Working with Students with Hearing Impairment
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Planner, Presenter, Author Disclosures

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Objectives

At the completion of this presentation, the participant will be able to:

- Identify 3 characteristics of Deaf Culture that can assist the school nurse in approaching Deaf or hard of hearing students.
- Provide 2 examples of safety issues that can result from miscommunication in health care situations.
- List 3 skills acquired to better serve their Deaf and Hard of hearing students
- Describe 3 common misconceptions and how this presentation has changed your perception.

Statistics-Prevalence

One in eight people in the United States aged 12 years or older has hearing loss in both ears, based on standard hearing examinations

2-3 in every 1000 are born with hearing loss

90% of deaf children are born to hearing parents

National Institute on Deafness and Other Communication Disorders (NIDCD)
What is Cultural Competence?

Cultural Competence Approach

- Self Awareness: Understanding one's "cultural" self
- Other Awareness: Exploring other cultural norms, values, and beliefs
- Bridging Skills: Learning to be culturally adaptive

The capability to shift cultural perspective and adapt—or bridge—behavior to cultural commonality & difference

What is culture?

- Culture: set of shared values, practices, conventions, and attitudes
- Cultural values give a person a sense of direction and meaning
- Culture is considered a powerful influence on health beliefs and behaviors
Culturally Competent Care

- Ethically bound as providers—Legislative measures for equitable access*
- Few providers understand or accommodate deaf culture, language and communication
- Large disparities in health from culturally diverse backgrounds
- Cultural diversity training provides an opportunity to understand an individual within the context of their culture

"It has been said that people don’t care how much you know, until they first know how much you care."

Campinha-Bacote 1998
Model for Developing Cultural Competence

- Cultural Awareness
- Cultural Knowledge
- Cultural Competence
- Cultural Sensitivity

Deaf History

- Deaf were isolated and marginalized
- In the early 19th century deaf schools opened
- Late 19th century entered the concept of the “melting pot”
- Integration into the hearing world was/is limited
- Continues to be debate over methods of instruction and medical interventions
Medical Model

• Based on definition of deaf as lacking or deficient in the sense of hearing

• “Disability requiring cure”

• Hearing aids and cochlear implants

Deaf Culture Model

• Deafness as “a life to be lived”

• Reject disability label
  ○ disability is not a fact
  ○ disability is a social construct

• Feel like they are more like an oppressed language minority

• Value their difference from the hearing society
Deaf Culture

Deaf (capital D)
- Can be deaf or HOH
- Has great loyalty—PRIDE
- Collectivism
- Common shared experience is the lack of communication

Use American Sign Language (ASL)
- signs, body language, facial expressions
- speak frankly
- eye contact is important and expected

Deaf Culture

deaf (lower case d)
- Refers to an audiological status
- Individualism
- May prefer English
- deaf community can include: deaf, interpreters, hearing parents, siblings
- A person can be deaf but culturally hearing
SOCIAL MORES

• No secrets! (expected to tell group)
• Rude to be excluded from conversational information
• Environmental sounds accessible to a hearing person should be communicated *
• Abrupt beginnings and long goodbyes

• ASL starts with the main point and winds down (may repeat questions)
• Speak frankly
• Eye contact is a must!
• Facial expression and body language is a must!
• Touch is integral
• DST (Deaf Standard Time)

Dispelling Misunderstandings

• NO DISABILITY
• Deaf do not want to be hearing
• Deaf do not see value in surgeries for cochlear implants
• Deaf prefer their children to be deaf but don’t mind if they are hearing
• May prefer to marry Deaf
Dispelling Misunderstandings

• Most hearing parents are not fluent in ASL
• Interpreters are the best way to communicate yet intrude on privacy
• CI do not make a person Hearing (capital H)

Dispelling Misunderstandings

• English is their second language
• Literacy is at a 2nd-4th grade level
• Written English is nonstandard
  ○ “I sick know nothing happen last week hit”
• Lip reading only allows for 30% under the best situations
• ASL is NOT signed English
How Deafness Affects Healthcare

- Altered health care patterns
- Significant communication difficulties with physicians
- Misunderstandings about their disease
- Misunderstandings about their treatment recommendations
- Mistrust for providers

Assessment & Health-Related Education

- Deaf students –
  - Expressive language to describe symptoms?
  - Receptive language to understand care & medications?
  - Knowing their ASL & English skill levels are critical to achieve understanding.
  - Parent ability to communicate with the student & understand medical information can vary also.
  - Behavior issues can often be related to communication issues or misunderstandings. Frustration, anger, disengaging, isolation, seemingly inappropriate humor.
Nursing Approach

• Be sure you have the Deaf or Hard of Hearing student's attention. Minimize other distractions & background noise. Make eye contact.
• Speak directly to them, not the interpreter.
• Use visual cues, pictures, social stories, videos, modeling with young or language delayed students.
• Speak clearly. Avoid idioms, sarcasm & abstract comments — they don’t translate well and are often confusing.
• Have the student repeat or summarize what you’ve told them, to check for understanding. Saying “yes” or nodding does not equal “I understand”.

Cochlear Implants vs Hearing Aids
• CI - internal and external hardware.
  - No MRI unless magnet is removed.
  - External processor is extremely expensive. Be careful!
• Hearing aids -
  - One or both ears, typically aids the better ear for best reception
Contact your district’s Audiologist or contracted provider!
Have a plan for activities that involve water!
• Gross anatomy
  - Possible craniofacial abnormalities
  - Otoscope exam may appear different. Small canals, TM may have scarring.
    • Infection, fluid, abnormal growth (cholesteatoma), etc still need to be treated.
Hard of Hearing Students

- May use voice to communicate with hearing people.
- Or they may prefer to use an ASL/English interpreter.
- Typically use combination of limited hearing, speech-reading, body language and focused attention to decipher what is being said to them. This can require a lot of energy and result in fatigue.

Think of the hard of hearing students in your school. Do you see them in the health center often?

(1) Disability

- The term "disability" means, with respect to an individual
  - (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
    - Includes sense of hearing.

- Individuals with Disabilities Education Improvement Act (IDEIA)
  - ...ensures students with a disability are provided with a Free Appropriate Public Education (FAPE) that is tailored to their individual needs.
    - Overall, the goal of IDEIA is to provide children with disabilities the same opportunity for education as those students who do not have a disability.
    - The tools and services provided by IDEIA level the playing field for students who have disabilities.
IDEIA is composed of six main elements that illuminate the main points of IDEIA:

1. Individualized Education Program (IEP)
2. Free & Appropriate Public Education (FAPE)
3. Least Restrictive Environment (LRE)
4. Appropriate Evaluation
5. Parent and Teacher Participation
6. Procedural Safeguards

The act requires that public schools create an IEP for each student who is found to be eligible under both the federal and state eligibility/disability standards.

• It specifies:
  - services to be provided and how often *
  - describes the student's present levels of performance and how the student's disabilities affect academic performance,
  - specifies accommodations and modifications to be provided for the student.

• An IEP must be designed to meet the unique educational needs of that one child in the Least Restrictive Environment appropriate to the needs of that child.
  - When a child qualifies for services, an IEP team is convened to design an education plan.
(a) **General.** Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes...

- speech-language pathology
- audiology services
- interpreting services
- Orientation and mobility services
- psychological services
- physical and occupational therapy
- recreation, includes therapeutic rec
- medical services for diagnostic or evaluation purposes
- school health services and school nurse services
- social work services in schools

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**Supplementary Aids and Services**

- assistive technology- word processor, special software, or a communication system;
- **training for staff, student, and/or parents**;
- peer tutors;
- a one-on-one aide/para educator;
- **collaboration/consultation among staff, parents, and/or other professionals.**

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**Program Modifications or Supports for School Staff include:**

- attending a conference or training related to the child's needs,
- getting help from another staff member or administrative person,
- having an aide in the classroom, or
- getting special equipment or teaching materials,

*must be written into IEP*
ADA & 504

- Students with a disability are provided with a Free Appropriate Public Education (FAPE) that is tailored to their individual needs.
- Regardless of the nature or severity of the disability
- Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.
- Specific to opportunity to learn.

IDEIA

- To provide children with disabilities the same opportunity for education as those students who do not have a disability.
- Accomplished through Special Education.
- Specific to learning ability.

- Once the student has been identified as needing an IEP, it is their right to receive services/accommodations, etc. according to the plan.
- Legal reviews often ask the question “If a plan was developed, was it followed?”
- Document, document, document....
- Once plan is accepted by all – it MUST be implemented and followed.
Examples of IHP components

If an additional health problem is present, when developing the IHP consider adding appropriate goals and interventions related to the hearing loss and access to information:

Goals:
<First Name> will participate in development of a health management and emergency plan, with access to an interpreter.

<First Name> will identify acute signs and symptoms that indicate the need for prompt action for (asthma attack, low blood sugar, anxiety, etc). Review vocabulary in ASL and written English. Identify ways to seek help. Develop visual cues or communication tools that can be accessed and used in all areas.

Interventions:
Knowledge/learning: Provide routines, schedules and expectations in the form of visual schedules, picture cues, social storyboards, role-modeling, etc as often as possible to support student’s understanding.

Education: Utilize student-appropriate learning strategies: based on receptive and expressive language abilities.

Teach about condition: Utilize student-appropriate learning strategies: All information to be provided in student’s primary language first, then reviewed and supported between ASL, written and spoken English (if appropriate). Expect student to demonstrate their understanding by summarizing what they’ve learned.

Evaluate & document progress/efficacy
MEDICAL APPOINTMENTS-Access to Language

ASL

First language puts them on a level playing field

"show me what hurts" more expressive as opposed to written "where does it hurt"

WRITTEN ENGLISH

Not their first language so it adds to history of oppression

ASL is NOT English

Easily misunderstood

Not on equal terms if they are forced to use second language

Will just agree if they don't understand or if their parents are interpreting for them
MARTTI-My Accessible Real Time Trusted Interpreter

PROS:
- there is an interpreter available immediately

CONS:
- technology is poor
- hard to move around
- not good for youth no CDI
- regional interpreters so hard to understand
- bad for emergencies

Provide Examples of Safety Issues that can Result from Miscommunication in Healthcare Situations

- Cat allergy
- BCP after thyroid surgery
- CODA's used as interpreters for parents
- Real life example Nelson Mandela funeral
A Few Minutes in the Life of a Sign Language Interpreter
Misperceptions about Deafness
Resources

Learn ASL
ASL University
CHS ASL on YouTube
Signingsavvy.com
Asl.mns
National Technical Institute for the Deaf

Deaf Culture
http://www.deaf-culture-online.com/
http://www.deafculturalcenter.org/resources/
http://nad.org/

Camps for Deaf or HOH kids
http://wespdhh.org/outreach/students/camps/

School Nurse support info:
http://www.NASND.net

Resources-continued

ASL video dictionary and Inflection Guide
- Itunes
- Google Play

Health Education

Deafhealth.org - great resource!

State specific information:

Google your state's department of health, search for deaf and HOH
References


US Department of Justice. Civil Rights Division www.ada.gov

US Department of Education The Individuals with Disabilities Education Improvement Act (IDEA) http://idea.ed.gov

References-continued

Section 504: US Department of Education, Office of Civil Rights
http://www2.ed.gov/about/offices/list/ocr/504faq.html

http://www.state.ma.us/mcdhh

Massachusetts Commission for the Deaf & Hard of Hearing http://www.state.ma.us/mcdhh

A Few Minutes in the Life of a Sign Language Interpreter: Misperceptions about Deafness. YouTube video submitted by Lynne Kelly