Lost in the Mainstream; Serving Children from a Linguistic Minority in the Classroom

Roger C. Williams, LMSW, NAD 5, QMHI-S
Program Director, SCDMH Deaf Services

- Approximately 10% of all students identified as non-English speakers (ESL students)
- 6% in South Carolina
  - Spanish
  - American Sign Language

- It is impossible to totally separate language and culture. Consequently, the term bilingual education includes the concept of bicultural education (Ovando and Collier 1985).
Assumptions

• The student is an active party in acquiring language.
• Languages are acquired, not taught; there is little adult “teaching” in learning a language. No matter what we do it is the learner who determines whether or not the language is gained.

• The rooting of language is in the student’s cognitive growth.
• Language occurs when the environment is responsive to the student.
• Language occurs when there is both linguistic and non-linguistic diversity.
• Language learning occurs when there is interaction with the environment.

The “whole” Picture

• Deaf/HC show significantly more symptoms of Mental Health Problems than Hearing (Journal of Deaf Studies and Deaf Education 2007 Kvam, et al)
• Deaf Children are more vulnerable to neglect, emotional, physical and sexual abuse than children in the general population. (Sullivan, Vernon & Scanlan, 1987)
Impacts
• Kinesthetic
• Environment
• Communication
• Cognitive
• Linguistic
• Social/Emotional

Linguistic Development
• Communication starts at birth and
• We are wired for language but . . .
• Language doesn’t start until exposure
• Parents and professionals confuse
  language with speech with communication

So when to teach L2?
• Before 12, anytime, if L1 is achieved,
  which takes 5 – 7 years.
• If L2 before 12, native fluency and
  pronunciation
• Adult learners learn faster but not as
  proficient as before 12
• 8-12 is most efficient for L2 acquisition
### Social Emotional Impact

<table>
<thead>
<tr>
<th>Stage</th>
<th>Identity vs Role</th>
<th>Competency vs Incompetency</th>
<th>Integrity vs Despair</th>
<th>Generativity vs Stagnation</th>
<th>Intimacy vs Isolation</th>
<th>Rivalry vs Cooperation</th>
<th>Autonomy vs Shame</th>
<th>Initiative vs Guilt</th>
<th>Lack of Internalization of Societal Norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Requires recognition of deafness and communication needs</td>
</tr>
<tr>
<td>1-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 213 per 100,000

#### Deaf vs. Hearing

- Requires recognition of deafness and communication needs
- Shame-based perspective on self and "disability"
- Lack of internalization of societal norms
- Requirement of educational failure

#### Deaf and Hearing

- Deaf children babble (using both voice and gestures)
- Basic signs for concrete objects
- Two word phrases and signs using non-basic handshapes
- Respond to wh' questions, use facial expression
- Use directional signs and concrete classifiers
- Use of ASL grammar and non-manual markers

### Communication Neglect

- Increased frustration by adults and children, including immediate family
- Difficulty teaching deaf children about safety
- Difficulties teaching/learning skill building and socialization
- General lack of social norms (Sullivan, Scanlon, Brookhouser & Schulte 1992)
- Inaccessible prevention programs
- Decreased opportunities for incidental learning (i.e., cognition vs. metacognition)
Communication Neglect

- Decreased opportunities for trusting, open relationships
- Less disclosure of abuse to caregivers
- Less understanding of the parameters of healthy/safe touching
- "Ideal Victims" perceived as unable to report incidents (Critchfield 1983, Elder 1993)

Therapeutic Adaptations-Individual

- Therapeutic process longer
- More information needed for assessment (i.e., what supports, communication, experiences)
- Adaptation of therapeutic approaches for culture (i.e., storytelling, relaxation techniques utilize senses other than hearing)
- Therapist often puts more emphasis on increasing socialization skills and safety

Therapeutic Adaptations-Family

- Which language to use, setting example
- Interpreter
- Therapist often educating family on culture (either of child such as deafness, sign language, etc or of majority community)
- Parents own feeling about having Deaf/HoH child and understanding deafness, immigration, acculturation
Therapeutic Adaptations-Family
- Supporting parents in decreasing overprotectiveness
- Encourage, facilitate, guide family to cultural resources in the community (Deaf/HoH, Latinx, other)
- Discussion of cultural gaps “Deaf Family vs. Hearing Family”

Therapeutic Adaptations - School
- Cultural education
- Classroom model/exemplar
- Resource for materials, literature
- Advocate for student

Other than just going to the Deaf Club...
- Use of Internet, I.M. Chats, Text, Glide
- Videophones
- VLogs
- Kids World Deaf Net
- Online ASL classes
- Big Brother – Big Sisters
SCDMH Deaf Services
• 32 total positions across the state, with 21 positions filled, serving 258 consumers
• State-wide Coordination
  – Clinical Services
  – ASL Interpreter Services
• National model of excellence
  – CMHS and NASMHPD

SCDMH Deaf Services
• Services available to consumers in their home community
  – Regional delivery of services allow for parity between rural and urban regions
  – Qualified supervision
  – Effective use of scarce resources
  – Coordination between school-based personnel and specialized staff
• Providing outpatient and inpatient services to children

SCDMH Deaf Services
• Services provided directly to consumers in their own language
  – Identified as a strong consumer preference
  – As required by law and court decisions
• Effective use of technology
  – Videophone capacity between clients and staff
  – E-mail availability/24 hours crisis service
  – Electronic Medical Record
Process

• Referral
  – 800-647-2066 – 24/7 availability – voice/TTY/fax
  – roger.williams@scdmh.org or holly.may@scdmh.org

• Emergency
  – Deaf Services staff
  – Interpreter
    • Hospital responsibility
    • Required for DMH facility admission
  – Telepsychiatry project

Thank you