

Jones Memorial Lecture - April 3, 2012

Dr. Kristin Snoddon

Dr. Debra Russell: Good evening, everybody. Hello.

We would just like to ask for your patience while we work through some technical difficulties. A new lecture hall, a new room, so we have a few glitches we're tending to.

We seem to have lost Vancouver people, Calgary people, and Winnipeg people that were supposed to be joining us tonight. And the point of tonight's lecture was to really be able to provide this information to a variety of communities.

And so here is our gentleman who is going to come and work with us. So feel free to enjoy your visits with one another. We will begin in about five minutes -- with or without Calgary, Vancouver, and Winnipeg.

Thank you.

Dr. Debra Russell: Hi, everyone. Good evening. Thank you so much for joining us for this evening's Jones Memorial Lecture. I think we'll go ahead, even though we don't have video connections to Calgary, Winnipeg, and Vancouver. Hopefully they will be on line in just a few moments. But I think that the most important part is we have a presenter, and we have an audience here. And we're also live streaming as well on the net. So we will make the best of what we have, and we will welcome our guests from the other cities.

So it is a pleasure for me to welcome you to tonight's lecture,

and I would like now to invite our dean, Dr. Fern Snart, to bring greetings from our faculty.

Dr. Snart.

DR. FERN SNART: Thank you, Deb, very much.

A sincere welcome to each of you to the Edmonton Clinic Health Academy, which is, as you can see, a part of a new, modern, very lovely facility. Which our students have begun to refer to as the Lego building. And looking at the outside, you can understand why.

Through the generosity of the Eidem family, the Jones Memorial Lecture is made possible each year based on an endowment that was established in honour of Pat Eidem's parents.

I'm delighted that, as always, the Eidems show their support personally by attending the Jones lecture, and they are Pat and Rod again with us this evening. And for that we are extra grateful.

(APPLAUSE)

The Jones lecture has indeed become one of the Faculty of Education's proudest and most meaningful annual events. The wonderful fact is that each of the Jones Memorial Lectures has and continues to provide its own unique insights, its own impact, and its own community connection. And these factors emphasize the real and the deep value of these opportunities. Dr. Debra Russell and her team have brought the lectures to new heights, and we are so grateful for the thought and care and intelligence given to this initiative each year.

This year Kristin Snoddon's presentation will join those of the years past in informing us and inspiring us. And I'm delighted -- I'm delighted to be here to welcome you, to welcome Kristin, and to

enjoy the evening with you.

Thank you.

(APPLAUSE)

Dr. Debra Russell: Thank you so much, Dr. Snart. I appreciate that introduction.

I would like to add my personal thanks to Mrs. Pat Eidem and Rod Eidem. As indicated, you have come to all of our lectures, and we're thrilled. This evening we're trying something new, which is to include your family from Red Deer watching on the internet, and so we look forward to their feedback about how that works for them.

Before the evening gets started, I would like to offer you this small token of our appreciation, Pat, for your outstanding support of this lecture series.

I'll bring this to you.

(APPLAUSE)

Please join me in thanking Pat. Thank you.

It's now my pleasure to introduce our guest lecturer, Dr. Kristin Snoddon. As I'm sure you read through your program book, it tells us that Dr. Snoddon is very well known, famous for her work here in Canada and several institutions across North America.

She's been involved in deaf organizations in Canada, has experience working with the Ontario Cultural Society of the Deaf for years, being an ASL coordinator for them and also an ASL literacy coordinator for them

She was chosen for a one-year internship in Sweden, working with the World Federation of the Deaf, which is truly a huge honour. She

continued her studies, completed her Ph.D. from the Ontario Institute for Studies in Education. And her research was mainly -- lends well to early intervention and child language acquisition.

Her postdoctoral position was at Ryerson University, and she has completed that and will be publishing more information on her research. All types of publications. Numerous, in fact. And if you look at the Gallaudet website, you will also see that she has published a book and that it is now out and ready for purchase. And again, related to ASL and early intervention.

In addition to her teaching and her research and her writing, she is also a very busy mother. She has a 7-month-old daughter who is also here in Edmonton. As most mothers in the world, she has the energy and the gusto to just keep going. It is 7 o'clock here in Edmonton, which really means 9 o'clock Ontario time, so she's up with us late.

Please help me welcome Kristin.

(APPLAUSE)

Dr. Kristin Snoddon: Thank you, Deb, for your kind introduction.

Well, hello, everyone. Yes, 9 my time, but I'm still okay.

I'm really delighted to be here for the Jones Memorial Lecture. It's a real honour that I have been invited to present. Thank you so much for that.

This evening I'm going to discuss two studies, my Ph.D. work, my dissertation, and my postdoctoral work. Both studies relate to ASL and early intervention in the context of Ontario, Canada, which is my home province. In addition to that, they both relate to children's learning of ASL and hearing parents learning ASL as a

second language.

Debra touched on a few things. I might say a couple more about my background.

(NETWORK ANNOUNCEMENT - WELCOME TO VIDEO CONFERENCING ...)

Dr. Debra Russell: Welcome to Burnaby, welcome to Regina, welcome to Calgary. We have just started the lecture.

Dr. Kristin Snoddon: So I work for the Ontario Association for the Deaf, Ontario Cultural Society of the Deaf, as a literacy trainer coordinator, and my job -- in my job I was responsible to host workshops for deaf people who are working with the parents of young children who are deaf and hard of hearing teaching ASL and literacy.

Prior to that program's establishment, there was no standardization for training for those people. And so early intervention for parents, we called it deaf mentors or deaf instructors, but often ASL literacy consultants is how we refer to them now.

What happened when that program was established, at the same time the Ontario government established the infant hearing universal screening program, called IHP. Infant Hearing Program is how we refer to it. And the agency was involved to provide support to that until the funding was cut by 2005.

So that's my -- part of my work experience. Oh, yes, in 2006 the deaf association -- the Ontario Association of the Deaf hired me to create a discussion paper about the gaps in service that existed for early childhood intervention. And the paper became a published article, ASL and Early Intervention. Some of you may be familiar

with it.

The group of deaf children compared to other minority children groups seemed to have a lot of similarities in that the importance of having first language for regular cognitive development and mental health (RINGING) ... those seem to be common to -- across minority groups. But for most minority groups, the children will have a mother and father who speak the same language as they do.

In addition, children with disabilities who also may be ESL are also part of a language community, a spoken language community by and large. For deaf children, 95% of them were born to hearing parents; therefore, learning their first language becomes delayed often. And delayed language can cause cognitive, emotional, social, and academic -- have an impact on all of those factors.

Children with hearing loss, regardless of whether it be mild, moderate, or severe, all are in danger of language delay because they rely on a visual language to gain access to the information.

Now, the concept of a societal model of disability I think some of you might be familiar with. It's quite a popular idea now, where the individual person who might have been perceived as having a loss or a lack really is not viewed that way, but more that the environment he or she is in has the barriers.

This can be applied to deaf children who are born and maybe thought of as something to fix, but in reality using this theory it's the environment that needs to change. And so it's the parents who need to be brought on to give support.

Now, Ontario -- the study of children in Ontario, there was 153 who originally began in the early intervention program, 93% of whom

were taught using an aural approach. That was during preschool. Later reduced to 67% by the time they hit preschool and down to 58 in elementary and 31 by adolescence.

And so that begs the question: What happened?

Well, children enter school, usually in a mainstream situation, carry on year by year, falling farther and farther behind hearing contemporaries, until the powers-that-be feel that the method has been a failure, in which time signing of some description is introduced.

So it's really a model of failing before signing.

That study was published in the year 2000 before the Infant Hearing Program was established.

Now, the government thought that with the establishment of the Infant Hearing Program that would be the end of this situation, but really it's not. Because with the advent of early intervention, there was really an entrenchment of policy that perpetuated this. The article that I wrote for OAD describes that in more depth.

So universal hearing tests started in the year 2000 in England and the U.S. and Australia and also in Ontario, which was the first province to have it. And I think there was no other at that time. I know currently B.C. and Quebec have it. I know Alberta doesn't yet.

So that system that was put in place was put in place while the child is a new infant, quickly assessed and determined to be deaf or not. It sounds like a good idea. Early identification means early exposure and early access to services, meaning ASL, but really not meaning ASL.

The world hearing test in different places around the world, including Ontario, once they are diagnosed as having a loss, are quickly streamed into the AVT route.

They do provide options in Ontario for children who are deaf or hard of hearing. You can choose ASL or AVT, which is auditory-verbal therapy, which trains residual hearing and to use no visual communication at all in its approach. Even though it's not really natural because babies who learn to speak and hear follow it really anyway, hand gestures at the same time, because language is visual, so really they're getting both.

However, that's the second one.

And the third one is dual stream, and the concept being both an aural support as well as ASL.

Now, if a parent in Ontario chooses to have a child fitted with a cochlear implant, you can't have ASL then. You can't have the dual stream. You're left with the AVT stream only.

So the children's hospitals in Ontario -- there are three of them, one in Toronto and Ottawa and London -- they have a cochlear implant program that requires parents to commit to AVT and not signing or they won't pay for the services.

So who was responsible to set up that policy? And really it's not a policy that's been published. It's not based on what we might think. So OAD asked me to research that and to publish a paper to that effect.

And of course numbers and statistics with deaf people with cochlear implants, we know they're rather high, up around the 95% range.

Now, for Ontario studies, deaf studies -- excuse me. Interpreter question. For the Ontario situation, in studying that situation, the trend is likely to continue.

And just speaking about research and what has proven in terms of audio-verbal approaches, their view is that if a child is forbidden to sign, they will succeed in the AVT approach. But there is no research to actually show that. In actuality, it is true to be said that if a child is provided with a visual exposure of a signed language, that will enhance their ability to learn a spoken language.

And today the Ontario government has this policy, and what's happened in deaf education is another discussion. But we know it's really important to have parents involved. But they seem to argue against the idea of parents learning American Sign Language. And the thought is if they choose to use American Sign Language, that will be a further penalty to their deaf child. And there is no research to support that finding.

And really, it's an illogical piece of information. There's been no research to say that would be a barrier to their child's development and language acquisition.

And so the alternate should be true or the opposite in terms of what parents' involvement should be, and that should be that we do teach them American Sign Language so that they can develop that communication relationship with their child.

Now, as you'll recall, I said that the Infant Hearing Program was established in 2000. It became a universal screening program and that most children were routed to the AVT stream. And there

wasn't a lot of information in terms of bicultural or bilingual approaches, and those approaches are based on older studies. So we have nothing new to refer to.

In my study, what I found is in an early intervention approach, if we did provide a bilingual-bicultural environment, that the assumptions would actually be opposite to what the assumptions are in terms of a spoken language environment.

I believe that parents initially respond in ways of grief, that they are saddened, but that's truly a cultural response. And if we look at it from another perspective, from a cultural perspective, we could say well, yes, we do have a deaf child and encourage that as a positive experience coming from a cultural lens.

And you will recall we talked earlier about the social model of disability. We don't look at deafness as a disability or something missing and that intervention isn't really to provide supports to the child alone, but rather that the intervention would be to encourage the environment around the child, which would be the parents first and foremost to learn sign language.

I pulled this third point from a study that was done in Britain. Young interviewed hearing parents who were involved in bilingual and bicultural environments in a British Sign Language intervention project. She spoke to them about what their experiences were, and by and large most of them said the learning of the language was fine. They appreciated meeting other deaf individuals in the community. But what they were most impacted by was the cultural revelation that they were hearing and their child was deaf and that their identities were very different.

So that was a challenge, and it was -- but what it did give them was a concept that the deaf identity is not only related to a medical label, that it's related to a cultural and linguistic identity.

So I want to go back to a term, the alibi, or the notion that hearing parents just can't learn ASL as a second language. But I think what we need to look at is the framework of how the language is being taught. And there are two different frameworks. If you are looking for linguistic proficiency and fluency, that framework is relevant for those who want to become interpreters, for those who want to become teachers of the deaf in the realm of becoming professionals.

We cannot take that same framework and apply it to hearing parents. Albeit they are also adult language learners of a second language, but the motivation for learning is very different.

The professionals are learning -- their motivation is to become professionals, to develop and become a career, make a career out of this. But the motivation for parents is very different. Their motivation is to communicate and connect with their children.

And I believe that deaf mentors or those who are working with families already intuitively know that. The better goal or better framework for teaching ASL is to develop that conversational connection, that communication that they need to have with their child.

And if you look at the curriculum that's used in more professional frameworks for those becoming interpreters or teachers of the deaf, this is a more linguistic approach. If you are

familiar with the program or the curriculum Bravo, that's a far better framework to work with parents in terms of teaching ASL.

One of the researchers that I know in Regina, Kushalnagar, said that often a deaf child's view of their quality of life in correlation -- does correlate with levels of depression and mental health given the communication or the lack of communication that they might have with their parents. And so we do know that communication is and should be a two-way street.

When I speak about ASL literacy, what I really mean is -- well, typically literacy is often defined as reading and writing English. Typically that's what we mean when we look at the word literacy. But I'm focusing on -- or that term actually focuses on the individual and their psychological abilities to read and write and can they, and it's measurable. And they're isolated incidents.

For me, ASL literacy is more a social interaction, culturally mediated, how language is used, and when we look at how the language is used in a variety of environments and circumstances and how does that person mediate that information through their cultural experiences.

For children and parents, too, literacy in terms of ASL is not just about (STAMPING FEET) reading the text and signing the text. All of the cultural nuances, all of the cultural pieces of identity are incorporated, those which identify with the individual. So we can say that that's true for performances in ASL and in a variety of contexts and settings.

The medical or pathological label towards deafness is very restricting, very prohibiting in terms of being able to identify and

show the cultural relevance of American Sign Language.

So my first study, my Ph.D. and my dissertation, was an action research study, and it was with the ASL Mother Goose program. It took place in Ontario in a rather large city, in the city that has the large hospital, children's hospital as well. And the largest cochlear implant program as well.

Typically what we see in deaf education in terms of research is a lot of emphasis in the more quantitative measures, numbers that focus on deficiencies, reading levels, decibel loss. A lot of negativity. So I wanted to approach my research in more of a qualitative method that looked at observing the actual things that are happening, and not just as the researcher studying the community but the action speaks to the participants becoming part of the research process. And action research identifies the problem and then working together, researcher and participants, towards finding a resolution to that problem.

So we know that we have intervention, early intervention issues, and the Mother Goose program lends well to providing hearing parents to that exposure as far as using ASL with their children.

The larger community that I worked in had a local IHP, an Infant Hearing Program, that would refer parents and families to the program, the service that I was running my program under. My preference initially was to be inviting only hearing parents that had deaf or hard of hearing children. But at the same time the agency provided services to both hearing parents and deaf parents, so we opened the program and invited anybody who attended the service agency.

Some of you may be familiar with the ASL Mother Goose program. In 1990, the spoken language Mother Goose program for parents was established in Toronto, and the purpose of establishing this program was to teach parents aural nursery rhymes and poems and stories with the intention of connecting with their children and supporting their child's literacy development as well.

In 2003, the Ontario Cultural Society of the Deaf established a partnership with the hearing program. Really with the same goals, using the same methods, the poetry, the storytelling, developing literacy, connecting with the children. But at the same time not borrowing the information that was coming from the spoken program, the English program, but rather working towards the goal of using ASL as the main focus and the literacy coming from the deaf community.

The spoken language program has been very successful, has supported English literacy development and the connection between parents and their children. Our focus was to focus on the ASL development, and mine was the first program to focus on doing so.

I've spoken a little bit tonight about ASL literacy, but I really want to look at emergent literacy, developing language in younger children, regardless of what language that is, but let's look at emergent literacy a little bit more.

Emergent literacy lends well to metalinguistic awareness. So the awareness of the individual that's already incorporated, regardless again of whether the child is deaf or hearing, uses a spoken language, a signed language.

The environment that they are in will lend to their ability to

discern the structure of the language, and they will be able to figure out how to play with the language if they are exposed to it. So they become very aware of how to use the language as their exposure increases.

There's also the matter of the phonological awareness, which I will explain further in my next slide. And vocabulary, of course, is very important to develop a larger vocabulary. And we also know that research has proved that learning ASL, being exposed to ASL will support the development of all of these.

For the parents, whether they are deaf or hearing, the primary focus should be that they match whatever works for that child, and they will see success and they will see a relationship develop.

Typically what we see for parents who do not use sign language, the interaction comes from very much a one directional, from the parent, where the deaf child is left out of the interaction, becomes a passive participant.

Clayton Valli came up with the concept of ASL rhymes. He has his Ph.D. He is a prolific poet in ASL and to identify that ASL truly does have its own phonology. And we typically think about phonology as being something that is derivative of sound. True enough, in spoken language there are broken-down units of the words, so the units of the sound that come together. But in ASL, there's a different perspective on the phonology. The phonology incorporates handshape, handshapes of the language. So various handshapes like a closed V, an open 5 and so forth. It also incorporates the movement, the location of the sign, and the palm orientation falls under the handshape, I believe. And there is a number of other

features.

So as an example, there's a poem called Peekaboo Animals, and it goes like this:

Peekaboo lion, lion; peekaboo tiger, tiger; peekaboo bear, bear; peekaboo monkey, monkey. All of the animals.

This is done in a very repetitive manner, and it is a visual rhyme.

ASL phonology is emphasized because it does lead and it has been shown that it leads to better literacy. And that has been researched by Dr. McQuarry here at the university.

So I'm going to show you a clip showing one of the leaders doing an activity for the group in the Mother Goose program using two handshapes to tell us a story of a dog, the 2 handshape and the 1 handshape, a dog running around, finding a bone, burying the bone, and running around like that.

I'll show it to you and let you watch it.

Hmm ... (SEE DISPLAY)

Well, unfortunately sometimes technology doesn't work. It's a cute little clip, though. Some of the results, the earlier results from our study, show emergent ASL literacy, and I would like to talk a little bit about that.

It really helped with the program leaders recognizing and documenting -- oh, and before I forget, the children involved in this study were aged 4 months to 11 months old. So they're a little young for full ASL literacy, but still ready for exposure.

So we did notice their improved ability to attend because children aren't born able to attend naturally. It needs to be

taught as part of communication.

We note developing phonemic awareness from the repetition of the rhyme. We even have a clip, that unfortunately didn't work, of a baby actually doing some copying of the sign. So a handshape and movement.

The repetition seemed to improve their animation, their engagement with the stimulus, starting to predict what will happen next, especially with the animal story and they get to the part where the tactile spider climbs on them and gets them. They begin to predict that.

So this training, by the time they get to school they will have a structure in place and an understanding of how storytelling is done.

Okay, on to my second study, my postdoctoral work.

And I thought for this study I wanted to do more on literacy using ASL and shared books. So in comparison, the two studies were very different. My first study, really what I was looking for is hearing parents with deaf children, right? Of course, as you know, it didn't turn out that way. There were deaf families in there, which was fine.

In this second study I did get my wish. All the parents were hearing, which actually was quite difficult. It was hard for several reasons.

In our first study, the agency ran the program, and so I got to sit down and -- sit back and just do the research. In the second program, for this study, ASL and sharing stories, there was nothing established, so I had to do it. I actually became the service

provider, plus the researcher, which is a lot more responsibility. And it was a longer study. It was 10 months. A total of five families enrolled in the program. Two of the families saw it to conclusion. Both of those two families had deaf children, both of whom were 3 years of age.

The two families had taken ASL courses, had an ASL consultant, and worked with three different deaf instructors who all had good qualifications. They worked for the school for the deaf, they were deaf instructors, and/or both. Two were also parents with deaf children, too, so really highly qualified.

You may have heard that Gallaudet University has the shared reading program. My vision for this was a little bit different. Their program is really school based. Mine was looking to be more communities based. It was held on Saturday mornings. Ryerson has an early intervention program centre, so I was able to use that. The Gallaudet program is more focussed on technology and using video, which is fine for what it is. I really hoped to focus more on a live person having a deaf person in front of them, and so I did the research that way.

Remember I talked about ASL literacy, about taking in language and translating it as it fits with the culture and the cultural lens. The same is true for ASL reading and ASL literacy -- ASL sharing of books.

So when a parent reads a book with a child, most parents think that they would read the printed words on the page. They would say the words and then they would turn the page, and on the story would go. That's what you would typically think, what most parents would

typically think. There may be an occasional question or a comment on a picture, but by and large it just follows the printed word.

For deaf sharing of stories, it's very different. It includes a lot more information. Yes, it includes the printed word and the concepts therein, but it also includes the illustrations. And the illustrations can become quite involved conversations, certainly more involved than the actual text itself.

And I notice that what happens with the books sometimes is that in a typical English story there is an event, and then there's information missing, and then the next event occurs in the story. So for ASL story sharing, those gaps are often filled in.

Like in the story of A Snowy Day, there's a boy who wakes up, looks out the window and sees that they had snow. You turn the page over, and the boy is outside with his coat on. He's already outside.

And so through ASL sharing, the question would be asked, well, what happens in between? So it will often be filled with, well, he got up and he had breakfast and he got his clothes on to go outside. All that incidental information gets added because it could be a deaf cultural norm. It could be that the deaf adult is thinking of the child and what gaps he or she may have and so is trying to fill it in that way. Or perhaps a combination of both. I'm still trying to figure that out.

One more thing I wanted to add on that topic.

Using sign with book, each time the story is told and the book is told, the story changes a little. It may be a different sign that's used. Because ASL is an aural tradition, it's still an aural

tradition, perhaps through the use of technology it will become more standardized in the future. But again, that's not something that I employed.

So research has been done on reading with deaf children. Most of the research talks about young children at school age, teachers for deaf reading to children or parents who are deaf reading to their children and studies like that.

Most of the research doesn't employ ASL. It's spoken word or some kind of signed system, total communication or signed English. And the researchers on my slide show that these are all studies with deaf adults, teachers, working with children. There's very little research on deaf mentors teaching hearing parents how to communicate with their children, sharing stories in ASL.

When the adult is able to fit the communication needs of the child, the communication becomes interactive, the reading becomes more enjoyable, and I think it's really important for literacy development. Research shows that with adults reading to a child in a conventional way, the interaction is very limited and the child is a passive learner.

Now, I had planned to show you a clip, but it's missing unfortunately. The technology just isn't working with me tonight. It's a beautiful clip I would have like to have shown.

I didn't use technology in my studies, but one of the instructors told a story and videoed herself doing it, just did it on her own, and then put it to vimeo. It's really good. It's free. I don't think it takes a lot to develop on the technical side, so I think it's pretty straightforward. It's just a matter of doing it.

And this mother took the initiative to do it.

Interpreter question: The instructor took the initiative to do it.

My Ph.D. study is published and complete. I have the book if anybody is interested in looking at it in depth. My postdoctoral study, I'm still in the data analysis phase. I've noticed some similarities. Really, the importance is having parents' involvement. In the two studies, there was some differences with the Mother Goose program. Having deaf parents involved was really beneficial. Remember I told you I established a program at the same time. There wasn't any kind of development for ASL curriculum for this, and so the deaf participants were really helpful in matching the needs of young children.

Like in the Jolly Bear story, the Jolly Bear poem, which is like this, bear bear ...

It's a pretty straightforward story, but the deaf mother looked at that and adapted it to the child, using herself sometimes and then references the child sometimes. So it became this interactive, tactile ability. The child loved it. There was a marked improvement in the child's ability to attend. The quality of interaction was enhanced greatly.

So with the Mother Goose program to have parents who are both deaf and hearing, the discussion lent itself to things like hearing aids or what to do when the child verbalizes loudly. And you could see the perspective of the deaf parents saying, you know, it's all right. That's normal.

Compared to the second study where there was only hearing

parents, and there was a lot more pressure. They seemed to be a lot more stressed. Perhaps it was going through the Infant Hearing Program that had caused the frustration and stress. But early intervention for both, for hearing and deaf parents, getting them together, I like to see that and have them interact together.

Just as some of you might know what has happened in Sweden, probably in the 1980s, there was a unified approach where hearing parents and deaf parents did come together, and that really did work in terms of lobbying the government and changing the educational system. Because the parents worked together in a more solidified approach.

I wanted to speak a little bit about the role of a program leader or the instructor. I'm not sure if really the role needs to be distinguished. Really what we need to know is who has the expertise, the level of expertise in terms of the linguistic background or just the knowledge of how to use the language and share the language. Really there isn't a lot of availability out there.

If we look at audiologists and people who work in speech therapy, you know, it's a Monday to Friday job. They work 9 to 5. It's their job. They get paid very well. But our deaf mentors and deaf instructors and community members really work hard to provide their time in the community to support the development of ASL literacy and early intervention practices. They don't get paid nearly as much. They might get \$35 for one hour's worth of work, but they often don't get paid for the actual amount of time that they invest in their involvement in the community.

So there really is a distinction in terms of professional roles.

And if we're looking at, you know, is it linguistics, is it storytelling, is it features of the language, components of the language that we want to incorporate, whether that be classifiers or characterization, if that's what your goal is, then you're going to learn from the deaf members of the community who are involved in this approach. But it seems that when hearing parents come to the programs, they often really have a conflicting understanding or expectation of what they want to learn.

When it comes to storytelling, they're looking at basically a word-sign -- you know, a word for sign, word for sign in terms of telling stories to their children. But ASL storytelling isn't like that. So it conflicts with the ideals of the language and the different approaches.

So with early intervention, if we can support the idea of communication and a literature-rich environment for deaf children to develop and learn, we want to look at using more of the ASL approach with deaf instructors and deaf mentors.

Despite the conflict in expectations, parents were still committed in both the Mother Goose program and the ASL storytelling program and really wanted more when they had completed their time with me. Sadly, there is no other programming available for them at this time.

So really what is the direction for the future and where can we expand? Encouraging hearing parents, there's no study right now that tells us anything more about hearing parents learning sign, not learning sign, how does it affect their children, how can we support

them and encourage them.

And the idea of early intervention truly plays out most beneficially through partnerships, whether that be with hospitals, the agencies, the associations, but that partnership needs to be there with the ASL community.

And I think I'm at the end of mine. I might have went through this really quickly. We did have a few pieces we weren't able to look at, but I'm ready for some questions and discussion.

Dr. Debra Russell: Thank you very much, Kristin.

(APPLAUSE)

You did what you said you would. You committed to the hour, and it is an hour!

Now let's see if we can get technology to work in our favour.

I would like to ask Janet Jamieson from Vancouver if she could respond to the lecture and propose the first question.

Are we there? Can we all see Janet?

Hello, Janet. Can you see us?

Dr. Janet Jamieson: I see you.

Dr. Debra Russell: Okay. We're ready for your response to Kristin's lecture.

Dr. Janet Jamieson: Okay. Did you want to come up with me?

One moment. We will just take a brief pause.

Okay. Well, first and foremost, thank you for the most interesting lecture. I'm going to use my voice and sign at the same time.

Okay. Maybe not.

Thank you again so much, Kristin, for your lecture. It was

fascinating information.

As you alluded to in your presentation, I've experienced working with children in preschool environments. In early intervention settings. And now what I have noticed in terms of working with infants -- I think everybody can hear us now. Is that better?

Dr. Debra Russell: We can't hear you here in Edmonton.

Dr. Janet Jamieson: Okay. Let me start again.

Your presentation and your research really did help me understand how we can work with hearing parents and encourage and support them better. For those families who have deaf children and really want American Sign Language to be involved in a bicultural and bilingual environment, I now understand how to better work with them.

Really, what has hit me the most out of your presentation is the idea of partnership, agencies and the community working hand in hand with the ASL community.

You spoke in your lecture about the framework or the difference in frameworks of how to teach hearing parents sign language and the importance of it in developing literacy skills. So I have a question for you.

Here in Vancouver, and likely in other cities across the country, we have many families who just moved to Canada, who come from other countries and do not have English as their first language. So my question is, in your research, did you have any findings that could be applicable to families who do not use English as their first language and how can I support them who do not speak English as their first language?

Dr. Kristin Snoddon: Thank you. Thank you, Janet.

It's a good question. My Mother Goose program, we had one boy who moved to Canada from Hungary, so his mother's first language -- sorry, he did speak his mother tongue. From my perspective, I don't think you need to know English before you learn ASL. So participants who move to Canada and are of course interested in learning English should also be encouraged to learn ASL too.

But how to get them, how to find them and draw them in is the question. Again, I emphasize partnerships for early intervention with doctors and audiologists and so forth, and of course I advocate for learning ASL.

And so maybe different spoken languages in the community also need to work with their doctors, audiologists, and therapists too in the same way. So the same framework and the same spirit of partnership could be applied to this.

Dr. Debra Russell: Thank you, Janet, for your comments and question.

Now we will open it to the floor. You can have a question either in English, or you could use ASL to ask your question. Either way. So the floor is open. Time to interact.

Dr. Mason, do you have a question? Come on up.

Dr. Dave Mason: Thank you. I enjoyed your lecture today.

For many years you have experienced the same thing, where it seems that language and English means one thing; it means the same. It's breaking our habits.

THE INTERPRETER: Excuse me.

Dr. Dave Mason: It seems that the perspective of society is that

English and ASL are two of the same -- one and the same, and so how do we break that perspective?

You spoke about metalinguistic features as an idea. Could you give us an example maybe of, you know, how we could change that perspective in terms of what society's belief is about the two languages being one and the same?

Dr. Kristin Snoddon: Thank you for your question.

I do agree with you, that there's lots of talk about language, but ASL -- that ASL is a language, but not a lot of support. There's support for English, you know.

Many other spoken languages, after they get -- after they are acquired can move to a second language. And Jim Cummins, who is my supervisor, just developed that theory of second language development.

But ASL isn't supported in development of English is the perspective because -- because you're not hearing English, it can't be applied. And so I agree that it is the same old story.

Now, when people describe ASL, they describe it in a more diminished fashion, and we've experienced that all.

Linguistics -- and really there are people more involved with metalinguistics than I who would study that in depth and with language development, like with phonemic knowledge, like Dr. McQuarry's research, talking about phonological awareness. And that study is beautiful that she did. She did the research of -- at the University of Alberta.

Some had quite intensive literacy skills and some didn't, and their reading skills actually had nothing to do with their

phonological or sound-based awareness. We know that children typically develop literacy skills based on phonological awareness, but deaf children have a different awareness, and so the discussion became that maybe there is an actual ASL phonological awareness that's done through the language itself. And that's the foundation for developing literacy skills for deaf children.

So why -- you know, we could probably look at that in terms of the answer to the questions that come from society perspectives.

CHRISSEY STEELE: Hi, Kristin. My name is Chrissy Steele. I'm from Edmonton.

You opened about -- talking about the various forms of technology that are being used, cochlear implants being one of them, and that many of the children are being cochlear implanted for development of language. Did that support your research, or did that really hinder your research?

Dr. Kristin Snoddon: Thank, Chrissy. I really love that question.

Um, the infant hearing program and the demand for deaf children to be routed through the AVT stream really did become the foundation for my research because so many were lacking in services, and many parents told me about their frustrations and some of their successes. But it really did assist me in developing training to provide those parents with the support that they needed. And then the Ontario Association of the Deaf asked me to do a discussion paper, and then the policy came about in the Ontario government. So it really was a problem, and it just seemed to be never-ending in

the community.

The Mother Goose program was an inspiration. I think it really helped us address some of the issues that parents were facing because of the high number of cochlear implants and the children being streamed into that AVT program.

>>: I wanted to add and back up just a little bit, if you will indulge me.

The language of ASL is a language, but hearing people's perspective is that they don't understand that.

I want to say that I want to be careful. We have a problem in that we have an educated person with a Ph.D., and we throw everything to her here. So this -- we can support her, yes, but the idea that in my experience because I have grown up around hearing people in a hearing environment, that I have experienced lots of frustration, but now I'm developing an understanding of -- that I do have the power to confront and change and to challenge their perspective and to communicate. And it doesn't need to be -- I mean, it is a slow process. And it's a big issue. It's not going to change tomorrow. But, I mean, your research does give us the innovation, the insight to send out. But we are still a small group, and many of us are laymen and laywomen. And so many individuals have not met a deaf person before.

So throughout whatever means of communication, when people ask what your first language is and I say ASL, they say what's your second language, and I will say English. They say oh? Well, that's a language? They will automatically say to me, oh, that's a language?

But it doesn't need to be that way. It doesn't need to be, I'm deaf, hear is my language preference, American Sign Language. It doesn't need to be that way. It's something that needs to be taken for granted, accepted and moved on. But that's something for people to work through.

I think we can be supportive, but I think we have to do it in our own way in our everyday activities. Because the research that's done in an ivory tower is valuable work and it's important, but at the same time every day in every way there could be valuable perspective.

Dr. Debra Russell: Thank you, Connor. Any other questions?

>>: I'm one of those parents who we need to reach.

So I'm one of those parents who feels very much that there's this big, big barrier between deaf people and the hearing community that needs to be at workshops like this. And it's of great interest to me, and it has been for 20 years -- 25. My 25-year-old son is sitting over there. (WAVING) He is doing his second degree here at the U of A, so something we did was right. I'm still trying to figure that out.

But we did use sign, total communication at that time, but also I think there's so much more involved in that particular system. If a parent wants to communicate with a child, a parent does what every good parent needs to do to make that happen. So I have no doubt that I used a lot of gesture and a lot of body movement and a lot of demonstration and a lot of interactivity to make that happen, even though I did use sign in the English word order a lot of the time.

But what I'm very interested in is how do we get to hearing

parents? Hearing parents feel they are a world apart from the deaf community, never see deaf people, and we need to break that wall somehow. We need to make ASL and deaf people a fearless enterprise, a friendly enterprise, an accessible enterprise. Something they can do easily.

I remember my first experience going to the School for the Deaf. I was scared to death, and I was all alone. But I figured it was the right thing to do since I had a deaf kid. And that changed everything. I met Linda Cundy, and the whole world changed.

But I'm wondering -- Kristin, I so enjoyed your talk. We are writing a book together. I would be interested in knowing from you how you feel we can best break that barrier between ordinary hearing parents who are susceptible to a range of messages, I would suggest. It's just that they're not getting the range of messages. How do we best do that so that those hearing parents we're talking about can come here, feel they can come here, want to come here, know this community exists? We need to break that barrier somehow.

We're going to try to help through a website, though a book, through whatever we can do. We have been working on it for 20 years -- or I have been. I am heartbroken that we are still having the same conversations and that the wall still seem so far between the two groups.

Anyway, I would appreciate your ideas on how to do that.

Dr. Kristin Snoddon: You know, I have a rather -- well, maybe no. It's not an easy response to that.

The ASL Mother Goose program really is a fantastic way to introduce hearing parents to the deaf community. It's a friendly

environment. It's an easy place to be. But you know, it always boils down to money. Funding seems to be the issue.

Early intervention systems really do need to incorporate more funding for the needs of deaf children and their parents. Again, I'll speak to the variants in the level of pay that deaf mentors and instructors receive because they are not considered professionals. The money isn't there to pay for them.

You know, we need more funding. We can set up all kinds of ways to approach the community and those parents, but the funding needs to be there.

The Ontario Cultural Society of the Deaf received a wonderful -- a pot of money, but that money soon ran out after five years, and then the program was no longer able to be offered. So it's really a systemic issue I think that we need to address.

Again, working in partnership, I believe that we can accomplish anything, and I think we can lend to change and see that change happen.

DR. DEBRA RUSSELL: Linda, yes. Yes, please.

LINDA CUNDY: I just wanted to expand on that comment. I really do appreciate your comment, Kristin, and hello friends out there. We really do call that a systemic barrier. What happens is that it goes back to the quality of education. It's really not easy to make connections to the deaf community. There's no quality of education to connect to the hearing community. They weren't educated in that way. And so the program is assisting in helping to teach deaf adults to become good educators and good mentors, and I guess what we're working through is a vicious cycle. The quality of

education really hasn't been there right from the beginning for our deaf community. And so that's where the gap is, and it's still there to this very day.

If I try to bring up, you know, a nice beautiful topic from back in 1953, you know, you take a look at Dr. Bernard Tervoort, a Dutch professor. You look at his comments, in 1953 he said -- and many people before him said -- if you want to teach deaf children, you first need to learn their language.

That's it. That's all.

Dr. Debra Russell: Beautiful. Thank you, Linda.

Dr. Janet Jamieson: A question from Vancouver.

Dr. Debra Russell: Vancouver, because we can't hear you, but I think you can hear us. (LAUGHTER)

>>: I'm deaf, so I'm probably okay. (LAUGHTER)

Now, I agree with what Linda has said, 100%. But there are a couple of things to consider. Two questions which are not related, the first being -- it's relating to ...

Dr. Debra Russell: Sorry, they're gone. We've lost the connection.

Any questions from Edmonton? (LAUGHTER)

>>: My background is a parent of a young deaf daughter, 5 years old, with a cochlear implant. I wonder if -- I recognize that the ideal might be an early intervention model like the Mother Goose program, to expose parents early to ASL, the deaf community. That was our experience.

I wonder if in the meantime, given your first statistics of the gradual dropping of aural programs, if there's an opportunity to

have the deaf community and ASL educators step in at that point.

Our experience has been that there is a lot of support from the medical, audiological community at a very young age. And as our daughter has grown, that has started to trail off more and more. And in the case like our daughter, where she is behind or is -- you know, we hope not, but is perhaps on a path to an aural failure, quote unquote. If that were to happen, it would be -- I would sense that that community has less and less answers for us, less and less support. And what I saw from the statistics is that that's got to begin even at the preschool and elementary school level.

So my question to you is if there are parents who are beginning to question some of the advice, some of the dogma and perspective, is there an opportunity -- not necessarily for a Mother Goose program. It would be hard for me to imagine a teenager struggling in high school fitting in that model. Is there an opportunity for us to introduce ASL at that point, where parents are desperately seeking to communicate with a child, put all their chips, so to speak, on the table? Because it is, you know, disparate options sometimes. You are hard pressed to find a middle ground. Is that a chance, to be welcomed by the community, introduced to that language, when parents are looking for some kind of answer at that point? What can I do to help you out at that point?

Dr. Kristin Snoddon: Well, when a hearing child is born, you don't have to pick those options, and so the child can begin everything at once. And it's different for a deaf child, but the same thing should be applied.

For myself, being a mother, I understand going through the

system is tough. If you take the medical model, the medical perspective, there's a lot of support for that initially. And if you stay on it, the path, the support is there. But if not, you're on your own. Because the community doesn't have enough resources, enough programs that are ready to be offered at a higher level.

Now, I'm not sure if I answered your question, though.

>>: My question is still forming, I guess. I guess I'm interested in your advice how -- what is the best way to introduce parents at that point? You know, where -- in a case where in that the medical community has fewer and fewer answers for a child who is not succeeding aurally. How do we introduce parents into the deaf community at that point?

You know, the parent groups that I'm part of, I don't see any of the parents here tonight. You know? But the more their child perhaps fails in an aural approach, the more likely they would be to reach out to this kind of a setting, find these kind of answers. Because they are desperate to communicate with their child.

So again, I don't know what the question is. It's the one I have had all along. What are the best options? What do we do?

That's not very helpful (CHUCKLING). Thank you.

Dr. Debra Russell: Is there another question? So one comment, and then a last question from Kirk.

Dr. Dave Mason: I just want to maybe drop one theme. We'll put a theme out there, and that theme is basically fear.

Most of you know that I used to work in Toronto. Well, Kristin knows that. I have known her through the Toronto community. But I used to work at York University, and I worked with numerous faculty

members there. One of the interpreters there did slightly break the code of ethics by sharing some information with me, but what she did say to me is that there are a number of professors here that are afraid of you. And I was astonished. Afraid of me? And so I have kept that thought in my mind for a long time.

You know, I went back to my childhood years, growing up, and I think about deaf people in the community. And there really isn't a lot of partnership between parents and the deaf community. Could it be a result of fear? Could it be that the parents are afraid of showing their weaknesses maybe in terms of not having ASL as a language? Could it be that the deaf community is fearful of showing maybe some level of incompetence? Is fear truly the factor that we're looking at here? Amongst everyone.

So, Kristin, maybe this is your new research project, that you can start looking at fear as the isolating factor. I don't know. I'm just saying. (CHUCKLING)

Dr. Debra Russell: Thank you, Dave.

And Kirk, we will take you for your last comment.

KIRK FERGUSON: Thank you, Kristin, for coming to Edmonton.

It's really fascinating for me to listen to you tonight. I myself am a child of deaf adults. So pre-Mother Goose program. I'm not part of that generation.

But I have some memories of my mom always asking me questions and as I was growing up, father would come home even after work and ask me questions. And that was maybe my experience with a Mother Goose type of approach.

But I'm more fascinated, I guess, in language development, and I

guess that's the reason why I came tonight. In terms of literacy, have you studied a group of CODAs? Have you spoken to them about the approach that they experienced or what they experienced? You spoke about research in other communities. Have you looked at working with CODAs and what is the -- maybe there is less fear there.

Dr. Kristin Snoddon: My Mother Goose program did have one CODA, a hearing girl involved with the program. And like I said, we opened the program up to hearing parents with deaf children, deaf parents with deaf children and hearing children. So I did have one incorporated into my study, but that's it.

So yes, it would be really nice to do some research in and amongst a group of children with deaf adults as -- what their experience is. Another time.

I think an early intervention program would welcome both deaf and hearing parents. We would also include both deaf and hearing children as siblings and expand the group in that way and offer the services to all of the family members.

Dr. Debra Russell: Thank you, Kristin.

I am watching my time. I know that some of you have more questions, and I think that you will have the opportunity to meet Kristin outside in our reception area. So you can socialize and take that opportunity to ask your questions at that point.

So in wrapping up, Kristin, your research is very powerful and the fact that it's a Canadian research study, we are very thankful for that.

(NETWORK ANNOUNCEMENT - WELCOME TO UNIFIED CONFERENCING. AFTER THE

TONE, PLEASE STATE YOUR NAME)

(NETWORK ANNOUNCEMENT - YOU ARE THE FIRST PERSON TO JOIN THE CONFERENCE)

Sorry.

So thank you again for your research. I really appreciate your publications and your experiences. And in terms of sharing the perspectives we have out there in the world, we have European, American perspectives, and now we have research coming from Canada. And the research with Dr. Lynn McQuarry very much supports one another. So maybe we can encourage you to come back more often and work alongside each other.

Again, thank you for all of your work. Thank you for coming to Edmonton and presenting to us this evening. We have a small gift of our appreciation for you.

(APPLAUSE)

Thank you so much.

Thank you all for your patience with the technical difficulties and disruptions that we had tonight. It is a beautiful building indeed, but obviously the technology is not our friend. Not tonight, anyways.

Thank you to Vancouver, Regina, Calgary, Red Deer, those in Red Deer, those who are in Kelowna who are watching this by webstream. We look forward to your feedback in terms of how we can improve the technical feed for next year.

And again, thank you to Dr. Snart for participating, being with us here tonight.

And finally, I would like to thank Pat Eidem and Rod Eidem, most

importantly for your continued support for this lecture series.
Thank you so much.

(APPLAUSE)

Clearly from the interest of this lecture, people do want to continue the discussion on this topic. We have seen it from as far as B.C. to Manitoba. People want to be involved in the discussion. So for me that's a very positive step in the right direction from your research, Kristin. So again, I do thank you for being here. Please join us any time. That is any time.

Please stay for the reception after, just outside to your right in the hallway there.

And I would like to finally thank the communication team. We have three interpreters here this evening and a CART provider. Thank you for your services. Thank you for videotaping for us. And I hope I didn't forget to thank somebody.

Also thank you to our two volunteers over to my left.

And last but not least, thank you to Robin Demko for taking care of all of the details for this evening

Thank you. Please join us outside.

(APPLAUSE)