Publications Related to Deaf Mentor Programs

Deaf Mentor programs are one way to increase family engagement in EHDI programs. Many states currently have Deaf Mentor programs, although they are called by different names in some cases. A partial listing (and contact information) for Deaf Mentor programs in 10 states is on NCHAM's website in the section that describes the Deaf/Hard of Hearing Adult Involvement Learning Community. This site also contains resources and tools that are useful in creating and maintaining programs that encourage the involvement of adults who are DHH in EHDI programs, evaluation tools, family stories, and other information.

Although many state EHDI programs have recognized the value of involving adults who are DHH in their programs (including Deaf Mentor programs), there is a shortage of experimental/control studies that have examined the benefits of such programs. This is similar to what happened when newborn hearing screening programs were first being established. At that time, and still today, very few research studies existed that examined the long term outcomes for babies who were screened versus babies who were not screened. But, the value of such programs is now widely accepted.

Summaries of publications that are most relevant to Deaf Mentor programs are listed below. The articles aby Watkins, Pittman, & Walden (1998), and Hintermair (2000) provide evidence about the benefits of deaf mentor or family to family support programs. Spencer (2003) and Mohar (2000) provide very useful information for someone for improving how deaf mentors teach hearing families ASL, even though they don't provide information about whether deaf mentor programs are beneficial.

If you are aware of other research studies that have examined the benefits of Deaf Mentor programs, please email alyson.ward@usu.edu.

Watkins S, Pittman P & Walden B. (1998). The Deaf Mentor experimental project for young children who are deaf and their families. *American Annals of the Deaf.* 143(1). 29- 34.

A group of 18 families with children who were deaf or hard of hearing from Utah who received weekly visits from deaf mentors were compared to a control group of 18 children in Tennessee. The children in both groups were of similar ages, degree of hearing loss, and had identical "pretest development rates" as measured by the SKI-HI Language Development Scales. Families in the Deaf Mentor group were taught American Sign Language (ASL), and the deaf mentors interacted with the child using ASL, taught the family about Deaf culture and introduced the family to the local Deaf community. Children in both groupsreceived weekly visits from a trained parent advisor who helped the parents learn about and manage the child's hearing aids and promoted the child's early listening and communication skills. After approximately 18 months, children in the Deaf Mentor group made statistically significantly more progress in both receptive and receptive language than children in the control group and parents in the Deaf Mentor group reported that they were more comfortable using ASL and more familiar with the Deaf community and Deaf culture. The authors concluded that this "basic, introductory investigation…[pointed] to the feasibility of considering deaf mentor programming as a program option for young deaf children and their families . . . [but that] many questions remain unanswered."

Hintermair M. (2000). Hearing impairment, social networks, and coping: The need for families with hearing-impaired children to relate to other parents and to hearing-impaired adults. *American Annals of the Deaf.* 145(1), 41-53.

Surveys and the Parenting Stress Index (PSI) were sent to 827 parents of children who were deaf or hard of hearing (DHH) in Germany. Responses were collected for 317 parents (38.3%). Results showed that families who reported more contact with hearing parents of children who are DHH had the lowest levels of stress as measured by the PSI. Parents who reported frequent contact with other parents who were DHH also reported lower stress than those who had no or infrequent contact with parents who were DHH, but not as low as those who had frequent contact with hearing parents of deaf children. Parents who reported very frequent contact with parents who were deaf, were themselves deaf. Another 5.7% had frequent contact, and 77.6% of the respondents indicated their contact with deaf adults was very rarely (24.3%) or none (53.3%). The authors concluded that "social support is to be seen as a cornerstone" in intervention programs, but cautioned that "frequent contacts alone do not necessarily mean satisfactory contacts."

Mohay H. (2000). Language in sight: Mothers' strategies for making language visually accessible to deaf children. In P. Spencer, C. Erting, & M. Marschark (Eds.), *The deaf child in the family and at school: Essays in honor of Kathryn P. Meadow-Orlans* (pp 151-166). Mahwah, NJ: Lawrence Erlbaum.

The chapter summarizes the techniques used by deaf parents of deaf children to effectively communicate with their children using sign language (e.g., reducing the need for divided attention, moving hands or face or both into the child's visual field, using touch to gain the child's attention, etc.). The author suggests that these techniques would "be equally applicable whether oral or manual forms of communication were used." Three small studies are described in which these techniques were evaluated with hearing parents of deaf children and the "parents reported that they learned new communication techniques." The author noted that the studies were "small and heterogeneous and control groups poorly matched or nonexistent…. Consequently, it is difficult to ascertain with any accuracy the impact of the programs on the children's language development." The first study had a total of eight children split between the study and comparison groups, the second had four study children and no comparison group, and the third had six study children and no comparison group.

Spencer P.E. (2003) Parent-child interactions: Implications for intervention and development. In B. Bodner-Johnson and M. Sass-Lehrer (Eds.), *The young deaf or hard of hearing child: A family-centered approach to early education* (pp. 333-368). Baltimore, MD. Brookes Publishing.

The chapter discusses why the ability of caregivers and their children to establish reciprocal, mutually contingent communication interactions is critical for children’s development. The author cites literature showing how mothers interact with their children (with particular attention to how deaf mothers of deaf children successfully interact). Although a systematic analysis of previous literature is not done, the author draws general conclusions about how these interaction strategies contribute to improved language development and discusses how strategies should be adapted as the child becomes older or in the case of children with special needs. The chapter concludes by summarizing recommendations and resources for planning, delivering and assessing the impact of successful early intervention programs for children who are deaf or hard of hearing.