Family First: Supporting Families of Deaf Youth in Midst of COVID-19

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Demographics of the Deaf Population

- Approximately 90 percent of deaf children are born to hearing parents (*Mitchell & Karchmer, 2004*)
- 15% of school aged children (6-9) has some degree of hearing loss (*Victory, 2021*)
- Experiences trauma at twice the rate of the general population *(Andreson & Leigh, 2011)*
- An estimated 25% of all Deaf women in the United States are victims of intimate partner violence *(Andreson & Leigh, 2011)*

Shared experience within Deaf community

- Grieving process upon finding out child is deaf
- Communication barrier at home
- Prevalence of vulnerability and trauma
- Lack of incidental learning
- Language deprivation

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Growing up Deaf in a Hearing family: Possibilities

- Lack of cultural competence
- Unintentional social isolation
- Reversal of role: educating parents
- NOT considered trauma unless individual labels it
- Additional stress in obtaining resources

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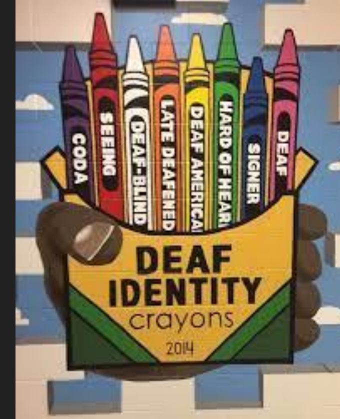
Common experience for Deaf Child in therapy

- Individual focused
- Deaf identity
- Recognizing shared experience within Deaf community
  - Isolation
  - Lack of communication with family
  - Delayed language development
- Scaffolding of language



Artwork by Student at
Indiana School for the Deaf
(Pattillo, 2017)

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Common experience for hearing parents of deaf children:

- Difficulty recognizing the need for different communication modality as child
- Experiencing judgement from providers within Deaf community
  - Implied lack of understanding or compassion for child
- Lack of resources

Common experiences continued ...

“Decision making usually takes place within the first few months post-diagnosis, a time of intense vulnerability for parents. As ‘experts’ in the field (e.g., medical practitioners, linguists, early intervention providers, deaf/hard of hearing individuals) hold strong opinions about what the ‘best’ path for D/HH children might be in terms of language and communication acquisition.”

DesGeorges, 2016

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Parents without knowledge about Deaf Community; Where do they get their information?

Medical and educational advice is frequently rooted in a framework of viewing deaf children as "defective hearing people" (Bailes, Erting, Erting, & Thumann-Prezioso, 2009), an approach that becomes a self-fulfilling prophecy. In fact, medical school education does not address language development for deaf and hard-of-hearing children (Humphries, Kushalnagar, Mathur, Napoli, Padden, Pollard, et al., 2014), which can lead to flawed medical advice. Additionally, parents often rely on community sources (e.g., teachers, ministers, other community members) that are not knowledgeable about language, cognitive, and brain development of deaf children (Humphries, Kushalnagar, Mathur, Napoli, Padden, Rathmann, et al., 2014).

Hall, 2017

Factors to consider when working with family

- Communication barriers at home
- Language deprivation
- Isolation from community
- Lack of resources
- Blurred boundaries
  - E.g. becoming interpreters for child
- Sense of loss or failure upon finding out child is deaf

Impact of COVID-19 on Deaf Child at home

- Increased isolation
  - Family and child often do not have a shared language
- Lack of access to language
  - Without shared language or inability to socialize with Deaf peers
- Use of masks in community (Oh, 2021)
  - Covers facial expressions vital for communication
  - Lipreading becomes impossible
- Difficulty supporting child with academics due to language barrier
- Lack of information about pandemic
  - Increased fear, anxiety and skepticism
- Limited resources available for Deaf children compared to hearing children
- Cultural considerations

Illustration by Nhung Le for NBC News

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Equitable Practices in COVID

- Ensure our response is equitable
- Provide resources for families by asking what they need rather than assuming
- This includes laptops, iPads, email for students, weekly parental emails, sending home hard copies of work, helping set up WiFi in the home

"Cultural humility, on the other hand, is a practice of self-reflection on how one's own background, experiences, and expectations impact a situation or interaction."

Adilene Rogers

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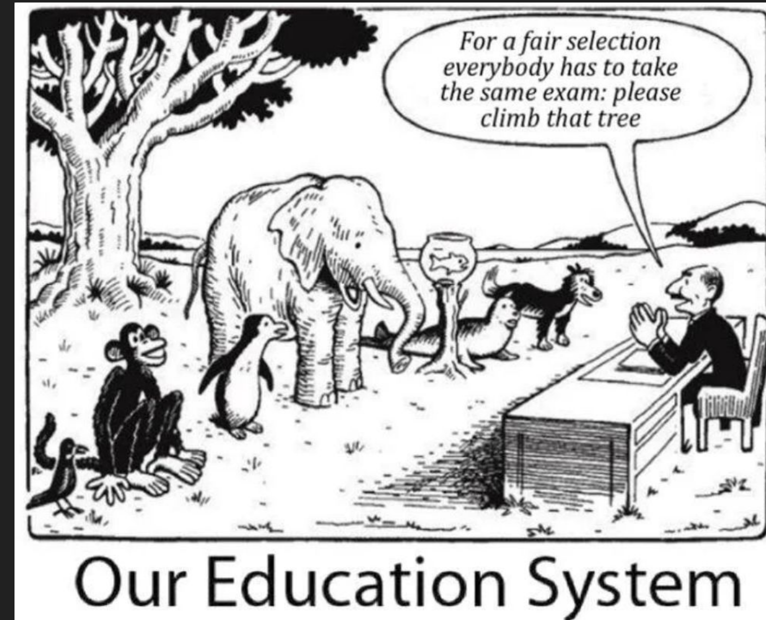
Asset Based Thinking

Instead of focusing on what the family is lacking, identify their strengths and how it can become an asset to their treatment.

- View diversity in thought, culture, and traits as positive
- Teachers and students are valued for what they bring rather than focusing on what they need to work on from a standardized perspective



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Healing Centered Practices

- Additional factors played into providing healing centered practice for youth who were separated from their families
- Had to include space for families within the home as well as adapt treatment
- Look at the “whole child” and “whole family” vs symptoms

Healing Centered Practices, continued

- Transfer of success in the program into the home (coping skills, schedules, routines, predictability)
- Help develop a system of support for deaf youth who feel isolated within a hearing family
- Ensure individualized, yet equitable, approach
- Become allies with the family

Be Flexible and Innovative

- Family needs interpreters in addition to ASL interpreters to facilitate communication for visits
  - Provide language interpreters via FaceTime, Zoom or other similar platforms
- Designated space for family visits
- Continued cultural practices
  - Access to preferred food, whether by ordering out or setting up a virtual cooking class
  - Checking in with family members about hygiene care
- Full accessibility for family contact via Telecommunications (unless otherwise specified by guardian) during residential hours
- Use of Zoom for team meetings

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If you have any questions, please feel free to contact us:

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Thank you!

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