

## S2 Ep3

**Katie Colella** [00:00:00] You're listening to *Amplified* presented by Lurie Children's. Transcripts of this and all episodes can be found at [Lurie Children's.org/Amplified](https://www.luriechildrens.org/Amplified).

**Katie Farnsworth** [00:00:12] Over the season, Maria has openly shared her journey of parenting her two sons with hearing loss, Eduardo Jr. and Esteban. Raising any child in a healthy and loving environment requires some level of selflessness and stepping out of one's comfort zone. But Maria and her husband, Eduardo Senior, arguably made one of the hardest sacrifices when they chose to focus the boy's therapy and spoken English and not spoken Spanish, which was their first and home language.

**Katie Colella** [00:00:37] This episode sheds light on how the field of treating children with hearing loss used to recommend children commit to only learning one language to maximize success. That, unfortunately resulted in non-English speaking families being counseled on only speaking English to their children, even if it wasn't the home language. Today we know better. Research shows all in any natural language is important. Even if a child attend school in a language different than their home language. Even if that child has a hearing loss.

**Maria Venalanzo** [00:01:11] Maybe its most because of the language and then my husband don't speak the same language. He speak more Spanish. And then he understand English, so. But, you know, like, he's really good in sign language, let me tell you, because he's, he was like, more interesting in signing than the surgery. And I was more in the surgery then sign language. But and he became really well and that I think part of that because he's he has hearing loss and then he's working on making appointments for the specialists. When they always play baseball since they were so little. So one of the coaches came to me and then he told me, "Your son is not listen to me now." Really? What? "Yeah, I. I give it. I tell him what to do and he don't follow direction." I was like, "Oh." And then I look and I guess if you're not following directions to the coach, I say, "Yes, Mom." I like what he's saying you not follow direction. He say, "He speaks Spanish to me and I don't understand what he's saying."

**Katie Farnsworth** [00:02:21] Oh.

**Maria Venalanzo** [00:02:21] And he look at me like, "He speaks Spanish?" I was like, "No." Oh, like "I'm so sorry. I'm so sorry. He was apologized to so many times." There was, they thought because we're Hispanic. My kids speak Spanish.

**Katie Farnsworth** [00:02:36] Did he speak Spanish to all the kids?

**Maria Venalanzo** [00:02:38] Yeah.

**Katie Farnsworth** [00:02:39] Okay.

**Maria Venalanzo** [00:02:40] I was like, oh, but, you know, like, most of our community is speak Spanish. So they assume my kids. When they see me, like, "Oh, well, your kids speak Spanish." And my other kids, they speak Spanish, but they never address the probably about the situation. Because even in my family, when I send my kids to Mexico, I have to explain them really well about like why they don't speak Spanish. Why is the reason? And then at that time, I don't I don't know to you. But they told me they I had to choose one language. And I were like, oh, I had to learn English, of course, because my

first language is Spanish. So I went to school, I had to learn English. So I had to explain to my family why like why they only speak English and still like Spanish. Well, I mean, they speak some English too, but they don't know, you know. And then so I told them so. And then he say they told me, like, but you speak Spanish, why your kids don't speak Spanish? And then I explained it. They don't understand it. So they meet them and they they say, "Oh, so now like where I think why they only speak English." So and then I mentioned that or to the team why they always speak Spanish, I mean, English, why they make a choice? And then I feel like and now they do their research and they like hearing they can learn any language. And I actually I have friends from Pakistan and her daughter has hearing loss too with cochlear cochlear implants and she speak Arabic, really well. So I was like, so, you know, like, I understand at the time, like it wasn't many research and then but now, like they they don't make, you know, you can pick up any language. And then Esteban speak a little bit Spanish and Eduardo too. But they always like making fun of them because they say no I speak better Spanish. No, no, I speak better. So they always like picking on each other. I am like stop it, boys. I speak better Spanish then you guys. But because my accent, I feel like and my kids, especially because it was my first one, I always talk about Eduardo because he was my, I feel like a he was my teacher. He was my my first boy that I had to learn everything from him. And I was like, "Oh, you're my number one." And then I say, "You're so special to me because you are my number one." I had to learn so many things because you and its not in the wrong way I told him, like is because all the good things is because you teach me all those things. And then I'd say, "How about how about Renee? We Renee teach me how to be a mother by you teach me all the things that I know now. Because of you I had to, I went to school. Because of you I had to learn like about the cochlear, because I had to, you know, to learn about all this situation that we can learn from you. Yeah. That you are my number one. And then I say, you're my number one. No, you're my number two Esteban. Because, you know, you're my baby. I had to, like, give you all the things. He were like "Yeah, you had the number one." Well, yeah. No, but, you know, like, it all good with them.

**Katie Farnsworth** [00:06:15] Do you feel like you had different feelings learning the diagnosis about Esteban, given that he you already had these experiences with Eduardo?

**Maria Venalanzo** [00:06:25] I feel like with Eduardo I went through a lot. So I always feel like I could do better for Eduardo. And then it took me more time to take decisions. And then sometimes I feel it. That's my fault. But looking at him, where he at right now. So, like, I didn't I. I made the right decision.

**Katie Farnsworth** [00:06:58] I think you did right by Eduardo. He just had a different path.

**Maria Venalanzo** [00:07:01] Yeah. Yeah. Thank you for telling me this.

**Katie Farnsworth** [00:07:05] Yeah. And you had a different path to, you know, there was so much going on. And I also think, you know, you were navigating a lot of it by yourself. And I think also trying to navigate all of that in a language that wasn't your first language adds a whole other level to, you know, that you were trying to find out a lot of really important information in another language. What was that like to feel that, you know, was there a certain method that worked best for whether that be like an interpreter on the phone or, you know, what what was that like at the beginning? Or, you know.

**Maria Venalanzo** [00:07:45] It was one situation that made me like went back to school because there was one situation. There was like talking with the interpreter and I don't say the interpreter better. I think when when there's a translator, when one language in

another language and I feel because I experienced that in that way. Whenever you're trying to say something, I don't think it's that they say I'm wrong. It's like your emotion got lost in this miscommunication there because, you know, they they just gonna translate whatever you say it but it's not emotions there so it's not they you're showing your feelings. And then it was one time day I was telling about something about Esteban, she say. And I was like, no it's, it's not what I mean to say. So and then I had to force myself to speak my English right, because I was like, "That's the only way that I got to do it." So every time when I was like doing some medical stuff, I always ask for translator. So to that they will, at that time I was like in school so, like is not what I want to say. So I was like, You know what? I talked to Miss Young because it was to her. I was like, you know, what is this what I mean? I mean, like, I don't want to say this in that way, but this is what I mean to do or to say and so she say "Why you just speak English? Why have you not been speaking?" Like, it was because I was too afraid. You know, this is very important to make decisions. So that's the reason like but it so yeah, that's the only decision. And then I have to to learn more. And then it made me like my kids, I think my kids, they were like pushing me. You had to learn more. You had to learn. So I and then I also so there I am.

**Katie Colella** [00:09:42] And where your son's in programs that spoke English, the schools they went to.

**Maria Venalanzo** [00:09:48] They always.

**Katie Colella** [00:09:49] Always in English.

**Maria Venalanzo** [00:09:50] Was English as well.

**Katie Colella** [00:09:52] So that they're exposed to.

**Maria Venalanzo** [00:09:54] And that was my therapy too.

**Katie Farnsworth** [00:09:56] Right?

**Maria Venalanzo** [00:09:57] So yeah. And then I saw later on that like and then, you know, like you sometimes you, you take like that where you learn you're taken to another family or you introduce it to another family. Cause it was one time that I'm working an event. So events only is seasonal. So it was like over the seasonal, so I am like what I what I'm going to do now? What are you going to do now you aren't going to have no money. So they offer me these job to take babies, which I never did it before, so were like so something they know from me. So I like okay. And then he's a lawyer in then and she's a teacher. So I like, okay, he speak Spanish but she doesn't. And so I like, okay, so there we go. So I got the interview they asked me was their first baby. So they asked me if I was I have an experience and I went like, "Oh, I hate to say this one, but now I don't have experience." And she was, they were like, "You don't have no kids?" And I was like, "Yeah, I do. But I take care of my own kids, not to somebody else kids." And then so she said, "So then you have experience." And then I say, and then she say, "Well, my mother in law told me that you had two special kids." And I was like, "Yeah, we're hearing loss." And then she were like, "Yeah, yeah." And I was like, "Yeah, yeah. I got two kids with hearing loss." And said, "Well, you have more than the experience. So for me, it's enough." So I start taking care of this baby and this funny because I start teaching her sign language. At that time they traveled to Africa and then the moms she was asking the baby was asking her to give him more. And I was doing signing and I was like, "Oh, she had to come in and say, Oh, she's asking me for something, or she'll say something to me. But I don't think what

she's saying. Could you please tell me what she's saying?" And they were like, "Okay, show it to me." And then say, "Oh, she's asking for more milk." They were like, "Oh, my goodness. We are so dumb." And so I was like, "No, no. It's just like, it's how I communicate with them with the girl." So she's now she's eight and then so she's always come to me. And then, both, the parents are very great with me, and then they always like thanking me for things. But when they make you learn something, you think your that's it. No, you're like, you know, once you're like, you're going to use it. So I use that with this family. And then they got another boy, and then I went the same way and they learn a little bit sign language. Learned that basic ones.

**Tatum Fritz** [00:12:45] My name is Tatum Fritz, and I'm a speech language pathologist at Lurie Children. I work on the aural rehabilitation team.

**Katie Farnsworth** [00:12:52] And how long have you been an aural-habilitation therapist?

**Tatum Fritz** [00:12:56] Sure. So I graduated grad school back in 2015, and I've been working with the hearing loss population since then. So I've been providing aural rehabilitation therapy since 2015. But I got my listening and spoken language certification in, I think, 2019.

**Katie Farnsworth** [00:13:16] And can you talk about that certification? Because I feel a lot of families don't realize that there's this special certification for working with kids with hearing loss.

**Tatum Fritz** [00:13:24] Sure. So it's a very long process to get this certification. And I would say that it almost felt longer and more cumbersome than getting my speech language pathology license and like a master's degree. It's a 3 to 5 year process, during which time you're supervised by another listening and spoken language specialist mentor. My mentor was Rollen Cooper at Child's Voice here in the Chicago area. He was amazing. So nice. He had to observe me. I think, like I can't remember what I felt. It was like 30 observations. And every time, like whenever he needed to give me feedback, he was like, "I wonder if you could do this next time." And I'm like Rollen you can tell me if it wasn't good. But he was great. And my certification comes through the AJ Bell Academy, which is an organization that's dedicated to working with people and children who are deaf and hard of hearing and their families are people in their communities. And typically like deaf and hard of hearing either people or children who are learning how to listen and talk. Usually, usually with amplification, like a hearing aid or a cochlear implant, you can get the certification if you're an audiologist, speech language pathologist or teacher of the deaf. So obviously I'm a speech language pathologist. My mentor was a teacher of the deaf, and it's a long process. You gather like a thousand clinical hours, like 30 formal observations, you write an essay, every single observation comes with like three pieces of paperwork, and then you, after the end of that, you submit your application has to then be accepted. I think mine was like 100 pages long, and then you sit a test. And so then if you pass the test, then you're certified.

**Katie Farnsworth** [00:15:10] Wow.

**Tatum Fritz** [00:15:10] And then it's something you maintain. So every two years you have to get a certain number of like continue education credits. In the area of listening, a spoken language.

**Katie Farnsworth** [00:15:20] I feel like that really makes you cream of the crop then when it comes to working with these kids who have hearing loss, you know that you have just such an extensive background to provide services, you know, for these kids.

**Tatum Fritz** [00:15:33] Yeah. So the listening is spoken language specialist certification I think is like a nice sign for families when like trying to locate a specialist or a therapist to work with their child because then you can be confident that they have that background knowledge. I will say I've worked with like really good therapists who have similar level of skill that maybe haven't gone through the credentialing process and in are often just as good. Not to like miscredit or like downplay like, you know, our entire team actually has a listing spoken language specialist certification here at Lurie right now, which is just a great it makes it easy for a family to find a provider, but there are definitely good providers who don't have it. You want to look at their, like, quality of care. And like, I've worked with amazing people in the Chicago area without it.

**Katie Colella** [00:16:17] Yeah, and speech language pathology has become so sub specialized over the past couple of decades too. So it is important for families to be able to find the right type of provider for their child.

**Tatum Fritz** [00:16:30] Yes, exactly. So I feel like my my main specialty area is hearing loss. But yes, sometimes you might be working with a speech and language provider who doesn't have that background knowledge. So just having a speech language pathology masters doesn't mean that you have that knowledge of hearing loss or especially that knowledge of like how auditory skills develop in a child with hearing loss who's using a cochlear implant.

**Katie Farnsworth** [00:16:52] Yeah. So I think it also then goes to show that you guys are really specialized, like you said, working with children who have cochlear implants. And if these parents who really have goals for their parents, for their kids to be oral communicators.

**Tatum Fritz** [00:17:05] Hmm. Yeah. Yeah, exactly. So it makes it easy for them to find us, I think.

**Katie Farnsworth** [00:17:10] Yeah. Well, you and I have had some previous experience on a podcast together. I know you're the former host and creator of The Child's Voice All Ears podcast.

**Tatum Fritz** [00:17:21] Yes, All Ears. At child.

**Katie Farnsworth** [00:17:23] All Ears Child. Okay.

**Tatum Fritz** [00:17:25] The ears of Child's Voice, I should know.

**Katie Farnsworth** [00:17:28] A Child's Voice All Ears Podcast. And so it's so great to talk with you again. This is fun to kind of turn this around and learn more about you and what has kind of inspired you to join this field.

**Tatum Fritz** [00:17:42] Yeah, Yeah. And I will. Before we go further, that Jessica Brock was the co-creator. And I think by the time we interviewed you, Katie, for that podcast, Wendy Dieter's, That Child's Voice was my co-host. But my original co-host was Jessica Brock, who now works for Cochlear as like one of their customer service reps. shout out

Jessica. But but yes, What was your original question? Oh, how did it get into the field? So I went to undergrad at the University of Texas at Austin, and I didn't really know what I wanted to do anyway, I liked language. And just on my initial application to UT, I like selected rhetoric and writing as my major, and my mother was like, "You might want to add something." She was like worried about my career options. So then I thought about being pre-med. I took like a couple of the pre-med sciences. Didn't really want to be go down that route, though. My mom was a teacher. She suggested that I, like, look into speech therapy and it kind of joined the major before I was even that interested in it. So thankfully it worked out. Why was at UT under the major, we were required to take like a cultural credit and I took the deaf culture class, which was like amazing course. It talked a lot about like the signing side of things, but it did talk about auditory verbal therapy and cochlear implants, and I just thought it was like fascinating. It was interesting to think of like speech and language, but then like this broader area that is both like cultural and identity and then also like, you know, writing in the devices, it just made like speech and language more complex to me. So I really like that. And then when I graduated, I went to the Vanderbilt for my master's and they have like an aural hearing loss specialty track that's like very much like listening a spoken language side of things. And that's kind of how I got into this area.

**Katie Colella** [00:19:38] That's so cool.

**Katie Farnsworth** [00:19:40] Esteban and Eduardo Venalanzo are both cochlear implant recipients and they were born with a significant hearing loss and they received AR therapy for quite, you know, quite a few years. So looking back for what their lives may have been like after they had been diagnosed, what kind of therapy would have been, you know, what kind of what would it what goals would have been targeted for those kids, you know, as a baby and then as they've gotten older?

**Tatum Fritz** [00:20:07] Yeah. Yeah. So as a baby, I think the the first step is would be an initial evaluation, right? To kind of see like what is the impact of that hearing loss. And often are kids who are getting cochlear implants will have a profound loss. So sometimes you know I think for some people it almost seems like redundant to do this evaluation because often results look the same. But I think it helps like visualize to parents like what is the impact of that hearing loss, which can kind of help them like accept that their child might need a cochlear implant if listening in spoken language is their goal. So I think that's the first step. Goals at that time are like helping parents learn, you know, device acceptance, device retention, keeping the hearing aids on prior to like most families, like our most kids will have like a trial period with hearing aids while they're going through the cochlear implant candidacy process. So like wear time and making sure the devices are on all day and families understanding the importance of that. Sometimes prior to a cochlear implant not always were able to get a detection response is starting to teach children to pay attention to certain sounds or work with different noisemakers. Some speech and then prior to the cochlear implant, a lot of it is just parent training. So we'll be educating the parent on what does speech and language development look like and how to how does their child's like auditory skills and their hearing levels that kind of effect that development of speech and language. So tons of teaching.

**Katie Colella** [00:21:37] Yeah.

**Katie Farnsworth** [00:21:38] And a lot of teaching before before we even, you know, consider a cochlear implant.

**Tatum Fritz** [00:21:44] Yeah. So we'll work on kind of in preparation for the implant will work on a lot of strategies that we want parents to start using day one and some parents are like well they can't even hear me. Some of the most of the strategies they'll like. We still want your child to you to talk to your child because you're still developing that bond with them. So you don't want to just like not talk to them. But then it's also getting in the habit of everything that's going to help them once that cochlear implant is first turned on. So getting a parent in the habit of using like narration or repetition of key vocabulary words or like acoustic highlighting of important words prior to even getting that cochlear implant. So they're already set up to like start practicing once the cochlear implant has turned on. Or getting a family in the habit of using like the auditory sandwich, which is like one of the hardest things I think to learn. In which we want to say the direction or the key vocabulary word first, then show it and then say it again. And that is so hard to take the gestures out of your normal like a just interaction with your child. But we know that that can build auditory skills, so we practice that prior to the implant. So once the implant is turned on, they're already ready to get going. But some of it too, is like just, you know, I think the time that the family has to spend with the audiologist is a lot shorter, whereas like sometimes we get to see families weekly. So we're able to help like fill in the gaps in their knowledge of hearing loss. We know you guys go over like how to read an audiogram and the parts of the ear and, you know, types of hearing loss and like hearing anatomy and physiology. But we really have the time to sit down and like talk it through with them because that is also important knowledge for them to understand their child's hearing loss.

**Katie Farnsworth** [00:23:26] Yeah. And I feel like there's a lot of crossover then with these kids who also have hearing aids, right? Like maybe you know what I mean? The hearing loss isn't as significant, but so many of these teaching moments are just it's crucial, really, for any child who has a hearing loss in their family.

**Tatum Fritz** [00:23:41] Yes. Yes. So we also work with kids who have hearing aids and it often looks the same. There's just not that period of time where we're waiting for like that cochlear implant being turned on and mapped. You know, so same thing. We start day, day one. Often we'll see babies as young as like three months and start teaching strategies then. And we know that like kids with hearing loss, they need more repetition and input to learn spoken language than a child without hearing loss. So so we get them really early to start teaching those skills to the parent, even when the baby is like as young as like three months.

**Katie Colella** [00:24:20] We talked with Maria, we talked about how the philosophy and expectations of language development is has changed a lot over the years. And even for you, Katie, where the choice used to be so binary, where are you going to talk? Are you going to sign? Are you going to talk in language or are you going to talk in language B? So could you comment on how that's evolved over the years, especially when thinking about the Venalonzos, who their home language with Spanish primarily. I mean, it was their first language was Spanish before they entered this world.

**Tatum Fritz** [00:24:54] Yes. So for speaking in spoken languages, I think our field has done some harm in the past that we're trying to correct. And I hope moving forward, we can prevent the harm that has occurred. So, yes, in the past, families whose home language was not English professionals often tell them to stop speaking their home language to their child and speak English. It was thought that, you know, this child has a hearing loss. They're learning with a hearing aid or a cochlear implant. It's already going to be such a challenge to teach them one language if they live in an English speaking, speaking countries such as the US, like why don't we only focus on English? And this

causes harm for various reasons of a family is truly monolingual and they only know their home language then one, they're not going to be able to provide a good language model to their child if they're trying to speak in, you know, short English phrases. I know I tried to speak to a child in Spanish. That would not be a good model for that child.

**Katie Farnsworth** [00:25:55] Same here.

**Tatum Fritz** [00:25:56] Not the pronunciation especially. I might be able to get by with a couple of phrases. But it wouldn't be a rich model. And then even families who are bilingual where, you know, they could, you know, provide that nice model in English, that's, you know, for some families, their home language is an important cultural part of their lives. So to deny them that experience with their child is just um, definitely caused harm in the past. I would say that even now you still run into the a professional occasionally that will still like spout about this just from like the old days. So now we know that there is no research to say that a child with cochlear implants can't learn multiple languages in the most important part, especially early on, is just have a really rich language input. So I always tell family is like use the language that you're most comfortable with. If it's a bilingual family, they I feel like they have more of a choice, right? So it's up to them. Like if you're comfortable speaking English, if it's not a long term goal of you or of yours, for them to learn the second language that you know as well, that's fine. But if there is someone, the house is watching them like 20 hours a week, like a grandma, like don't tell your grandmother to speak in English. Like have them speak in your home language because that's going to be a more language rich model. And we don't want 20 hours a week with like a depleted model. So we have those conversations all the time. But yeah, definitely like a part of our field that, you know, has caused some harm.

**Katie Colella** [00:27:27] Well, and the research changed. I think a lot more research got invested in culturally linguistic and diverse families and, you know, growing and developing and all language is good language.

**Tatum Fritz** [00:27:43] Yes, exactly. And I would say that this was an issue not just in the hearing loss side of the field, but in all parts of like the speech pathology field. Children who had maybe not a hearing loss but had a language impairment their families are often told to stop speaking their home language as well. And research shows that being bilingual or growing up in a bilingual home or growing up within a home language that's different than the majority language of the area growing and does not lead to a language delay and will never make language delay worse. So even for kids with like language impairments, it's not a good recommendation.

**Katie Farnsworth** [00:28:19] So for the Venalanzo family, we have two brothers that are relying on two different modes of communication. So Eduardo is more depends on sign language for expressing himself where Esteban is oral. So can you talk about the goals in therapy? How about those sessions look different for those siblings? I think think of them if they're children again. I know now they're adults and young adults, but how would that look for those two? The difference?

**Tatum Fritz** [00:28:49] Yeah, we have a lot of families that choose to incorporate sign language or depending on like their their child's like a presentation or, you know, for various reasons might need to incorporate sign language. And you can still work on auditory goals at the same time. So I like I mentioned it earlier, one of our earliest strategies that we use all the time throughout the child's, you know, basically entire life is the auditory sandwich. So I like to put the sign in the middle of the sandwich. So it's the



same concept. Basically, we're already already doing that. Often the middle of the sandwich or the visual part is like an object or a picture or an action or a gesture. In with a family that's using sign language is just becomes the sign. So if I was going to give a direction, I would say at first, wait, see if the child gets it. And then I would say and sign it. Wait and see if the child response to that. And then I would put it again just in like verbal language. So you can still build those auditory skills at the same time as building assigning signing skills. I actually sometimes enjoy when a family knows how to sign because then it's it's it can become a little easier to monitor auditory skills because if I say something out loud and the child signs it back to me, then I know immediately that they got what I was telling them, maybe even before they're like speech and spoken language skills are at that point, right? So I'm like, "Oh, I'm going to go get the cow." And then they start signing the word cow. And I know, Oh, you know exactly what I'm talking about.

**Katie Colella** [00:30:20] Okay. That's interesting.

**Tatum Fritz** [00:30:21] So, it's kind of cool. But yeah, I would say when I first started, most of the families I worked with were only going the listening and spoken language route. And it's become I don't know, I'm I'm, I'm not young anymore, but I'm kind of a younger person. I feel like like millennials are more or sometimes more open to different things and wanting to try out different things. And a lot of younger families are just like interested and curious and sign. And I've worked with families where they'll they'll use sign in the beginning and then the auditory and spoken language skills take off so much that sometimes that falls off. But, you know, I feel like I have a lot more families that usually some basic signs.

**Katie Farnsworth** [00:30:59] And that's back to your point, too, about just encouraging families to use the the richest model possible to write, whether that be English or Spanish or Polish, you know, whatever language is at home. That's the way they're going to learn.

**Tatum Fritz** [00:31:14] Yes. Yeah. Yeah. And making sure you're you're still using, like complex language around your child. So research shows actually when their child is diagnosed with hearing loss, their parent parents and teachers, including and deaf and hard of hearing programs use like simplified language and therapists to include us in it. So you have to remind yourself, like the way they're going to learn that complex language just by using it around them. But like your natural response is to think like, "Oh, we need to simplify things for them." But that's not, we want to simplify a little bit. So we're working at the next level that they are in their language development, but we're still exposing them to complex language at the same time.

**Katie Colella** [00:31:53] I will say I definitely notice a trend in the kids who start aural hab therapy or work with a good therapist who is experienced with kids with hearing loss at a young age. It is amazing how much more information I can gather in an appointment because they are getting those listening skills taught to them. Their parents are learning them, their parents want to talk to them and they are great testers. I have infants who will do full ear specific evaluations and they're not even standing yet, but they can do those tasks. And you know, and I always tell the parents, this is a result of your hard work and, you know, your dedication to therapy. So thank you, therapists.

**Katie Farnsworth** [00:32:43] Yeah, the development of that condition response is just crucial when it comes to us with testing because it can be very frustrating for our family and for audiologist if we are having these appointments and we're just not getting a lot of data because these kids just have just a unawareness of sound and a lot of that can be

from lack of device use or not having, you know, the right therapy support that sometimes that then hinders their progress even more because we don't have the information we need to fully get the best picture of how do we help and how do we move forward.

**Katie Colella** [00:33:30] Welcome back. Two for, two. Two Katie's two questions. Okay. My question for you, Katie, is because you are, you are you double majored in college, one major being Spanish. So you've studied Spanish. Did you start in junior high? That's not my question. That doesn't count. Just.

**Katie Farnsworth** [00:33:48] Yes. Yes.

**Katie Colella** [00:33:49] Okay. So I'm curious because you are pretty proficient in Spanish. I know you're conversational. Did you have any accommodations to help you with learning Spanish throughout? I mean, any period, Junior high, high school, college.

**Katie Farnsworth** [00:34:03] Yeah. So I feel that my accommodations were pretty universal for whatever class I was in. So the biggest one being that remote microphone. And so all of my professors and definitely my Spanish professor wore a microphone and I had receivers that, you know, the microphone would then be transmitted to my hearing aids. So just really providing that better signal to noise ratio and allowing me to hear that teacher's voice really clearly. That was a big one for particularly for my Spanish classes. Also, I do remember in high school we had several exams where we needed to listen to a recording and then answer questions from that recording. And so that was something with having a hearing loss was definitely challenging because on top of it being in a foreign language, it also was on a recording that wasn't super intelligible. So I would actually opt to sit in a different classroom by myself with a recorder right next to me so I could hear it a little bit better. And then there was one instance where it was a particularly hard recording to understand that I was able to get like the transcript of the recording so I could read it and really, you know, be able to make sure that I understood what was being said so I could then answer questions.

**Katie Colella** [00:35:28] Okay. Okay. That's great, though, that you were able to have all those different methods.

**Katie Farnsworth** [00:35:33] Yeah. And in college I feel like most of my coursework was so much more conversational with my peers in my class, or we were reading literature and I felt like that's really was my time to shine, because especially when I was able to have it in, in that printed text, it was just so much easier to be able to figure out what was going on. And it was kind of funny because as a double major, I really I felt like I was the only one on campus who didn't study abroad, and that was just because of my rowing schedule. So everyone was developing these gorgeous Spanish accents, and I had this very Midwest Midwestern. Oh, like, you know, Hola, me llamo Katie, like. So that, you know, I think was also just kind of hilarious, too, on top of everything.

**Katie Colella** [00:36:23] Now, it's still impressive. It's still impressive. What you got for me?

**Katie Farnsworth** [00:36:28] Gosh, man.

**Katie Colella** [00:36:30] I don't speak another language.

**Katie Farnsworth** [00:36:32] I was going to say like So. Katie, do you have any experience learning a second language?

**Katie Colella** [00:36:37] I took French in high school, actually. Well, I guess I took I took Spanish in junior high. But when I went to Bennett I decided to take French. And it is a beautiful language and I was not good at speaking it at all. I was better at reading it, but I just really struggle with the pronunciation part of it. When I went to college, I took American Sign Language as my foreign language, which I did love, because all my instructors were Capital D deaf. So there was no speaking at all. The very that the first day of 101 an interpreter came in to go over the syllabus and ended it with the interpreter, through the interpreter. Our instructor said, "This is the last time we'll be an interpreter. From now on, it's just going to, you know, we're only going to communicate through sign and writing if needed." And it was awesome. I feel I never progressed so well than I did when I took American Sign Language because you were so immersed and they really encouraged you to meet up and sign. And there was even some signing groups because there was a decent deaf community in the West Lafayette, Lafayette, Indiana area and even in in the Indianapolis area. When I did my externship at Riley Hospital for Children, I got to work with multiple patients who attended the Indianapolis school for the deaf. So again, I felt like you just I was immersed in a little more. But unfortunately since then, when I my first job, I was in an area when I went to Ann Arbor, there wasn't as many that didn't have as big of a deaf community. So then I wasn't seen those patients as much anymore. So and really, any time you lose learning a second language, you know, if you don't use it, you lose it. And so I definitely my my ASL skills are not as strong anymore, which I do miss that. It's something I thought about, you know, trying to like take a class again to brush up. But I did I did really love those classes and just being so immersed in it because I think that's how, that's the only way you really progress to that conversational level. Right. Or you know, or even like develop a more natural fluency like you were talking about as well.

**Katie Farnsworth** [00:39:07] Yeah. Oh, that's so cool. And I do think it's such a cool way to and a significant way that you can relate to patients. Because even if you have an interpreter present, the quick understanding of, of what a parent is trying to convey to you. I think it does allow for a quicker connection with these families if there is some type of understanding. And I think that I've definitely seen that working with Spanish speaking families, you know, where I will always still have an interpreter present, given the the importance of really making sure that they're now there are no communication breakdowns when we're talking about test results or parents are conveying concerns. But to be able to quickly kind of identify what is being said in the conversation, I do think allows for just a little bit of a faster communication and a deeper connection. And I feel like I've had so many families say like and especially when they can tell that I'm really trying, you know, if I don't understand something that I can just see that they really appreciate, you know, that you've you've really taken the time to learn this language. And so I actually am hopeful to become more fluent with sign language, too, because I do think, especially working with so many of these patients who have a cochlear implant and are using more of a total communication approach, it would be wonderful if I could just meet them on a different level too.

**Katie Colella** [00:40:37] Yeah, that's awesome.

**Katie Farnsworth** [00:40:39] Okay.

**Katie Colella** [00:40:40] Next episode will be about Esteban and Eduardo in the school system, so stay tuned. Thanks for listening.

**Katie Farnsworth** [00:40:46] *Amplified*, presented by Lurie Children's, is co-hosted by Katie Colella and myself, Katie Farnsworth. Written and edited by Katie Colella. Tech and Website Support by Katie Fanella Artwork by Katrina Garagiola. Special thanks to the Venalanzo family for sharing their story along with Beth Ternus, Dr. Nancy Young, Tatum Fritz and Marijo Fiacchino. We are grateful for the continued support from the Department of Audiology. Follow us and amplify the story. One word, no spaces. Transcripts are available at [LurieChildrens.org/Amplified](https://LurieChildrens.org/Amplified). If you need resources regarding childhood hearing loss, visit [LurieChildrens.org/Audiology-Resources](https://LurieChildrens.org/Audiology-Resources).