula, materials, educational strategies, and technologies for students who are deaf or hard of hearing. The Clerc Center also provides training and technical assistance to families and programs throughout the United States, and serves as a model individualized educational program, working in close partnership with its students and their families.

Working for Deaf and Hard of Hearing Children Throughout the United States



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