# Helping Families Obtain Full Access to Information for Their Deaf Child's Language Acquisition

Presenter: Sheri Farinha, MA; Julie Rems Smario, EdD

- It's my great pleasure to welcome back two wonderful presenters to Audiology Online today. Back in 2022, Sheri and Julie gave us a wonderful presentation, and they're back today, to help discuss "Helping Families Obtain Full Access to Information for Their Deaf Child's Language Acquisition." I'd like to hand the mic over to you now. Thank you so much for being with us again.

- Hello, everyone. First of all, I would like to ask everyone to review the slide in regards to disclosures. Okay. Moving on. I'd like to discuss the learning outcomes that are expected for this course. Participants will be able to identify one current trend for expanding the 1-3-6 E-D-H-I EHDI goals. Also be able to identify strategies to empower families in supporting their deaf children's language development. Additionally, be able to identify one way to collaborate with the California Early Hearing Detection and Intervention Coordinators. And that you may be asking, "Who is that?" That is Julie and myself. My name is Sheri Farinha. I am the CEO of NorCal Services for Deaf and Hard of Hearing. I have been with NorCal now over 30 years, serving as the capacity as the CEO.

I'm also the principal investigator for our federal grant with HRSA, for our statewide early-start programs, and that is called LEAD-K Family Services. Now, Julie?

- Hi, my name is Julie Rems Smario and I work at the California School for the Deaf Division called CORE, C-O-R-E, as an outreach coordinator, and I work with early language and education program as a consultant. And I'm also the co-coordinator for the California E-H-D-I, working in team with Sheri.

- Great, thank you. Thank you, everyone, for joining our podcast. We are so excited to have so many of you online participating. So we are going to open with our first slide. Julie?

- Hi, this is Julie here, and along with Sheri, thank you for the opportunity to provide this presentation to you. So what do we know about deaf children? Historically, deaf children have struggled academically. Now, with the understanding that being deaf and hard of hearing is not the cause of language delay. It is not. What is the causation is a language deprivation and not being exposed to language, which is causing the language delay. And it is a preventable measure, and it is true whether they're... If they're mild or unilaterally deaf of some hearing loss. Language acquisition development comes from birth to age three is the most critical part to take opportunity of the services, and this is what we're going to be talking about today.

So our next slide, what we do know that deaf children with hearing parents are the most significant outcomes of three things, are the predictors of the success, is early identification, and number two, appropriate early language acquisition services from 0-3. And thirdly, family engagement. So engaging the families in the process, and those are the three most important predictors for success. And again, when they're all together provided to the families, you will see success. Now I'm gonna hand it back over to Sheri.

- Hey, Julie. So to give you all the bigger picture of the evolution of how things have happened, I wanna start with what happened in 1986. At that time, they had the IDEA law, I-D-E-A law, and that's the early intervention program for infants and toddlers with disabilities. And we know it as IDEA Part C, and that was enacted in 1986. The IDEA Part C gave some funding to all the states who participated in providing services for infants between the age of 0-3. And then in 1998, California had Assembly Bill 2789, which was the California Universal Newborn Hearing Screening Legislation that was passed by the state legislature. Now with that bill, it was originated and introduced by Senator Watson, Diane Watson.

And that was also working with the deaf community, because we saw a huge need for early identification and that it was necessary to start with language development. And then our governor at the time, Pete Wilson, asked to take our bill and to make it his by the way of the Turner Bill, and that made his legacy. And that was the start within California. In the year 2000, Congress first authorized the federal program of the Early Hearing Detection and Intervention, its EHDI act. And most recently, it was amended in... The most recent amendment was in the year 2022. Now with the EHDI act, it's important to know that that really started with a focus on the medical view and trying to get the entire state to have their infants screened, and then there would be follow-up with more testing, audiological testing.

And still to this day, there is a focus on screening within most states, and most states are pretty good with the infant screening, I think it's about 71%. Now within California, we're at 98% of newborns screening. But the point is, is our slides will speak to what our duties and our tasks were. Initially, it was the medical view and really focusing on the medical perspective, and you'll see that it shifted towards language development also, to make sure that children are getting language introduced at an early age, and also to monitor and track that performance. In the past year, California was really... Before the state of California ran the early-start referral program, and that was ran by Department of Healthcare and Children's Healthcare Services, and then it shifted to California Department of Education.

And now currently, NorCal Services for the Deaf and Hard of Hearing, we are a nonprofit organization, community-based. We applied and received the federal funds to implement the statewide services, and that program is called LEAD-K Family Services. And you can learn more about us by going to our website, which is www.LeadKFamilyServices.org. Now, the process looks like this. So when a child is born and they're screened for hearing, and that information is sent to Department of Healthcare Services. The follow-up happens with really a variety of audiologists

throughout the state. The audiologists themselves will do the screening and then send the results if there is a child that has identified, yes, they are deaf or hard of hearing, that information is sent to LEAD-K Family Services.

We then, after we receive the referral, we will turn around, we have 10 days, so very quickly, within 10 days of identification, we will contact a local education entity and the parent mentors in their area, Department of Healthcare Services, everyone works connected right at the very beginning. Then we will really encourage everyone to start services. The local education agency has 45 days to do their part. We encourage the LEAs to really act very quickly. Especially during COVID, I'm really, really proud to say that everyone worked diligently to make sure all families were connected as soon as possible. So once the family is connected to LEAD-K services, the LEA will begin working with the families to develop individual family service plan.

Now, keeping in mind, we also get information from the audiologists, those children that are identified who may also have additional disabilities, and those babies are referred to the right regional center according to where the family lives, so that they can get services through the regional center there. And we also will connect the families with the LEAs so that the right hand and the left hand will know what each other are doing, and they'll both know what's happening with that deaf or hard of hearing child. The next slide you'll see the goals for the EHDI program, and this is for all states. Most states have one, three, and six. You may be well aware of that, but we're gonna go ahead and review them quickly.

By one month, we want all babies to have been screened. By three months, all of those babies that were screened and have an audiological diagnoses should be identified with an audiologist, and identify that that child is deaf and/or hard of hearing. By six months of age, we hope to see that the family is already enrolled in early-start services. Here in California we call it early-start, so it's early intervention services, and that's the

same. By six months of age, the LEAD-K Family Services add this extra milestone, so by six months of age, or before six months of age, we would like the family to be connected with a parent coordinator with LEAD-K Family Services.

It'd be a mentor that can help support the family of a child who they just found is deaf or hard of hearing. Oftentimes, families are unfamiliar with services. And these deaf mentors are able to provide encouragement, and wisdom, and guidance, through the system 'cause they have deaf and hard of hearing children themselves. And then by nine months, the goal is that the family has already been introduced to a deaf coach, and so that they can get all the supports that that child may need for language development. Julie?

- Thank you, Sheri. This is Julie here. And so what are the benefits of family engagement services? There's a lot that have been explained about what parent mentors do, and I think that is very important to help the family to get engaged with services for their deaf child, and up to young children up to age three. This way, the families will receive the correct tools, support, and technical support for their child to acquire and develop language. Oftentimes, without the support, families are often looking around, looking on the internet, find it hard to find the information that they need to support their child. And with family LEAD-K services, they'll be able to provide that service. A lot of families go through a grieving process, and having support by a deaf mentor will help the families and their deaf child thrive in a hearing society.

Because the world is designed for hearing children, so deaf mentors know exactly what to do, and so the families then can feel more relaxed and not worried about the concerns of their child's future. Will their child be able to be successful? They'll be connected with other deaf adults and children and see their success, and they will build the confidence in themselves, their child, to be able to be raised with the right tools and support and have the greatest opportunity for success, and to navigate

through early intervention services and the medical service community. And LEAD-K Family Services is critical for families and their child for their success. Now research indicates, and based on our knowledge, it's not just that, there is research that is and shows, by the time a child, a deaf child, enters school, approximately six of a thousand children are identified as deaf and hard of hearing.

So that newborn infant hearing screening identifies half of those children, so two to three out of a thousand. So where are the other half of those deaf and hard of hearing children? That's the question. Now, I'm gonna turn it back over to Sheri.

- Thank you, Julie. So as we've indicated and as what we've shared with you, what we have been doing traditionally, now there's a new plan for the future to capture these children. We want to focus on expanding EHDI services, and we want that expanded screening to reflect screening through the age of three. Currently, the screening is only for when a child is born, and it may be between... From birth to age one. But what we're noticing is that many of these children who are identified as... Clearly, they're deaf or hard of hearing. But sometimes, there's some children that are not easily identified, and so since the screening indicates possible deaf or hard of hearing, they don't have follow-up services.

And then later, what happens is they're identified as deaf or hard of hearing. So that's why we see that it's essential that that screening happens past one year of age. Now what that's gonna look like, we're not exactly sure, but each state is supposed to develop an action plan. And for California, what we will do is we will have our California EHDI Stakeholder Committee, this group will set up... As I mentioned, there is a committee and they're gonna set up a section that will look at the statistics and make recommendations on how to best address those gaps.

- In the beginning, this is Julie speaking, when I work at the School for the Deaf, I often receive referrals from parents with a deaf child who are age three and four, because their child has now developed a hearing loss, a progressive one. So this is very exciting, this new development to be able to capture more young deaf children to receive these services.

- Another new goal for the expanded EHDI program will be to collect data, monitoring and tracking. We really want to look at language acquisition outcomes. So that's of our states who have applied for that portion of the grant, which is technical assistant grant, these states that have received that are developing a system where we can track language development for each newborn infant that was identified deaf and hard of hearing, and how that relates to their journey throughout the system. Whether it's from early-start services on to the part B services, which is ages three and up. And so we want to have this trail of information and data that starts from zero through on that child's academic career.

- This is Julie here. Thank you, Sheri. So the purpose of having language milestones from birth to age five, is for the child to be kindergarten ready, ready to be able to read and write. We want all deaf children to write in kindergarten, with literacy. So our plan here in California, is to empower families with the knowledge of important milestones, so the family will receive age appropriate universal language milestones for children ages 0-5, in ASL, English, and the language of the home. And who is responsible for sending out and disseminating that information is the California Department of Education working with the early start teachers. And LEAD-K Family Services parent mentor will also provide that information to the parents to ensure they do get that information.

So with language milestones that is available and provided to families, deaf and a hard of hearing child, if they're not meeting that language milestone and development goal at their age, the families then can get together with their IFSP or their IEP team immediately, either one, depending on the child's age. From 0-3, they are in the IFSP program. If they're three and above, then they're in the IEP services. So they can create then, new goals for that child and whatever programs to meet that child's needs and milestones for their age. So the goal is for every deaf and hard of hearing child to successfully receive and language skills at their appropriate age. And by the time they arrive to kindergarten, they are academically linked, ready to learn.

And that is the plan here in California. Sheri?

- Yes, I'd also like to add another thing, is that when... Now, we have to keep in mind that 90% of deaf babies that are identified deaf, are born to parents who can hear, and they have no idea of the deaf community, deaf culture, etc. And so there's a lot of uncertainty how to support a child through their journey. And the parent will get lots of different information from doctors and other resources, and so it's very difficult for them to navigate all of this information. They also will get varying information from the medical perspective really focusing on treatment versus language development. It isn't until later that families will realize, "Oh, there's deaf culture," and they will learn about the sign language and as well as spoken language support services.

There are a lot of positive things that they learn later, and we really wanna focus on that instead of the deficit of hearing loss. And that's why it's essential that we empower the families with information, positive information, for success.

- So for hearing children, you'll see milestones as well. And they told me, and many parents said, "Oh, I really wish I had that when my child was a baby." And they didn't have any information for a lot of parents, like my own, they did not receive milestones.

So families today, are so fortunate to be able to have this information and resource now. Now this is what we use as a information in California, because when the law was passed it was called Senate Bill 210, SB 210. And as you can see, age one, from birth... From 1-2, and 2-3, and 3-4, and then finally ages 4-5, you can see these milestones. At age one, and it says we asked for 12 months, they should know one to three words either in ASL or in spoken English.

And by age four and five, they should have 2,500 words spoken English or in ASL. So parents, when they see this, they know what they can expect and they can be a better advocate in their IFSP and IEP meetings. So my two-year-old, is my two-year-old meeting this language milestone? And if so... Or this is what I need to add to the IFSP plan. And I can tell you as a person who works very closely with families, I do see how this language milestone document has changed the way the IFSP meetings are now run. Totally changed. And before this language milestone information was ever available, and what it would look like is the discussion would be more or less, okay, I will, I'll check their hearing aids if it's working and the battery's working, at least once a week, and there was no mention about language goal.

So now what we see is exactly what you see here, this information is in IFSP meetings and their plans for a 2-year-old baby to be able to know how to do turn-taking in a conversation, developing these conversational skills, and using language. It's more focused to language instead of just looking auditorily. And so it's exciting to see this wonderful change. Now I'm gonna turn it back over to Sheri.

- So yes, there are many different ways that we can help families feel empowered through this journey. There are many, many resources available online where families can learn American Sign Language, and there are many places that also offer ASL instruction online, like through Zoom and other platforms, that are at no cost. Within California, I'm aware of several deaf agencies that also provide these services and

provide free American Sign Language instruction for their deaf families. There are many resources available additionally, on various strategies to teach speech. Our partners, we work very closely with programs and also the stakeholders group that really focuses only on speaking English and listening. And we have a group of professionals that have very different areas of expertise, and that's how it should be within each state, so that there's a good balance of information and representation for deaf and hard of hearing professionals, audiologists, and other program services that will focus on spoken language.

So we speak to both ASL and English and how both are important, and both are equally recognized within our state. And the focus is what? Of course, language, both spoken English and American Sign Language are languages, and the instruction should be in the language preferred and used by the family. So we also will build... You can build partners and relationships with your EHDI programs, and meet with those site EHDI coordinators as well. Julie and I are always available if anyone wants to email us, they have questions. We can always set up time to chat on Zoom, and we'll bring in an interpreter to do that. We're very happy to do so. We have various events within California.

In California, we have events that are hosted in seven different sites, and we call this the Love and Literacy program. And that event is very well attended by families, 'cause at that event, they will have access to teachers, they'll have access to any audiologists that may have a booth there. There are different programs that serve deaf and hard of hearing children that will have a booth, LEAD-K Services, and they'll focus on storytelling and really show parents how to read effectively to their deaf and hard of hearing child. It's really... It's a cool event. We've hosted that event annually, and we host it in seven different cities, the same time, the same day, here in California.

And we've had over 1,000 families that will show up to these events. You can find your state EHDI coordinator by going to this website, the NCHM website, and you'll see the address is here. And you'll find that at infanthearing.org/status/cnhs.php.

- This is Julie speaking. Now I think we are now done at the end of our presentation, and we've arrived to the point and we are available and open for questions and answers.

- All right, we have a couple questions here in the queue. The first one here is from Rachel. And Rachel said, "I have recently been coming across some two year olds that have failed their newborn hearing screening, but the parents never followed-up with a follow-up appointment. I have an OAE but no ABR equipment at my office, and I'm also in California. How do I get in contact with the proper state channels to send in documentation for these children? Do I send it to the pediatricians and emphasize to the parents to get the APR, or what should I do?"

- This is Julie speaking. Sheri is from California. Just wanna let you know, Sheri, that she is from California.

- Yes. So what we... She should have the OAE do the screening and then follow-up again with the audiologist who will do the full assessment. Now that assessment, if it's before the age of three, of course you should send that information to LEAD-K Family Services. And then sometimes, what will happen is we'll get a child that is well older than three, and that's fine as well. In California, we recognize that we serve all children between the ages of 0-5 through this LEAD-K Services. So we will make a referral for those kids that may be older than three, to their local LEA or to the school for the deaf, where they can follow-up with additional services for the family.

- This is Julie speaking. I would like to add that LEAD-K website and the link there, well, you can contact us through that link.

- This is a caveat from that previous question. Rachel also mentioned that she's located about an hour and a half from the nearest ABR facility. So distance is the biggest factor to lack of follow-up, and the owner of her office is open to investigating an ABR to facilitate what's necessary. But there's no contacts or idea what facility , so she just wanted to add that to her question.

- It's important that those who are doing the screening, that they're identified by Department of Healthcare Services. Those that are doing the OAE, there are different facilities that use the OAE equipment, and that's a way to do the screening. But again, the referral needs to be to the audiologist who is certified and approved by the Department of Healthcare Services here in California. And they should have a way to know what next steps are. If you have any questions specifically, certainly contact me directly and I'll get you connected with Department of Healthcare Services.

- Thank you for that question. We'll move on to the next question. It's actually a comment from Evelyn. Evelyn just wanted to thank the interpreters. And we do have one question here from Terry. Terry asked, "What do you see as the primary barriers to receiving services once a child is identified?"

- The primary barrier oftentimes, is more of the family feeling overwhelmed. They get bombarded with a great deal of information. Our system here in California with Department of Healthcare Services, they have a hearing coordination centers where there are different professionals will send parents various packets of information, and those families, you know, will follow-up on filling out those packets. But oftentimes, the parents don't even understand the information that's contained within those packets.

So now we're working with our Department of Healthcare Services here in California to really kind of make the information more succinct and efficient, efficient and parent friendly. So we see that as a primary barrier, and that's really helping the families understand the process. So that way, when the LEA calls and said, "Hey, we'd like to come over for a visit.

You know, I understand you have a deaf or hard of hearing child," that parents understand what that even entails or means. So that's why we have parent mentors, parent mentors that will also contact the family. Now keep in mind, many families are from various cultures and there are various home languages. They don't always speak English. We have many Arabic families, many children or families that are Spanish speaking. We have a very high percentage of Spanish speaking families and various other spoken languages. So we really work closely and try and work with our language services to provide some translating and interpreting because we may not be familiar with their home language. Like I said, there are various languages outside of spoken English.

- This is Julie, I would like to add to what Sheri just stated. In my work, one of the barriers is the high turnover with early-start teachers. And so training early-start teachers about language milestones and to use the parent profile, yes, but once they receive that training, then there's a turnover and that person doesn't know anything, and then it's the constant follow-up to make sure they're getting training. And so it's important for us that medical professionals and audiologists needs to understand and aware of what language milestones are and what they are. That's the core purpose of early intervention in regards, and of course, the newborn infant hearing screening.

- And this is Sheri again, what is important within, like Julie had just said, is collaboration. We work closely with audiologists, we work closely with the local school districts that have a deaf and hard of hearing programs. We work closely with Department of Healthcare Services, social services, etc. So everyone working together collaboratively, is important to support that family who has a deaf or hard of hearing infant.

- This is Julie speaking, I'd also like to add to that, that we see less of that challenge now, but one of the other... One challenge that I have experienced before is the misunderstanding of how to use language milestones. In the past, there were a lot of audiologists who wanted to use hearing age, but, no, that is not appropriate. It's language milestones, it's based on chronological age, therefore, not based on when the child received the hearing aid or implant. It is based from the time they are born to the age of five. And I see that, you know, changing, that more early-start teachers and audiologists now understand that frame of reference.

- Thank you for your question, Terry. We have another question here. What level of education do early-start teachers need? And is there a shortage of teachers in California or across the nation?

- Julie?

- Yes, that's a very good question. For deaf children, you need to have a deaf and hard of hearing credential, because it's about language. So, yes, we do need to increase our teacher pool and the pipeline into becoming a deaf and hard of hearing teacher. There are not enough deaf and hard of hearing credential teachers, and they tend to hire special-ed teachers who don't always understand the language needs of deaf children, especially from ages 0-3. So we do work here at the California School of the Deaf, very closely with the university, building relationship with their deaf and hard of hearing

education training, teacher training programs, like California State University Northridge, also Fresno State, UC, San Diego, who primarily have these teaching programs, and now decided to hear, to know that CSU Sacramento has established a new teacher training program that will include that.

So we always have to have a relationship of that, quote unquote, pipeline.

- Thank you, Terry, for your question. We have a question here from Danielle. Danielle asks, "What would you advise when the early intervention programs in any particular state are not equipped to provide specific services for deaf and hard of hearing children, specifically toddlers?"

- Of course, that's a challenge, and this is Sheri speaking. That is always going to be a challenge. Most states should have local resources available, where there are services that are provided for deaf and hard of hearing individuals, as well as DHH or deaf and hard of hearing programming within various school districts. Now, those deaf and hard of hearing programs that are in the varying school districts should also have an infant program. And if they do not, then it's probably a good time to set up a meeting with your Department of Education to find out why this isn't happening, and to really emphasize the need to have someone who has expertise in that area to provide supports for families who have infants that identify as deaf or hard of hearing.

Some states have early intervention specialists, and those are individuals who work throughout the state. In California, it's too big. We can't really do that. I think some of the smaller states may have one or two people, and that early intervention specialist should have local resources throughout the state the families can connect with. We certainly shouldn't wait until that early intervention family can go... Or the early intervention person can go out there to see the family.

- This is Julie speaking. No matter which state that you... Your resource looks like, you always start with your language milestones, and that is just part of a comprehensive service that are included, especially with the audiologists. That's the starting point. So there's also a statement that said that your state is part of C, and part B is separate. And that's similar to our state here in California, and it is separate. So for those with deaf and hard of hearing children ages 0-3, you can move them under the Department of Education, and that's what you can do. Even though they are separate, but except for deaf and hard of hearing children who are not, and they are a part of that Department of Education because of language acquisition.

- This is Sheri. Correct. And there is a big difference between part B and part C. Part C is the individual family service plan, and those IFSPs are developed with their local school districts. Part B is age three and up, and that transitions what we call individual education plans. That's the IEP. So when we look at children between the ages of 0-3 under the individual family service plan, IFSP, those plans for families are developed, and you'll see early-start teachers or early-start intervention specialists to go to the family... Or to work within the family's home to explain these concepts and to help develop goals. And hopefully, they will include language milestones, like Julie had mentioned. And they will develop a plan for that year, and that plan is what everyone will work on together, focusing.

.. And hopefully again, the focus is on language acquisition and language development. Until they're the age of three, then that child moves over to the IEP, and they still can, within the IEP, include language milestones, especially if the child hasn't met the established milestones. One thing that we really emphasize with our Language Milestone Bill that had passed here in California, which is SB 210, Senate Bill 210, if the school, or the teacher, or the early-start intervention provider, notices that the child is

not developing language according to the language milestones, then there's an alternate method that will be developed to help that child with whatever their needs are. And that could also be early onset of other disabilities. Maybe they have some blindness, or they may have cerebral palsy, or other disabilities that may not have been noticed or identified at birth, and that may be something that manifests a little bit later as they become older.

So that's why it's really important to have families enrolled for services early, so that we can catch those kind of things as early as possible, and we just work from there.

- This is Julie speaking, and that is one of the benefits of having a language milestones chart. So if the child is not on par, we can catch perhaps an additional disability, and therefore receiving appropriate services and intervention services for that child's needs, additional disability. And I wanted to let you know that LEAD-K Family Services, LEAD-K is an actual acronym for Language, Equality, and Acquisition for Deaf Kids. So that's where you see LEAD to be kindergarten ready. So the whole point of part C and part B from 0-5, which they both cover, is every deaf and hard of hearing child, by the time they reach age five and enter kindergarten, are ready to read and write, because they have language.

- Thank you for your question, Danielle. We have one more question here. "There was a question earlier about overcoming barriers, and I know in the presentation earlier, you mentioned that both Julie and Sheri have come on a platform such as this, there's Zoom, and served as resources for families. Could you give us an example or instance where your role was utilized in support of these families? Like, what would be a reason why they would want to meet?"

- Sure, I can give you lots of examples. I think we can just start with one example, one thing, an instance that I felt really good about, was during the early part of COVID we had a family who had reached out to us just crying for help, because what was happening is, well, their child just received a cochlear implant. And they did that right before the shutdown happened for COVID, and once everything had closed and there was a statewide shutdown, the parent was really upset because there was no one there that could help the families. And they had lived in a rural area in Southern California, near San Luis Obispo. And that family really were unsure on who could help their baby.

And so when I had received that request, we immediately contacted the family and got them connected with an expert in that area. And it didn't matter that the expert actually was out of area, they were from Northern California, but the family were able to connect through Zoom and were able to work with the parents to help them resolve any issues that had come up with their child and the implant. And so from there, we were also able to help identify their local resources that the family could use that were open, and they had very limited service hours, but just within this time, they could... We also reached out to the service provider saying, "Hey, can we get connected and support this family?

" We get requests frequently for help, and often it's, nobody's contacted us from their local school district, what are we supposed to do? And then our people will follow-up with the LEAs and say, "Hey, what's going on here?"

- This is Julie. Yeah, so I would like to add to that, is that there are so many layers, and how Sheri and I lead is making a positive difference too. And so for example, I went to the early-start meeting conference and it included some parents, and they either have a deaf or hard of hearing child or another child with a different disability. And we have a one-year-old, one parent said, who has a bilateral hearing loss with 75 DB in the right

ear, and they have 100 decibel loss in the left ear. And I looked at them and I said, "Hmm..." And I emailed... It was in a chat conversation that I observed, and I contacted them directly, I said, "Congratulations, you have a deaf baby.

" And they were very silent in their response. And I thought, "Ooh." And then she finally replied to me and she says, "You know, I never realized that my baby was deaf. Nobody told me that until you just did." And then instantly we made this bond, this connection, she's a good friend of mine now. We email and talk to each other all the time, she asks questions. Any concerns, she emails me. And she said that she really appreciated the ability to meet another deaf adult, and to know that her child will grow up and be okay. And so it was... It's very touching. It's important to give them the right information and become a positive role model for their child.

And not just for the child, but also for the parent, for the parent to see it's gonna be okay. My kid's gonna be fine, right?

- Sure, yes. We have many families that have that same experience where they feel lost, and it isn't until the audiologist really kind of explain in detail, of course, because oftentimes, it is the doctor or the audiologist that first connects with the parents. And sometimes, these medical professionals aren't always patient, so they'll throw out these numbers. You have this DB loss in this ear, that ear, and, you know, parents have already shut down because they don't understand the lingo. All the parents want to know is, will my baby be okay? And so it is important that when we follow-up as parent mentors, and follow-up with these families, that we share and explain the information in a way that alleviates the fear of parents, and that they know that my baby will be okay.

- This is Julie speaking, it's also important to be mindful of the lingo that is being used in the medical field, in the community, because a lot of the babies that we receive, they're born deaf, but when the parents receive the information about their child, they don't get the word deaf, D-E-A-F. They're told that your child has a hearing loss. And so that could be framed and perceived as being negative, "Oh, the baby has lost something." Well, first of all, the child didn't lose anything. So when they hear the word deaf, I think it's a relief. Something to think about, is to make your approach with families more positive.

- This is Sheri, we hope that this information is helpful to you to understand how we can empower parents and how they can best advocate for their children. Again, let us know if you have any questions, any follow-up questions. Certainly feel free to contact us. Our contact information is right here. There we go.

- Yes, please do reach out to either one of us. We have a lot of cooks in the kitchen controlling the PowerPoint slides.

- Again, thank you all for joining us today, to watch and learn with us. We really appreciate all that you do out there. We really appreciate your work.

- Yes, we certainly do. And we're always here for you. Please contact us anytime.