


Family-Centered Practices and American Sign Language (ASL): Challenges and Recommendations

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Abstract

Families with children who are deaf face many important decisions, especially the mode(s) of communication their children will use. The purpose of this focus group study was to better understand the experiences and recommendations of families who chose American Sign Language (ASL) as their primary mode of communication and to identify strategies that empowered or hindered feelings of acceptance and belonging with regard to their deafness and use of ASL. Results from two focus groups with a total of 10 participants indicate a need for continued professional development about the complexities of self-identity, Deaf culture, and modes of communication for families with ASL users. Strategies to help professionals strengthen family-centered practices within special education services are emphasized.

When a child is born deaf or becomes deaf (e.g., through illness, an accident), family members are faced with many important decisions, especially which mode(s) of communication their child will use, a decision that shapes every aspect of a child's life. This very personal decision is influenced not only by the child's parents, but also by professionals working with the family, friends, and extended family members (Hardonk et al., 2011). Therefore, the degree to which professionals use family-centered practices impacts life decisions of the parents as well as their feelings about being supported or not by professionals (Ingber & Dromi, 2010; Mounty, 1986). The purpose of this study was to better understand the experiences and recommendations of families who chose American Sign Language (ASL) as their primary mode of communication through focus group interviews. More specifically, this research was guided by this question: How can families with ASL users inform educational and family-centered practices for children?

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Theoretical Stance

The theoretical perspectives of family-centered practices informed this research (Dunst, Trivette, & Deal, 1988; Dunst, Trivette, &

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Hamby, 2007; Epley, Summers, & Turnbull, 2010). Effective parent–professional partnerships include attention to the well-being of the family, not just an individual family member (Keen, 2007). An understanding of the successes and challenges experienced by families of ASL users can guide professional interactions and recommendations toward family-centered practices.

A variety of definitions and beliefs represent family-centered practices (Epley et al., 2010). Dempsey and Keen (2008) proposed four summative beliefs of family-centered practices: (a) the family and not the professional is the constant in the child’s life; (b) the family is in the best position to determine the needs and well-being of the child; (c) supporting the family is the best way to help the child, including an understanding of the family’s community; and (d) family choice and decision making in the provision of services respect and affirm families’ strengths (p. 42). Early foundations of family-centered practices focused on enabling and empowering families through helpful professional interactions. These evidence-based guidelines promoted building on family strengths and resources through mutually respectful partnerships. The importance of family member choice in decision making was stressed also (Dunst et al., 1988). More recently, Dunst (2007) described three types of family-centered practices: “relational help-giving, participatory help-giving, and parent–practitioner collaboration” (p. 170). These practices are based in empowerment theory (Dunst, Boyd, Trivette, & Hamby, 2002) and form the framework for this research.

Dunst (2011) postulates that relational practices encompass practitioner clinical skills, thoughts, and feelings about family culture, and the level of sensitivity the practitioner or provider displays in relation to family beliefs. Participatory practices include providing “individualized, flexible, and being responsive to family concerns and priorities, and . . . involve providing families with informed choices and family involvement in achieving desired goals and outcomes” (Dunst et al., 2007, p. 371). The third category, parent–practitioner

collaboration, is fundamental to all family-centered practices. Knowing more about the cultural beliefs, familial interactions, and educational experiences of families with ASL users can inform relational, participatory, and parent–practitioner family-centered practices for professionals and improve outcomes for children and families.

Context and Issues

This project was part of a larger study focused on understanding the strengths and needs of families from diverse language communities, including immigrants speaking languages other than English and families using ASL. A literature review was conducted to identify issues and concerns related to services for families with members who are deaf (note that person-first language [i.e., “persons with hearing loss”] is not used in some instances because of terminology preferred by participants in the Deaf community; Mullen, 2010), with particular emphasis on those using ASL, to develop focus group topics and questions. The results of the literature review are described below and organized by four themes: (a) modes of communication, (b) deafness and self-identity, (c) family interactions, and (d) education.

Modes of Communication

Although ASL was the primary language of focus in this study, people who are deaf and hard of hearing use a variety of modes of communication to effectively communicate with those who do not know or use ASL. Each major mode of communication is defined below.

ASL Valli, Lucas, and Mulrooney (2005) describe ASL as “an autonomous linguistic system . . . independent of English” (p. 14). They further state, “In ASL, handshape, movement, and other grammatical features combine to form signs and sentences.” ASL is a visual language that was derived from French Sign Language in the early 1800s (Shaw & Delaporte, 2011). Though many different signed languages exist, ASL is considered the most widely used manual language in the United States. Estimates of the prevalence

of ASL users in the United States range from 250,000 to 500,000 users; however, no definitive number exists due to methodological challenges related to how ASL users are determined (Mitchell, Young, Bachleda, & Karchmer, 2006). In addition, ASL varies due to racial, cultural, regional, and/or ethnic factors (McCaskill, Lucas, Bayley, & Hill, 2011). Thus, similar to regional dialects used in spoken languages, ASL in the Southeast may contain signs different from those in other regions of the United States. Marschark (2007) has asserted that for a child who is deaf, depending on the degree of hearing loss, early language acquisition is usually easier through signed language rather than exclusive use of oral methods.

Pidgin Sign English. Pidgin Sign English (PSE) is known as “contact signing,” and typically features the sentence structure of English in addition to aspects of ASL. PSE differs from signed English systems in that signed English systems involve signing the words in English order and typically includes word endings and articles (e.g., the, -ly, -ing) but not ASL syntax (Hauser, 2000; Lucas & Valli, 2001). Until approximately 1975, PSE was seen as somewhat more prestigious than ASL, since PSE was believed to be more equitable with and similar to spoken English (Woodward, 1973). PSE is more commonly used when communicating with hearing people who are unfamiliar with ASL.

Auditory/Oral. Auditory/oral communication is used when a person who is deaf employs his or her residual hearing and the use of listening technology (e.g., hearing aids, cochlear implants) to produce and understand spoken language (Meadow-Orlans, Mertens, & Sass-Lehrer, 2003; O’Reilly, Mangiardi, & Bunnell, 2008). Auditory/oral users typically participate in speech therapy to listen to and produce spoken language similar to that of their same age peers. Today many auditory/oral users have cochlear implants. According to the National Institute of Deafness and Other Communication Disorders (2010), it is estimated that 188,000 people have received cochlear implants. It is important to note that

individuals who have received a cochlear implant may or may not communicate primarily through listening and speaking.

Lip Reading. Lip reading is also known as speech reading. This communication strategy involves a person looking at the mouth of the speaker to understand what is being said (O’Reilly et al., 2008). According to Moore and Levitan (2007), few people who are deaf are able to read lips and “only some 30% of all spoken sounds are visible on the lips” (p. 191).

Code Switching. The process of a bilingual or multilingual individual switching from one language to another to improve communication with someone is referred to as code switching (Hauser, 2000). This communication strategy demonstrates the speakers’/signers’ ability to recognize formal and functional aspects of language (Grosjean, 1982; Hauser, 2000; Heller, 1988; Lanza, 1992; Poplack, 1981; Romaine, 1995). Code switching is not a single mode of communication, but rather a means of facilitating a communicative interaction between two individuals who do not share a common language. Use of this communication strategy has been found to occur with children 2 years old and older who are from bilingual families (Boeschoten & Verhoeven, 1987; Fantini, 1985; Hauser, 2000; Lanza, 1992; McClure, 1981; Zentella, 1997). An example of code switching is when a person who is deaf stops signing and begins voicing in English or begins signing in a more English-based system (e.g., PSE) to facilitate communication for someone who is not fluent in ASL (Valli & Lucas, 2000).

Deafness and Self-Identity

Depending on factors such as the degree of hearing loss, age of onset, and mode of communication used, an individual with hearing loss may have an identity that is radically different from those of other individuals with a similar type of hearing loss and may or may not classify himself or herself as Deaf. Woodward (1972) made the distinction between deaf (medical view) and Deaf (cultural view). Those who identify with Deaf culture often prefer to

communicate through ASL, whereas other individuals choose to communicate through spoken English, using the hearing world as the reference point (Most, Wiesel, & Blitzer, 2007). In this instance, value is placed on the ability to utilize spoken language; therefore, those with hearing identities might call themselves hard of hearing or someone who has hearing loss rather than Deaf. Traits of a dual or bicultural identity consist of feeling comfortable in both "worlds," the Deaf community and the hearing community. These individuals might use both sign and spoken language to communicate, utilizing a total communication approach or some form of PSE.

Many factors (e.g., racial or ethnic background, hearing or vision abilities) affect adoption of an individual identity, and researchers agree that identities are constructed within multiple contexts (Humphries & Humphries, 2011; Leigh, 2008). Two prominent aspects of deaf identity are the degree to which a person identifies with Deaf culture and how a person views his or her deafness. According to Baker-Schenk and Cokely (1991), the word *Deaf* that begins with an uppercase letter is the political and social term that refers to individuals who are members of the Deaf community and consider themselves to be culturally Deaf. By contrast, the word *deaf* beginning with a lowercase letter is used to describe the medical or physiological condition of hearing loss or deafness.

Research has revealed four types of self-identity: marginal identity, hearing identity, dual/bicultural identity, and deaf identity (Most et al., 2007). *Marginal identity* is defined as when people who are deaf do not feel they belong to either a hearing or Deaf environment. They may experience difficulties in both worlds as a result (Brueggemann, 2009; Most et al., 2007; Nikolarazi, 2007). By contrast, *dual or bicultural identity* consists of feeling comfortable in both worlds, the Deaf community and the hearing community. This identity type has been linked to positive outcomes (Most et al., 2007). In addition, individuals who identify themselves as having a Deaf-dominant bicultural identity

may feel comfortable in both deaf and hearing worlds but prefer to interact in the Deaf world (Holcomb, 1997). These individuals appear to be able to maintain a balance and to be successful in both the dominant hearing society and Deaf culture. Finally, those who categorize themselves as having hearing identities are individuals who relate to the dominant hearing society.

In summary, many factors, such as home life, interactions with the community, and modes of communication, shape the way individuals who are deaf identify themselves. When professionals working with families routinely use family-centered practices, the identity the family chooses should be protected and affirmed.

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Family Interactions

Family members, especially parents, have a significant impact on the socialization of their children. However, if a child who is deaf attends a residential school for the deaf, at times surrogate parents (e.g., teachers and other staff) could also have a considerable impact on the child. A person's social identity is formed when experiences are shared with others, whereas a personal identity is formed through a biological and emotional bond with parents (Wright, 1987). When a parent is hearing and a child is deaf, there may be challenges in the formation of personal identity due to the differences that exist between the parent and the child. The child and parent may grow further apart, either because parents are unable to sign or the child is unable to use spoken language skills (Most et al., 2007). Common communication modes determine whether all family members have total access to general and mealtime conversations, family stories, and other information typically exchanged

through language (Bodner-Johnson, 2003; Scheetz, 2004). Access, or lack of access, to a common or shared mode of communication could affect family interactions and closeness with other family members, interpersonal factors that are often influenced by communication (Bodner-Johnson, 2003). However, if the family is composed of several individuals with hearing loss, isolation may not be a factor since members may share modes of communication and their cultural identity. For deaf families, having a child with a hearing loss may be a celebration of Deaf culture (Stein & Barnett, 1999).

Education

Although many students who are deaf attend public schools, inclusion is not universally understood and opinions differ in regard to choosing the best educational environment and supports (Stinson, 2008). Children who are deaf and included in mainstream classrooms generally rely more on spoken language and supports that assist them with hearing or understanding spoken language, such as speech reading, hearing aids, and interpreters (Stinson, 2008). Thus, the education system appears to place greater value on acquisition of spoken English than ASL (Hauser, O'Hearn, McKee, Steider, & Thew, 2010).

Hearing parents of newly diagnosed deaf children typically seek reassurance and guidance from the educational and medical communities (Burke et al., 2011). Among these educational and medical professionals, audiologists and teachers of deaf and hard of hearing students appear to be the most significant sources of support (Gascon-Ramos, Campbell, Bamford, & Young, 2010). Therefore, research on the needs or experiences of ASL users is merited to inform and guide these professionals as they utilize family centered practices.

Method

Data were gathered through two focus groups in an urban community in a southeastern state. An estimated 326,000 people (3.6% of the

state population) are deaf in this state (Gallaudet University Library, 2010). The population of children and adults with hearing loss where the research took place is composed of people who identify themselves as members of the Deaf community and others who may use another mode of communication such as spoken English.

Participants

A purposeful, homogeneous sample (Glesne, 2010) was selected for the study. The sample comprised community members who identified themselves as being directly affiliated with ASL because (a) the participant used ASL as a mode of communication or had a child who used ASL and/or (b) the participant used ASL with families as a professional. Thus, ASL was the criterion shared by all participants, but their perspectives differed (e.g., family member, professional) to ensure greater depth in the overall purpose of the study.

Nine parents and one professional participated in the study, four in the first focus group and six in the second focus group. All participants were female. Nine participants were European American and one was African American. As shown in Table 1, eight participants reported using both ASL and English as the primary languages in the home and two used English as their primary language. Six participants were deaf or hard of hearing and four were hearing. All participants received their schooling in the United States. Six participants had one to two children who were deaf or hard of hearing, all of whom received special education services. Professional services provided to them included speech therapy, sign language interpreters, note takers, and early intervention. The participants' children ranged in age from 3 months to 26 years, including three parents with children younger than 3 years of age, three with children 4 to 6 years old, one with a child 7 to 10 years old, five with children 11 to 18 years old, and eight with children older than 19 years of age (some participants had multiple children).

Table 1. Characteristics of ASL Participants (N = 10).

Type of participant	Age range	Language(s) used	Deaf or hard of hearing?	Number of children	Age of children (years-months)	Number of children deaf or hard of hearing	Special education services for child
Professional	35–44	English	No	0	NA	0	No
Parent	45+	ASL & English	Yes	2	20-0 21-0	2	Yes
Parent	45+	ASL & English	Yes	2	9-0 12-0	0	No
Parent	35–44	English	No	2	11-0 12-0	1	Yes
Parent	45+	ASL & English	No	3	21-0 23-0 26-0	1	Yes
Parent	25–34	ASL & English	Yes	1	2-0	1	Yes
Parent	25–34	ASL & English	Yes	3	3-0 3-0 6-0	0	No
Parent	25–34	ASL & English	Yes	1	2-6	1	Yes
Parent	20–24	ASL & English	Yes	2	0-3 4-0	0	No
Parent	45+	ASL & English	No	4	12-0 16-0 22-0 23-0	1	Yes

Procedures

The research team included two moderators (the principal investigator and a faculty member who is a native user of ASL) and two doctoral students who recorded field notes during each focus group session, transcribed audio recordings of the focus group sessions, and assisted with the data analyses. A third doctoral student joined the team for a validity check of transcriptions and the data analysis. All team members were trained for their particular work on the project and were supervised by the principal investigator. Also, a nationally certified and licensed ASL interpreter attended both focus groups to provide ASL support for participants. In addition, the ASL interpreter and faculty member who is an ASL user assisted as Deaf culture liaisons when needed. Last, Institutional Review Board approval was obtained for this research prior to recruitment and including all dissemination activities after its completion.

A snowball sampling strategy (Atkinson & Flint, 2001) was used to recruit the participants. Research team members began recruitment by contacting local community members, including parents with a minimum of one family member who was an ASL user and/or professionals working with ASL users. They, in turn, made additional participant suggestions to the research team. The research team utilized these recommendations to ensure the participants met the criterion of being directly affiliated with ASL as a family member or professional.

Focus group questions, as listed in Table 2, were developed after an extensive review of literature related to deafness, ASL, and deaf education. At the start of each 2-hr focus group, a script was read to describe the purpose of the study, the specific responsibilities of focus group participants, and the roles of the research team members. Consent forms and demographic forms were explained, interpreted, and collected. Demographic information was gath-

Table 2. ASL Community Voices Focus Group Questions.

Questions

1. How do you define and view deafness? Deaf culture?
2. What is your experience with ASL—either for you and/or your child?
3. Is ASL used consistently in a variety of daily situations? Home? School? Community? Other settings?
4. What experiences do you want your child to have (or think are important)?
5. Can you describe an example or two of how your child's deafness impacts family dynamics and interactions or family functions? Probe: Does your child have interactions with older people who are Deaf who are also ASL users? (only add if needed . . . as role models)?
6. Regarding IFSP/IEP experiences, what worked and/or did not work?
7. What suggestions do you have for faculty who are training future teachers about supporting families who use ASL and/or are part of the Deaf community? Suggestions for other professionals?
8. What kinds of technology support are used in the home to assist with daily living skills?
9. What practices or strategies have professionals used that have helped you and your child feel supported as ASL users? What barriers have you or your child experienced as an ASL user?
10. Looking back, what advice would you give other parents?

ered in written form from each participant. Participants were asked questions in a round-robin fashion with ample time for adding comments for their responses and those of other participants. A certified interpreter for ASL participants assisted with all aspects of both focus groups to ensure equal participation of all members. Follow-up questions were asked when more details were needed to clarify points or expand on initial responses made by participants. Field notes were entered in a database and examined as needed to clarify points that may have been unclear on the audio recordings. All written and verbal communication was presented in the participant's primary language (English or ASL).

Data Analysis

Data were analyzed using the constant comparative coding method (Creswell, 2007). The coding team comprised the three doctoral students and the lead researcher. First, field notes and audio recordings of the focus groups were transcribed into text files. Next, initial codes were developed using keywords from the focus group questions, transcripts, and field notes that reflected terms and concepts related to the research questions and participant responses (Coffey & Atkinson, 1996; Liamputtong, 2011; Miles & Huberman, 1994). This initial coding index was revised based on patterns of examples in the

data, which were used to define first- and second-level codes and eventually thematic categories that captured the intent of the participants' responses (Saldaña, 2013). Coding classifications were compared and differences discussed and reconciled, when possible, after each data coding session. Codes were modified, deleted, or added as agreed on by the research team throughout the codification process until a final set of codes was developed (Coffey & Atkinson, 1996). Finally, the research team independently recoded the data again using the final coding index. Interrater reliability among the coding team was 82.9% agreement. In addition, the research team highlighted direct quotes in the transcripts that illustrated themes or outliers as evidence of the complexity of the information described by participants. Triangulation to ensure the validity and trustworthiness of the manuscript contents was accomplished through data triangulation (Patton, 2002) and member checks (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). Multiple sources of data included the two focus group interviews and two sets of field notes taken during each focus group. Second-level member checks (Brantlinger et al., 2005) were conducted with one person from each focus group to document the accuracy of the manuscript contents. The member checks attained 100% agreement on the accuracy of the manuscript content.

Results

Results provided insights about the role of ASL in the lives of individuals and families. Personal experiences included successes, challenges, and recommendations that can inform professionals about issues unique to families with an ASL user and serve as a catalyst for promoting a family-centered approach to services. Five major themes emerged: (a) deafness and self-identity, (b) modes of communication, (c) influence of family interactions, (d) environmental factors, and (e) education. Results within each theme are discussed below.

Deafness, Self-Identity, and Deaf Culture

Each group of participants was asked how they view deafness and Deaf culture. Three factors were reported as central to understanding the self-identity of individuals who are deaf: communication styles, Deaf culture, and the medical view of deafness.

Participants expressed a variety of perspectives that clearly linked identity to communication styles. For example, one Deaf participant stated, "Deafness, to me, is not being able to hear. It is a language of signing, very visual, using vision as a source of input more than auditory things." Other participants, both those who were deaf and those whose children were deaf indicated that though they mainly used sign language, they also used their voice to speak. Still others chose to use listening technology (e.g., hearing aids, cochlear implants) for themselves or their children, but preferred being referred to as Deaf rather than as disabled. One participant's response reflects overall feelings across both groups concerning communication choices and self-identity:

I grew up orally and you know I'm Deaf, fully Deaf, but my mother always disagreed with me and say, "No, you're hard of hearing." . . . I would try to explain to my mother. . . . "You know, I read lips, and I can hear sounds but I can't understand words." So, I say I am Deaf, but my mom always argued this point with me.

Participants distinguished between big D and little d and the importance of doing so when discussing self-identity. One participant stated, "The ones in the Deaf community, they use Big D deaf as cultural Deaf, where the others are just a regular d, little d deaf." For example, one participant stated,

I am Deaf, I am a part of the community. I don't consider myself with a disability. I have my own language, and I have my own history, I have my own stories about the deaf schools and different things. A lot has changed, you know over the many years, but ASL's my primary language. And it's beautiful to me, the culture itself.

Multiple participants, hearing and deaf alike, expressed this same feeling—that ASL was central to Deaf culture.

All participants agreed that Deaf culture had played a role in the creation and sustainability of self-identity of deaf individuals in their families. An example of this dynamic was shared by a hearing parent whose son became deaf when he was 5 years old:

My husband and I very much recognized the importance of Deaf culture and the importance of him [their son] being afforded opportunities to be a part of both cultures and it was our goal for him to be bicultural having started out in our culture because he was hearing. . . . The people who are in Deaf culture recognized our commitment to that and [were] willing to help us as hearing parents.

These experiences reflect the need of families with ASL users to have access to and be involved with the Deaf community. Other participants discussed the challenges of having someone outside of the culture understand what Deaf culture means. Some deaf participants reported the integral role of residential schools for the Deaf and how attending these schools helped them feel part of a shared community and contributed to their self-identity: "Many of them [deaf individuals] come from Deaf schools, residential schools, you know, they grew up together as one big family."

Most participants did not view being deaf as a medical condition. Both hearing and deaf participants reported feeling pressured

by professionals to choose a medical view over a Deaf culture view. One parent commented,

One audiologist here in [city name] refused to buy the hearing aids because they didn't agree with my decision . . . choice of communication. They felt like she [her daughter] needed auditory/oral communication and not sign language. So they refused to sell me the hearing aids. . . . We went to a different place (in another city in the state) . . . they're wonderful, they have a great audiologist or audiology department there. That was the most negative experience I could say with my daughter was working with one audiologist. I just felt like they didn't respect my decision as a parent. I'm the parent, who are you?

Participants were aware that a parent's view of deafness may or not may not be the same as the child's view, especially as a child grows into adulthood. They shared how some children may use one mode of communication (e.g., spoken English) during childhood and later decide to use another (e.g., ASL) or vice versa. A professional participant expressed a family-centered viewpoint by stating, "We support everyone's decision, everyone's right to make a decision [about identifying with Deaf culture or taking a medical stance], what they feel is comfortable for themselves and their families." Overall, participants stressed the importance for the family to be able to choose communication styles, the degree to which they participated in Deaf culture, and to what degree the medical view was incorporated into self-identity or family identity.

Modes of Communication

The modes of communication and other communication strategies discussed were gesturing, sign language (e.g., ASL, PSE, Mexican Sign Language), oral language, lip reading, written communication, drawing, finger spelling, and baby signs. Participants identified multiple decision points about communication choices and shared experiences that illustrated the complexities surrounding their personal choices. The decision to use a primary mode of

communication was viewed as an evolving process that could be reevaluated throughout an individual's lifetime according to personal needs and preferences. Modes of communication varied in response to family composition, previous experience with deafness, family dynamics, individual preference, and professional input.

ASL. Many participants who were deaf did not learn ASL until an attempt to learn spoken language was unsuccessful for them. As one participant stated, "At some point, she [mother] ended up giving up that [oralism and lip reading] and allowing me to get into a signing program when I was between 8 and 10. I was thrilled. I understood more things, I understood so much more." Other deaf participants described their children's initial exposure to ASL as an extension of the home language, regardless of the hearing status of the children. This early exposure to ASL was felt to benefit the children and parents alike as there was a path to communication at home, decreased tantrums due to early communication ability, and ease of communication development.

Some deaf participants described changes in modes of communication after they (or their family member) entered college. For example, one participant described the "culture shock" her husband (who is deaf and grew up using oral communication) faced when he started college and saw other deaf people using ASL to communicate with one another. Subsequently, he became an ASL user and identified himself as a member of Deaf culture.

The focus group members who were hearing parents of a deaf child reported they gradually learned ASL to enhance their emotional attachments with their child and for communication purposes. One hearing parent took interpreting classes, became a certified ASL interpreter, and pursued this line of work as a career. In most cases, learning ASL was undertaken by multiple family members. A hearing parent expressed concern about her daughter's access to others using ASL: "I would like my daughter to go have a signing friend, a signing

family where she could go and be a part with them for, you know, a weekend or a play date and those kinds of things.”

Oral Communication. Professionals or family members who were not fluent in ASL were seen as encouraging development of oral language or lip reading skills, despite individuals’ personal preferences for other modes of communication. Spoken language skills were encouraged by family members or professionals to foster future independence, to increase communication, or to coincide with the dominant educational philosophy of the time. Deaf parents were not opposed to the development of oral language or lip reading skills; some valued it highly. However, these parents regarded lip reading as a talent and a personal preference, rather than a skill to be developed. The ability to use oral communication skills was seen as valuable, especially to navigate between the hearing and Deaf culture worlds.

Code Switching. A recurring theme was the use of code switching. One deaf participant explained that she often code switches when communicating with various groups of individuals: “I do code switch when I am, if I am, in a group with mainly deaf people I use ASL, If I am with a group of mainly hearing people I might use PSE or more English.” A parent of a deaf 2-year-old indicated that the skill of code switching was developing in her daughter. She stated,

And my sign is this, chicken on mouth and my husband’s father signs chicken like this with three fingers on the chin. So [her daughter’s name] she looked at me and said, “Oh I’m going to eat chicken.” And signed it our way and then looked at her grandfather and said, “Oh I’m going to eat chicken,” with the three fingers . . . so she signed his sign. And I was like oh wow! She did it on her own!

Another participant, whose immediate family members are all deaf or hard of hearing, reported that each member uses a variety of communication modes (PSE, ASL, signed English) and code switches as needed when communicating with each other.

Influence of Family Interactions

Participants described family dynamics that spanned several generations, including their own experiences, the experiences of their children, and those of their spouses, siblings, parents, and/or grandparents. Examples of these dynamics are explained below.

Several participants reported that their own hearing loss was not diagnosed until they were 4 years old, which contributed to frustrating communicative interactions within their family. They reported using gestures, pictures, and home signs to communicate with family members. One participant’s response captures the dynamics described by the groups about communication challenges among their family members:

I only had one sister you know just try to learn. She would not do it. She was embarrassed of me and the signing, you know at home she would sign, gesturing more, but mostly she would just talk and I would read lips and dinner it was a struggle. They were always talking and I was quiet.

Family interaction responses associated with the participants’ own children fell into two main categories: those with deaf children and those with hearing children. Parents of deaf children shared examples of how family members tried to make sure everyone was included during meal times and other activities as well as the challenges they encountered. For instance, one hearing parent said,

We try and sign and use ASL with our daughter around us. . . . Her brothers do know sign language. . . . They can communicate with her, but, um, like during dinner when you have like—my family is a big family. Well, we have four children and then my mom and dad live beside us so often they will come and eat with us and my mother in law too so we’ll have like 10 people at dinner and you have all these different conversations and it’s just hard and so everyone wants me to interpret and you’re trying to eat dinner, trying to hear the different conversations and it’s really hard so I know she is not involved as much as she should be.

Another parent focused on the effects of her daughter's cochlear implant and her participation in the hearing world. She wondered if her daughter might prefer to be more active in the Deaf community some day and whether she (the mother) had made the best decision.

One deaf parent shared information about communication interactions between her hearing children and another deaf participant's hearing children, stating that when they are together, the hearing children will speak to one another and not use sign language. These parents remarked they often needed to remind their hearing children to sign to include everyone in conversations. Several participants shared laughter and stories about ways their hearing children took advantage of them. One deaf parent mentioned typical home situations like when her own hearing parents visited and commented her children had the television on too loud.

Family dynamics focused on interactions with siblings, spouses, or in-laws. One deaf participant talked about being distant from her hearing sister growing up who refused to learn ASL and then being "shocked" when her sister learned sign language after high school to communicate with her. Two deaf participants described how the reactions of their hearing in-laws were hurtful. Both of them referred to the discomfort they experienced as they witnessed the joy of their in-laws when they learned the grandchild was *not* deaf. These sentiments did not match their own: "I felt a little hurt the way she said it. My husband said . . . we wanted a signing family. We were kind of upset that they weren't deaf or going to be using signing."

Environmental Factors

The deaf adult participants reported experiencing negative perceptions of their hearing loss and using ASL. Also, they expressed feelings of typically having to accommodate to the communication modes of others rather than vice versa. For example, one participant shared that, even after telling people that she is deaf, they continue talking with the expectation that she can hear and communicate with them. Another participant said that

people will apologize and abruptly stop trying to communicate with her altogether instead of writing out the conversation or trying to communicate via another mode. A third participant shared a frustrating interaction experience in which people said, "Oh, you don't look like you're deaf. You look normal!" upon discovering that she has hearing loss. Despite these challenges, participants emphasized a desire to use any mode of communication that enabled them to maintain connections with others.

This same desire to communicate with others was evident in interactions with professionals. Several deaf and hearing participants described education professionals as helpful liaisons who provided information on upcoming Deaf community events (i.e., bowling, movies, meetings), whereas others experienced frustration with some sign language interpreters when they failed to come to work (e.g., ASL interpreting for a class), or with teachers who did not understand their children's learning needs (e.g., making lessons more accessible with the services of a note taker). One deaf participant shared that doctors sometimes ask hearing children to interpret for their deaf parents during appointments, which was perceived as negative and inappropriate. In addition, some participants experienced negative emotions when working with audiologists who disagreed with the mode of communication they had chosen for their child who was deaf (i.e., audiologist felt child would benefit from auditory-oral approach although parent had chosen to use sign language).

When asked how the environment might affect a deaf child who uses ASL, one participant described her own experience at a residential school for the deaf. During the school year, she used only ASL, but ASL was not used at home during the summers though she felt ASL was her "true language." Another deaf participant shared that her 2-year-old daughter who is deaf has full access to communication within her home due to having deaf parents. Overall, participants felt once their children had full access to ASL they were able to learn more in the school setting.

The issue of people who are deaf having the same rights to privacy as hearing people emerged when participants' discussed community activities, such as doctor office visits or getting their driver's license at the Division of Motor Vehicles. Many participants brought up the importance of medical offices, hospitals, prospective bosses, and schools providing qualified sign language interpreters for appointments, interviews, conferences, extracurricular activities, and meetings. One participant stressed the importance of using a highly qualified educational sign language interpreter to demonstrate how deaf students can advocate for themselves (i.e., informing others when the interpreter's signing cannot be understood, access to appropriate educational services and to certified sign language interpreters).

Participants reported a variety of events held in the Deaf community for families (i.e., holiday party, camps for children who use a variety of communication modes, bowling parties) that contributed to their quality of life. A hearing parent stated she had not been able to locate Deaf cultural events within the community, whereas another hearing parent stated some deaf people have included and welcomed her family at these events. Several participants cited CODA (Children of Deaf Adults, defined as children older than 18 years old) or KODA (Kids of Deaf Adults, who are younger than 18 years of age; Children of Deaf Adults, Inc., n.d.) activities and events as resources for families to gain access to the Deaf community. One participant's mother, a CODA, provided her with a strong background in deafness from birth. Another participant shared participating in the Deaf community through various activities and events set up for CODAs where children share their experiences and form bonds with other CODAs.

Some participants reported a decrease in face-to-face Deaf community events due to technology. Instead, members of the Deaf community utilized Skype, videophone, texting, and/or e-mail to establish and maintain personal connections. Regarding use of listening technology, participants reported that

even when parents decided their deaf child would wear hearing aids, this choice might not be strongly enforced at home; using these technologies was not the primary vehicle for communication in their family. Other parents discussed the need to respect their children's choices in regard to listening technology. In the words of one parent, "She's only 2 . . . but at this point it seems like she doesn't want the hearing aids. She has no interest in speaking or reading lips . . . our primary communication is ASL." Daily issues related to technology were shared also. For instance, one deaf parent described the role of technology related to safety, such as when her daughter is taking a shower and might need help in an emergency. To remedy this situation, the family installed a flashing light system in the bathroom.

Education

A number of participants discussed the importance of being provided options and choices that supported their children's development and valued their family beliefs and practices. One parent described how her daughter was identified at 29 months with a hearing loss and how parent educators discussed modes of communication (e.g., auditory/oral, ASL) with her. She decided to expose her daughter to both methods of communication because she was not sure which mode her daughter would prefer.

Transitions in childhood (e.g., preschool to elementary, elementary to middle school) and to adulthood (e.g., college, employment) were discussed by all participants. A deaf parent from a family whose primary language was ASL described her daughter's Part C services, a program that provides early intervention for infants and toddlers with disabilities under the Individuals With Disabilities Education Act (2006). Though her daughter received a language facilitator in the child care center, this service had been discontinued. She was anxiously anticipating her daughter's third birthday, when she could request a qualified ASL interpreter under Part B services (the program that provides special

education for children 3 to 21 with disabilities under IDEA).

Education suggestions included training teachers in basic ASL, having them participate in immersion activities within the Deaf community, providing background knowledge in deaf education that could be infused in lesson planning and learning activities, making school and classroom environments more “deaf friendly” by incorporating songs or short lessons using sign language during instruction, and using Deaf community members as role models. In addition, participants suggested members of the Deaf community, such as parents or other family members, could be guest speakers in classrooms to share insights about ASL and the Deaf community. Also, participants pointed out the importance of school personnel being appropriately trained to include deaf children in extracurricular activities at school, such as sports or field trips. They stressed the importance of educating children and teachers on sign languages from other countries and pointed out that immigrant parents who were deaf or had a deaf child would feel much more included if teachers were aware of various sign languages.

Discussion

A family-centered focus should be responsive to individualized, collaborative relationships and services for those who are deaf (Bodner-Johnson & Sass-Lehrer, 2003). Three dimensions for family-centered practices—relational, participatory, and parent–practitioner collaboration—were used to organize and interpret the results of this study. For this analysis, relational help-giving practices and parent–practitioner collaboration are viewed as fundamental to all family-centered practices (Dunst, 2007, 2011). Therefore, they are not stated explicitly in our recommendations, but rather infused throughout. However, five aspects of participatory help-giving practices were used to guide suggestions for practitioners: (a) individualization, (b) flexibility, (c) responsiveness, (d) facilitator of informed choices, and (e) supporter of family involvement.

A family-centered focus should be responsive to individualized, collaborative relationships and services for those who are deaf.

First, participants emphasized the importance of providing individualized services based on family strengths and needs. They asserted that family communication decisions should be respected. Some participants shared feelings of isolation as the only family member with hearing loss or who used ASL. Therefore, a primary focus when providing individualized services to families with ASL users should be assisting the family with establishing communication among their members. A variety of modes of communication may need to be included according to individual strengths and needs. In this way, feelings of isolation can be reduced and emotional connections strengthened among family members. In addition, professionals should consult with family members who are hearing about their communication expectations, previous experience with individuals who are deaf, and priorities to facilitate communication within the family. Also, during professional interactions, a certified ASL interpreter (if this is the language preference of the individual) should be employed to accurately communicate information versus requiring the parent to employ code-switching strategies or using personnel who are not qualified. Interpreters in school settings should match the expectations and learning style of the children they serve to maximize learning opportunities. Engaging in individualized, help-giving practices requires frequent consideration of the families’ choices and preferences throughout a child’s life as priorities and circumstances vary and may necessitate changes in modes of communication and other services.

The second aspect, flexibility, suggests sensitivity and responsiveness to changes between and within families. Recognition and respect for families who are part of Deaf culture should include flexible practices that are guided by genuine, respectful interactions to meet the needs of the family. Flexibility

should allow for open communication that promotes understanding differing points of view, but also encourages a willingness for professionals to empower the family to make the decision that is best for them.

Responsiveness is the third aspect. Practitioners should be responsive to family concerns and priorities. The family-practitioner relationship should be built on reciprocal listening and respect. Professionals working with families with ASL users must be prepared with knowledge and skills to provide information to family members to aid in their decision-making processes; however, both professionals and family members should be willing to confront their own biases based on their previous life experiences (Bodner-Johnson, 2001). Learning about cultural preferences from family members and confronting personal biases when one notices differences is critical to making effective recommendations. In addition, facilitating informed choices, the fourth aspect of participatory practices, requires practitioners to respect the decisions families make and to recognize what works for one family may not be optimal for another family. Focusing on knowledge and understanding, not just providing information, is an important aspect of informed choice and help-giving practices (Young et al., 2006).

Finally, being a supporter of family involvement necessitates engaging in discussions with families about their hopes, dreams, and preferences related to mode of communication, culture, and family heritage. Knowledge gained through open-ended conversations could make it easier for practitioners and families to build a mutually beneficial relationship that reflects a genuine partnership with one another.

For almost two decades, family-centered practices have been recognized as the best approach for promoting effective parent-professional partnerships (Mertens, Sass-Lehrer, & Scott-Olson, 2000). Practitioner competence in participatory help-giving practices is likely to result in strong relational help-giving practices (Dunst et al., 2007). The ASL users who participated in the focus groups shared the integral role of ASL

in their identity and culture. By sharing their opinions, experiences, and suggestions, participants provided insights that could enable professionals to be more sensitive to them and other families with a member who is deaf or uses ASL.

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and/or uses ASL.*

Though many insights were gained from this study, there were some limitations that should be noted. First, there was a lack of diversity in the participants. Because today's population is composed of individuals with greater linguistic and cultural diversity, there is a need for educational research that is conducted with diverse community members who are deaf to better understand their unique circumstances and needs. Second, the sample size for this study was too small to explore issues related to ASL users in greater depth. Future research could explore these themes within larger focus groups of ASL users from various backgrounds. Third, research investigating the impact of social networking and technology such as texting for ASL users could help further identify both the isolation from Deaf culture and greater opportunity for peer relations that the participants mentioned. Fourth, because this study focused on any family with an ASL user, it was not clear whether or not participants' children were in full-inclusion environments. A future study focusing on the identity development of deaf children and those educated in full-inclusion environments is warranted. Similarly, future research could document the identity development of deaf children who are immersed in educational environments that are not inclusive (only with other deaf and hard of hearing children).

References

- Atkinson, R., & Flint, J. (2001). Accessing hidden and hard-to-reach populations: Snowball research strategies. *Social Research Update*, 33, 1–4. Retrieved from <http://sru.soc.surrey.ac.uk/SRU33.html>
- Baker-Schenk, C., & Cokely, D. (1991). *American Sign Language: A teacher's resource text on grammar and culture*. Washington, DC: Gallaudet University Press.
- Bodner-Johnson, B. (2001). Parents as adult learners in family-centered early education. *American Annals of the Deaf*, 146, 263–269. doi:10.1353/aad.2012.0097
- Bodner-Johnson, B. (2003). The Deaf child in the family. In B. Bodner-Johnson & M. Sass-Lehrer (Eds.), *The young Deaf or hard of hearing child: A family-centered approach to early education* (pp. 3–33). Washington, DC: Gallaudet University Press.
- Bodner-Johnson, B., & Sass-Lehrer, M. (Eds.). (2003). *The young Deaf or hard of hearing child: A family-centered approach to early education*. Washington, DC: Gallaudet University Press.
- Boeschoten, H., & Verhoeven, L. (1987). Language mixing in children's speech: Dutch language use in Turkish discourse. *Language Learning*, 37, 191–215. doi:10.1111/j.1467-1770.1987.tb00565.x
- Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children*, 71, 195–207. Retrieved from <http://cec.metapress.com/index/HXQ1648763406W17.pdf>
- Brueggemann, B. J. (2009). *Deaf subjects: Between identities and places*. New York, NY: New York University Press.
- Burke, T. B., Kushalnagar, P., Mathur, G., Napoli, D. J., Rathmann, C., & Vangilder, K. (2011). Language needs of deaf and hard-of-hearing infants and children: Information for spiritual leaders and communities. *Journal of Religion, Disability & Health*, 15, 272–295. doi:10.1080/15228967.2011.590644
- Children of Deaf Adults, Inc. (n.d.). *About CODA*. Retrieved from <http://coda-international.org/blog/>
- Coffey, A. A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: SAGE.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: SAGE.
- Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. *Topics in Early Childhood Special Education*, 28, 42–52. doi:10.1177/0271121408316699
- Dunst, C. (2007). Early intervention for infants and toddlers with developmental disabilities. In S. L. Odom, R. H. Horner, M. E. Snell, & J. Blacher (Eds.), *Handbook of developmental disabilities* (pp. 161–180). New York, NY: Guilford.
- Dunst, C. (2011). Advances in theory, assessment, and intervention with infants and toddlers with disabilities. In J. M. Kauffman & D. P. Hallahan (Eds.), *Handbook of special education* (pp. 687–702). New York, NY: Routledge.
- Dunst, C. J., Boyd, K., Trivette, C. M., & Hamby, D. (2002). Family-oriented program models and professional help giving practices. *Family Relations*, 51, 221–229. doi:10.2307/3700138
- Dunst, C., Trivette, C., & Deal, D. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helpgiving practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13, 370–378. doi:10.1002/mrdd.20176
- Epley, P., Summers, J. A., & Turnbull, A. (2010). Characteristics and trends in family-centered conceptualizations. *Journal of Family Social Work*, 13, 269–285. doi:10.1080/10522150903514017
- Fantini, A. (1985). *Language acquisition of a bilingual child: A sociolinguistic perspective*. Clevedon, UK: Multilingual Matters.
- Gallaudet University Library. (2010). *Local and regional deaf populations*. Retrieved from <http://libguides.gallaudet.edu/content.php?pid=119476&sid=1029190>
- Gascon-Ramos, M., Campbell, M., Bamford, J., & Young, A. (2010). Influences on parental evaluation of the content of early intervention following early identification of deafness: A study about parents' preferences and satisfaction. *Child: Care, Health and Development*, 36, 868–877. doi:10.1111/j.1365-2214.2010.01092.x
- Glesne, C. (2010). *Becoming qualitative researchers: An introduction* (4th ed.). Boston, MA: Pearson.
- Grosjean, F. (1982). *Life with two languages: An introduction to bilingualism*. Cambridge, MA: Harvard University Press.

- Hardonk, S., Daniels, S., Desnerck, G., Van Hove, G., Van Kershaver, E., Sigurjonsdottir, H. B., . . . Loucks, F. (2011). Deaf parents and pediatric cochlear implantation: An exploration of the decision-making process. *American Annals of the Deaf, 156*, 290–304. doi:10.1353/aad.2011.0027
- Hauser, P. C. (2000). An analysis of codeswitching: American Sign Language and cued English. In Melanie Metzger (Ed.), *Bilingualism and identity in Deaf communities* (pp. 43–78). Washington, DC: Gallaudet University Press.
- Hauser, P. C., O'Hearn, A., McKee, M., Steider, A., & Thew, D. (2010). Deaf epistemology: Deafhood and deafness. *American Annals of the Deaf, 154*, 486–492. doi:10.1353/aad.0.0120
- Heller, M. (1988). *Code switching: Anthropological and sociolinguistic perspectives*. Berlin, Germany: Mouton de Gruyter.
- Holcomb, T. K. (1997). Development of deaf bicultural identity. *American Annals of the Deaf, 142*, 89–93. doi:10.1353/aad.2012.0728
- Humphries, T., & Humphries, J. (2011). Deaf in the time of the cochlea. *Journal of Deaf Studies and Deaf Education, 16*, 153–163. doi:10.1093/deafed/enq054
- Ingber, S., & Dromi, E. (2010). Actual versus desired family-centered practice in early intervention for children with hearing loss. *Journal of Deaf Studies and Deaf Education, 15*, 59–71. doi:10.1093/deafed/enp025
- Keen, D. (2007). Parents, families, and partnerships: Issues and considerations. *International Journal of Disability, Development and Education, 54*(3), 339–349. doi:10.1080/10349120701488855
- Lanza, E. (1992). Can bilingual two-year-olds code switch? *Journal of Child Language, 19*, 633–658. Retrieved from <http://dx.doi.org/10.1017/S0305000900011600>
- Leigh, I. W. (2008). Who am I? Deaf identity issues. In K. A. Lindgren, D. DeLuca, & D. J. Napoli (Eds.), *Signs & voices: Deaf culture, identity, language, and arts* (pp. 21–29). Washington, DC: Gallaudet University Press.
- Liamputtong, P. (2011). *Focus group methodology: Principles and practice*. Thousand Oaks, CA: SAGE.
- Lucas, C., & Valli, C. (2001). Language contact phenomena in Deaf communities. *Estudios de Sociolingüística, 1*(1), 145–152.
- Marschark, M. (2007). *Raising and educating a Deaf child: A comprehensive guide to the choices, controversies, and decisions faced by parents and educators* (2nd ed.). New York, NY: Oxford.
- McCaskill, C., Lucas, C., Bayley, R., & Hill, J. (2011). *The hidden treasure of Black ASL: Its history and structure*. Washington, DC: Gallaudet University Press.
- McClure, E. (1981). Formal and functional aspects of code switching discourse of bilingual children. In R. Duran (Ed.), *Latino language and communicative behavior* (pp. 69–94). Norwood, NJ: Ablex.
- Meadow-Orlans, K. P., Mertens, D. M., & Sass-Lehrer, M. A. (2003). *Parents and their deaf children: The early years*. Washington, DC: Gallaudet University Press.
- Mertens, D. M., Sass-Lehrer, M. A., & Scott-Olson, K. (2000). Sensitivity in the family-professional relationship: Parental experiences in families with young deaf and hard of hearing children. In P. E. Spencer, C. J. Erting, & M. Marschark (Eds.), *Essays in honor of Kathryn O. Meadow-Orlans: The deaf child in the family and at school* (pp. 133–150). Mahwah, NJ: Erlbaum.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook of new methods*. Thousand Oaks, CA: SAGE.
- Mitchell, R. E., Young, T. A., Bachleda, B., & Karchmer, M. A. (2006). How many people use ASL in the United States? Why estimates need updating. *Sign Language Studies, 6*, 306–335. Retrieved from <http://muse.jhu.edu>
- Moore, M. S., & Levitan, L. (2007). *For hearing people only: Answers to some of the most commonly asked questions about the Deaf community, its culture, and the "Deaf reality."* Rochester, NY: Deaf Little Press.
- Most, T., Wiesel, A., & Blitzer, T. (2007). Identity and attitudes towards cochlear implant among deaf and hard of hearing adolescents. *Deafness and Education International, 9*, 68–82. doi:10.1002/dei.207
- Mounty, J. L. (1986). *Nativization and input in the language development of two deaf children of hearing parents* (Final report, doctoral dissertation). Retrieved from <http://www.eric.ed.gov/PDFS/ED334723.pdf>
- Mullen, R. (2010, October 12). Clarifying our terminology: Moving the discipline forward by defining terms and sharing data. *ASHA Leader*. Retrieved from http://www.asha.org/Publications/leader/2010/10_1012/Clarifying-Our-Terminology.htm
- National Institute on Deafness and Other Communication Disorders. (2010). *Quick statistics*. Retrieved from <http://www.nidcd.nih.gov/health/statistics/Pages/quick.aspx>

- Nikolarazi, M. (2007). Analysing the concept of deaf identity. *Hellenic Journal of Psychology, 4*, 185–204. Retrieved from <http://www.pseve.org/journal/UPLOAD/Nikolarazi4b.pdf>
- O'Reilly, R. C., Mangiardi, A. J., & Bunnell, H. T. (2008). Cochlear implants. In D. DeLuca, I. W. Leigh, K. A. Lindgren, & D. J. Napoli (Eds.), *Access: Multiple avenues for deaf people* (pp. 38–71). Washington, DC: Gallaudet University Press.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: SAGE.
- Poplack, S. (1981). Syntactic structure and social function of code switching. In R. Duran (Ed.), *Latino language and communicative behavior* (pp. 169–184). Norwood, NJ: Ablex.
- Romaine, S. (1995). *Bilingualism* (2nd ed.). Oxford, UK: Blackwell.
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Thousand Oaks, CA: SAGE.
- Scheetz, N. A. (2004). *Psychosocial aspects of deafness*. Boston, MA: Pearson.
- Shaw, E., & Delaporte, Y. (2011). New perspectives on the history of American Sign Language. *Sign Language Studies, 11*, 158–204. Retrieved from <http://muse.jhu.edu/>
- Stein, M. T., & Barnett, S. (1999). Parental request to withhold a hearing test in newborn of hearing parents. *Journal of Developmental and Behavioral Pediatrics, 20*, 177–180.
- Stinson, M. (2008). Inclusion and the development of Deaf identity. In D. DeLuca, I. W. Leigh, K. A. Lindgren, & D. J. Napoli (Eds.), *Access: Multiple avenues for deaf people* (pp. 99–121). Washington, DC: Gallaudet University Press.
- Valli, C., & Lucas, C. (2000). *Linguistics of American Sign Language* (3rd ed.). Washington, DC: Gallaudet University Press.
- Valli, C., Lucas, C., & Mulrooney, K. J. (2005). *Linguistics of American Sign Language: An introduction* (4th ed.). Washington, DC: Gallaudet University Press.
- Woodward, J. C. (1972). Implications for sociolinguistic research among the deaf. *Sign Language Studies, 1*, 1–7.
- Woodward, J. C. (1973). Some characteristics of Pidgin Sign English. *Sign Language Studies, 3*, 39–46.
- Wright, L. J. (1987, April). *A study of Deaf cultural identity through a comparison of young deaf adults of hearing parents and young deaf adults of deaf parents*. Paper presented at the Student Research Colloquium, University of Pittsburgh School of Education, Pittsburgh, PA.
- Young, A., Carr, G., Hunt, R., McCracken, W., Skipp, A., & Tattersall, H. (2006). Informed choice and deaf children: Underpinning concepts and enduring challenges. *Deaf Studies and Deaf Education, 11*(3), 322–336. doi:10.1093/deafed/enj041
- Zentella, A. C. (1997). *Growing up bilingual: Puerto Rican children in New York*. Malden, MA: Blackwell.

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THE IMPACT OF THE SOCIAL SCIENCES: How Academics and their Research Make a Difference

Simon Bastow, Patrick Dunleavy,
and Jane Tinkler, *all from London
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Foreword by Kenneth Prewitt, *Columbia University*

In the modern globalized world, some estimates suggest that around 40 million people now work in jobs that ‘translate’ or mediate advances in social science research for use in business, government and public agencies, health care systems, and civil society organizations. Many large corporations and organizations across these sectors in the United States are increasingly prioritizing access to social science knowledge. Yet, the impact of university social science continues to be fiercely disputed. This key study demonstrates the essential role of university social science in the ‘human-dominated’ and ‘human-influenced’ systems now central to our civilization. It focuses empirically on Britain, the second most influential country for social science research after the US. Using in-depth research, the authors show how the growth of a services economy, and the success of previous scientific interventions, mean that key areas of advance for corporations, public policy-makers, and citizens alike now depend on our ability to understand our complex societies and economies. This is a landmark study in the evidence-based analysis of social science impact.



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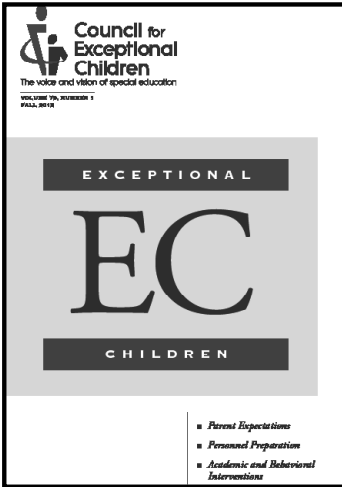
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0. STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION
P.S. Form 3526 Facsimile

1. TITLE: EXCEPTIONAL CHILDREN
2. USPS PUB. #: 182-340

3. DATE OF FILING: OCTOBER 1, 2014

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TELEPHONE: (805) 499-0721

8. HEADQUARTERS ADDRESS: 2455 Teller Road, Thousand Oaks, CA 91320

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10. OWNER: Council for Exceptional Children
2900 Crystal Drive, Suite 1000
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11. KNOWN BONDHOLDERS, ETC.
None

12. NONPROFIT PURPOSE, FUNCTION, STATUS:
Has Not Changed During Preceding 12 Months

13. PUBLICATION NAME: EXCEPTIONAL CHILDREN

14. ISSUE DATE FOR CIRCULATION DATA BELOW: July 2014

15. EXTENT & NATURE OF CIRCULATION:	AVG. NO. COPIES EACH ISSUE DURING PRECEDING 12 MONTHS	ACT. NO. COPIES OF SINGLE ISSUE PUB. NEAREST TO FILING DATE
A. TOTAL NO. COPIES	28976	29289
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I. TOTAL	28976	29289
PERCENT PAID CIRCULATION	100%	100%

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Head of Global Circulation
SAGE Publications, Inc.

Date: 08/02/2014

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