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A Place to Belong: A Support Group Curriculum for Hearing Adolescents of Deaf Parents (Kodas)

Cover Page Footnote

Meghan L. Fox is now at the University of Rochester Medical Center in Rochester, NY. Correspondence regarding this article or a request for the program materials handbook should be addressed to Meghan L. Fox, VISN 2 University of Rochester Medical Center, 300 Crittenden Blvd, Box PSYCH, Rochester, NY 14642, Email: Meghan_Fox@urmc.rochester.edu Acknowledgements: I would like to acknowledge Valene Przybylo-Souky, NIC, BS, for her contributions reviewing this article. I would also like to acknowledge Dr. Scott Hyman and Dr. Shana Williams for their support, guidance, and feedback on this program when it was a doctoral project at Carlos Albizu University. I would also like to thank the Kodas, Codas, and deaf parents that I have had the privilege of meeting, knowing, and working with.

Introduction

Hearing children of deaf parents (C/Kodas) comprise a unique group that has escaped research and clinical attention even in the field of deafness. This article outlines research about C/Kodas and their unique families, schooling, and social experiences, their bilingualism and biculturalism, and the roles they often adopt (e.g. interpreter, protector, advocate, etc.) to inform an original, culturally sensitive, and research-informed support group program for adolescent Kodas. This program's interventions target how differences between deaf and hearing people can create psychological dissonance for Kodas, and provides guidance in processing this dissonance in social, emotional, behavioral, and interpersonal ways. This program, the first of its kind, also celebrates how Deaf³ culture and cultural differences enhance Kodas lives and their cultural uniqueness. Program evaluation and future plans are suggested to drive the application of this program.

Deaf People

Over ninety percent of deaf people are born to hearing parents (Mitchell & Karchmer, 2004). The degrees and configurations of hearing loss and modes of communication among the deaf population varies and includes individuals with mild to profound hearing loss, people who identify themselves as hard of hearing (HOH), deaf people who use speech and speechreading, deaf people who use different modes of communication (e.g. American Sign Language [ASL], Signed Exact English, Pidgin Sign Language, home signs, or any combination of these) to communicate, and people who use both sign language and speech.

Deafness is not only understood by audiometry, but also by affiliation to a culture and community. In Deaf culture, audiological deafness is not considered a disability, but rather a linguistic minority. Deaf, with a capital "D," refers to the linguistic, political and culture of deafness as well as people who identify with the culture. This group has its own language (ASL), traditions, values, humor, art, celebrities, etc. (Singleton & Tittle, 2000).

An individual does not necessarily have to be deaf, Deaf, hard of hearing, or late-deafened to be considered part of the Deaf community. Hearing professionals (e.g. interpreters) who work with the community, family members of deaf individuals, and hearing children of deaf parents may also be considered part of the Deaf community (Singleton & Tittle, 2000). Deaf community membership is determined more so by personal choice, history, behavior, and sign language skill than degree of hearing loss (Pizer, Walters, & Meier, 2013). Entry into this culture may be by both birth and/or choice (Singleton & Tittle, 2000).

Hearing Children of Deaf Adults

Deaf parents tend to have hearing children (over 90%) (Myers, Marcus, & Myers, 2010). Hoffmeister (2008) estimated there to be 500,000 hearing children of deaf parents (HCDP) in any single generation. HCDP create a unique group since their parents are members of a distinct cultural and linguistic group; HCDP also have special linguistic and cultural experiences as well as interesting roles (e.g. interpreter, advocate, etc.) that are different from their peers who have parents who are hearing (Filer & Filer, 2000; Preston, 1996; Singleton & Tittle, 2000). HCDP

are born into Deaf culture by default and are subgroups of the Deaf and hearing worlds. Additionally, they share the invisibility of the Deaf community within mainstream society, and are also an “invisible linguistic and cultural minority” (Bishop & Hicks, 2005). HCDP are an “ongoing contradiction” in Deaf culture because of their deaf cultural affiliations and experiences, but separation of hearing status (Bishop & Hicks, 2005; Padden & Humphries, 1988). Variability in the Deaf community suggests that HCDP do not comprise a uniform group (Pizer et al., 2013).

The language used to refer to HCDP changed when Children of Deaf Adults (CODA) Inc. (CODA Inc.) was founded in 1983. Mille Brother coined the term “Coda” to identify hearing children aged 18 or older who have deaf parents (Bull, n.d.; CODA International, 2015a). Kids of Deaf Adults (Kodas) refers to hearing children aged 17 or younger who have deaf parents (KODAWest, Inc., n.d.). Coda have worked for the recognition of “Coda” as a subgroup in the Deaf community (Hoffmeister, 2008), and CODA chapters in the United States and other countries further supports this group as an exclusive cultural subpopulation in the Deaf and hearing communities (Bishop & Hicks, 2005; Filer & Filer, 2000).

There is a dearth of empirical research and community focus on this subpopulation, but there is a general consensus in the literature regarding the unique individual and family experiences among C/Kodas (Filer & Filer, 2000; Hoffmeister, 2008; Myers et al., 2010; Preston, 1996; Singleton & Tittle, 2000). Overall, research supports the notion that deaf parents might feel unprepared about mainstream parenting techniques (Jones, Strom, & Daniels, 1989; Mallory, Schein, & Zingle, 1992), but research also contests assumptions that Deaf parents are inferior parents (Critchley, 1967; Jones et al., 1989; Schein, 1989; Singleton & Tittle, 2000; Strom et al., 1988). Hearing loss might restrict deaf parents’ acquisition of dominant cultural principles of parental competence because of communication barriers that the parents faced during their own development, lack of incidental learning, and poor models of parenting skills (Hoffmeister, 1985; Singleton & Tittle, 2000). C/Kodas’ family experiences often conflict with dominant culture norms for communication and family roles, resulting in a common family experience of stigma and oppression among deaf parents and Kodas; this leads to bonding and unity as well as uncertainty in a cultural “middle ground” for Kodas (Bishop & Hicks, 2005). Furthermore, Kodas typically do not have a neutral place to go to manage stigma and its effects (Hoffmeister, 2008).

Kodas often experience a collectivistic parenting style and nontraditional extended family dynamics (Foster, 1989). A collectivistic parenting is typical with the Deaf community in that Deaf parents have historically congregated for parenting information, support, and social activities in raising Kodas (Bull, n.d.; Filer & Filer, 2000). This collectivist trait highlights a part of the unique family experience for C/Koda. Ninety percent of Kodas’ hearing grandparents do not learn sign language or adequate communication, and deaf adults typically have limited, uneasy, and frustrating interactions with their hearing parents (Foster, 1989; Mallory et al., 1992). Hoffmeister (2008) referred to this concept as “One Generation Thick (OGT)” acculturation because the language and culture are not passed along from parent to child. C/Kodas create bridges in the bilingualism and biculturalism bridges present and past family communication gaps (Pizer et al., 2013).

Kodas learn spoken and sign language and experience life in a bilingual and bicultural manner (Singleton & Tittle, 2000). Language choices among Deaf parents and Kodas impact the child's proficiency in sign language, generational transmission of this language, and parent-child relationships (Pizer et al., 2013). Kodas generally experience distinctive language development, affiliations with divergent cultures, and "Coda-Talk," a very unique and inventive mixture of ASL, spoken English, and "Deaf voice" (e.g. sounds of deaf family members' voice, word reversals, irregular inflections, misspellings, and omitting English grammatical elements) that is voiced and signed (Bishop & Hicks, 2005; Preston, 1994). Coda-Talk is a manner of expressing C/Kodas' conflicting linguistic heritages, but also incorporates features that are neither ASL nor English (Bishop & Hicks, 2005). This mode is very private and mostly used in situations between C/Kodas and/or when communicating with deaf persons and their families (Becker, 2009c; Bishop & Hicks, 2005). Coda-Talk is a boundary that does not belong to the Deaf or hearing worlds, but rather reflects K/Codas' own unique place (Hoffmeister, 2008). In this sense, C/Kodas are an anomaly for Deaf culture because they are positioned at the intersection of the hearing/English and Deaf/sign cultures (Preston, 1996). They share the language and culture of their parents, (Bishop & Hicks, 2005) yet their parents may struggle or be unable to help them navigate parts of the hearing world (such as music, hearing role models, school, etc.) since the parents are in essence raising foreign children (Singleton & Tittle, 2000).

C/Kodas serve as protectors, advocates, and interpreters, intersecting and overlapping roles experienced throughout their lives. Their protector and advocate roles are demonstrated in multiple ways, including educating others about Deaf culture, sign language, and their experiences, advocating for deaf rights, dispelling stereotypes, and conveying their parents' abilities and intelligence (Buchino, 1988; Filer & Filer, 2000). Other ways include not interpreting their parents' heated comments, or insensitive and discriminatory remarks made by hearing people (Filer & Filer, 2000; Hadjidakou et al., 2009; Singleton & Tittle, 2000), protecting siblings, and feeling a duty to listen and alert their parents to every sound, including sounds alluding to danger (Filer & Filer, 2000; Hadjidakou et al., 2009; Myers et al., 2010). These roles may develop further in adulthood if C/Kodas work in the field as interpreters or teachers, for example (Filer & Filer, 2000). C/Kodas serve as interpreters of language and culture, communication facilitators, and information providers, and the functions of these roles overlap and intertwine throughout their lives, including their careers such as interpreting. The interpreter role is a significant and complicated dynamic in C/Koda and Deaf-parent relationships (Buchino, 1993). C/Kodas often mediate diverse roles with immediate and extended families, the Deaf community, and other hearing people (Myers et al., 2010).

C/Kodas often experience role-reversal and parentification, which can create unique dynamics in school and in making friends. Pecora et al. (1986) identified role reversal as when C/Kodas assume responsibilities usually attributed to the parent role. Buchino (1990) defined role reversal as a two-way relationship in which Kodas see their parents as dependent upon them and perceive themselves as responsible and in control. Role-reversal and parentification include Kodas assuming adult roles and responsibilities before it is emotionally or developmentally appropriate (Myers et al., 2010).

Kodas and their parents likely have significantly different school experiences, including educational methods and quality, social experiences, involvement in extracurricular activities,

and relationships with school professionals (Buchino, 1990). Kodas' education and academia are further complicated by their often mediating information between the school and their parents. Sometimes Kodas are assumed to have learning delays or disabilities because of the differences between their home language and the language of the majority, although research has found no evidence supporting the idea of Kodas having a higher rate of learning problems (Bishop & Hicks, 2005 & Sanders, 1984). Kodas' academic needs may be different from other students, especially during in the early years of school; unique behavioral traits may include needing eye contact when talking, tapping shoulders or waving to get attention, holding different regard for authority using different grammar and storytelling skills, and holding unique family dynamics and roles, and identifying with Deaf culture (Becker, 2009e, 2009h). In one study, the majority of Codas reported that their parents rarely or did not visit, their school to converse with teachers or otherwise because of communication (Hadjikakou et al., 2009). Extended family members typically took on this role, and when parents did visit the school, Kodas took on the responsibility of interpreting communication.

C/Kodas may have certain traits throughout their peer social experiences such as being more shy or private, introversion, and being slower at making friends (Hoffmeister, 2008). Later in their childhoods, Kodas usually develop a wider circle of friends and become very social (Hoffmeister, 2008). When it comes to inviting friends over, introducing friends to their parents, and friends and friends' parents accepting their parents, Kodas have some distinctive factors to manage. This may be especially complicated during the adolescent years when peers become even more of a focus and this clashes with the collective family values and styles of Deaf culture.

Rationale for *Kids of Deaf Adults (Kodas): A Place to Belong Intervention*

C/Kodas are insiders yet outsiders in the only two worlds they know (Singleton & Tittle, 2000). C/Kodas frequently struggle with resolution between hearing and Deaf worlds, feel lost and as if no one else is like them, and that they were not raised like and are not like their friends or peers (Preston, 1994). Their ambivalent feelings and complicated identities often become more complex during the adolescent years (Myers et al., 2010).

Codas have reported several benefits from connecting with other C/Kodas such as finding support, understanding and embracing their differences, and discovering a new sense of self and feeling relief (Buchino, 1990 & 1993; Bull, n.d.; Hoffmeister, 2008; Preston, 1994). C/Kodas also reported finding helpful connections with people who were knowledgeable about Deaf culture, respected deaf people, and could empathize with their unique experiences (Buchino, 1990 & 1993; Bull, n.d.; Hoffmeister, 2008; Preston, 1994).

Kodas typically have not had a place to go to process their unique experiences. In a survey of adult Codas on life satisfaction, self-esteem, and attitudes toward parents, 36% of the participants indicated that individual counseling and 33% noted family counseling would have been beneficial (Pecora et al., 1986). Furthermore, Burke (1994) noted that different studies have recommended counseling to help deaf-parented families deal with ordinary issues (e.g. communication limitations, etc.). There is a need for a guided Koda support group program curriculum, especially a program curriculum focusing on Kodas aged 13-18. Data regarding C/Koda mental health to further inform this rationale is scant for many reasons, such as the lack

of attention to such issues, difficulties in identifying and interviewing C/Kodas, and limits in conducting research with d/Deaf people and their families. However, development of such a support group and/or program curriculum would begin to address these barriers and develop data collection. Based on the current literature, it is clear that C/Kodas have an array of uniqueness to their lives that is a source for psychological stress throughout their lifespan, especially during adolescence. Without such a support group, this will stay stagnant, and the ability to address the clinical needs among Kodas and their families will remain scattered.

Kids of Deaf Adults (Kodas): A Place to Belong is a support group program for Kodas between the ages of 12 and 17, so that they have the opportunity to process their unique experiences and acknowledge their deaf and hearing experiences. This program is the first of its kind; although it has not yet been implemented, it will provide a significant contribution to the specialized field of clinical work with Deaf/hard of hearing people and their families. Only four Koda camps/programs exist for Kodas aged 18 years or younger in the United States, but they are often inaccessible due to location, limited enrollment, and expense. Many of these programs also operate only once a year, with support beyond that annual experience being limited.

The *Kids of Deaf Adults (Kodas): A Place to Belong* program model is designed to integrate support and process group therapy approaches that can be regularly implemented in a variety of accessible settings (i.e. community agencies, hospital outpatient programs, in combination with recreational camp programs, etc.) across the country. The program should be run through or at least in conjunction with an agency that provides to d/DHH people and their families.

The program's theoretical foundations are informed by research suggesting that Kodas' experiences influence them socially, emotionally, behaviorally, and interpersonally in both positive and challenging ways. The program also aims to celebrate how Deaf culture enhances Kodas' lives, to highlight the cultural uniqueness in what is often a not-so-understanding majority world, and to not pathologize culture. It also intends to recognize times when Deaf and hearing differences may create psychological dissonance, and offers ideas for therapeutic support.

Purpose, Goals, Objectives, and Measures

Overall, the program themes and interventions provide Kodas a space to process their lives in verbal and non-verbal ways with others carrying similar experiences, acknowledge their experiences as Kodas, and the other various facets to their identities. Kodas have the chance to experience inclusion and unity by expanding their support system through meeting other Kodas and culturally sensitive professionals. The program helps Kodas find an amenable place on the hearing and deaf continuums that allow for overlap and acknowledgement of their twofold or fluctuating identity, including the in-between parts (Myers et al., 2010; Preston, 1994).

The program's central goals through intervention is to improve Kodas' self-esteem, identity resolution, life satisfaction, and perceived social support. Table 1 provides a logic model of the program, including inputs, outputs, and outcomes, along with measurable objectives that are quantified via scores on related measures such as the Assessment of Identity Development in

Adolescence (AIDA), the Child and Adolescent Social Support Scale (CASSS), the Rosenberg Self-Esteem Scale (RSES), the Satisfaction with Life Scale (SWLS) (with ages 15-18) or Satisfaction with Life Scales for Children (SWLS-C) (with ages 9 – 14), and the Goal Attainment Scale (GAS). These measures facilitate assessments of group members' responses to interventions and program experiences as directly related to program objectives and goals.

Target Population and Program Logistics

Based on research that documents how adolescent Kodas may struggle with their identity, parent relationships, independence, and other typical adolescent developmental experiences and needs, the targeted population of this program is 12-17-year-old Kodas who have d/Deaf, hard of hearing, late-deafened, and/or d/Deaf-blind parents. The program model is conducted in a closed group format of 15 sessions, each lasting 90 minutes.

Depending upon the agency in which the program is operated, the staff composition may vary. However, necessary staff includes a program director/clinical supervisor and group therapist(s). The program director role may have a dual role as the clinical supervisor and program administrator with advanced experience in working with d/Deaf people, including C/Kodas, group psychotherapy, and program development and administration. The program director provides weekly supervision of the group therapist(s) in numerous content areas and processes. The group therapists are responsible for implementing and monitoring groups, completing service documentation, and communicating with parents and other collaborative sources. An additional group therapist should be utilized when therapists have less experience, groups are large, or as necessary. All staff receive training and orientation prior to the first group session program, and staff are encouraged to be members of the American Group Psychotherapy Association (AGPA) and utilize the association's resources throughout the program.

Program logistics include conducting outreach and marketing, engaging in community education, managing online information, fielding referrals and inquiries, conducting intakes, managing budgets, writing grant proposals, maintaining clinical competence, and serving Kodas and their families. Plans and guidance for these aforementioned tasks are available in the program materials handbook.

Admission and exclusion criterion and screening process. An intake determining Koda and parent suitability for the program must be conducted prior to formal registration. This intake uses the biopsychosocial approach and includes discussion about deaf-parented families dynamics (e.g. hearing status of family members, preferred mode of communication, language development, etc.), and screening for significant behavior, emotional, and personality characteristics that might greatly interfere with the Koda's ability to participate appropriately. Program enrollment is then formalized, with program paperwork and pre-test measures.

Kodas eligible for the program must satisfy the following criteria:

- Have at least one parent/guardian who is deaf, Deaf, hard of hearing, deaf-blind and/or late-deafened
- Not have a physical, psychological, or neurological impairment that would prevent them from benefitting from the program
- Have parent(s)/guardian(s) who are willing to participate in the parent session and

- agree to continue enrollment until program completion
- Provide assent and have ability to obtain reliable and punctual transportation to program sessions.

If a participant is unable to meet the criteria, then he/she will be excluded from the program and referred elsewhere for appropriate services (e.g. further evaluation, individual and/or family counseling) if applicable.

Session themes and interventions. Session themes were developed from the experiences and needs identified in the research and clinical observations. Session interventions generally contain a combination of interactive, expressive, cognitive, and emotional components (e.g. art projects, writing letters to younger Kodos, verbal expression, etc.). Generally, the group sessions follow a similar agenda, including greeting, check-in, homework review if applicable, topic introduction, activity overview and completion, activity processing and/or discussion, break, handouts and/or resource/resource list about the topic (if applicable), homework assignments (if applicable), and closing.

A variety of resources were consulted in developing session interventions. Some interventions are general and are for the initial or termination stages of the group while others are more appropriate for the working stages of the group and specific to Koda issues. An in-depth explanation of interventions can be found in Malekoff (2014) and Shechtman (2007), and in the program materials handbook. Table 2 outlines the content and sequence of topics for sessions; most sessions are specifically designed to process roles and experiences as identified in the research. When this specific, comprehensive, and direct approach is combined with the perspective of balancing related challenges and appreciation of culture, Kodos' psychological, emotional, and social needs can be met.

Check-in and summarizing session interventions. Group norms include setting aside 10-15 minutes at the beginning and end of each session to allow for check-in with group members to address concerns, share news, discuss the group process, summarize discussions, and prepare for next steps. Check-in and summarizing allows for resolution of individual and group experiences. Group norms include being mindful of "doorknob communication": raising issues and/or making significant remarks when there is little to no time to adequately address them.

Special Recommendations

Many Kodos grow up being protective of their parents and the Deaf community (Bull, n.d.; Hoffmeister, 2008). They may carry concerns that talking about their parents, extended family, personal thoughts and feelings, or the Deaf community, is a form of betrayal to their parents, family, and Deaf community. Group therapists need to be aware of this dynamic in establishing group norms, confidentiality, rapport, and evaluating resistance (Fox-Ritchie, 2016). Group therapists will also benefit from being mindful of how deaf parents' and the Deaf community's possible suspicions of the program, confidentiality, group session discussions, gossip in the Deaf community play out directly and indirectly through parent and Koda participation and during sessions (Fox-Ritchie, 2016). It is important that these points be addressed in a preventative, direct, and conscientious manner in the screening phase and throughout the course of the program (Fox-Ritchie, 2016).

Program Evaluation

A significant part of a program's success lies in conducting evaluations of effectiveness and efficiency (Royse, Thyer, Padgett, & Logan, 2001). Information from program evaluations is helpful for program maintenance and expansion. *Kids of Deaf Adults (Kodas): A Place to Belong* program evaluation plans include formative and process evaluations using quantitative, qualitative, and mixed method approaches and data. Evaluation plans include a combination of approaches via interviews, record review, observation, model and national standards, expert consultation, an ad hoc evaluation committee, peer review, and analyzing quantitative and qualitative satisfaction survey data. Other elements involve examining service utilization data, products of the program, the program's efficiency in major proximal goals and objectives and input, process, and output data (Royse, et al., 2001). More information on these plans is available in the program materials handbook.*

Future Directions

The present focus is to conduct, evaluate, and modify the program to establish it as an evidence-based/guided practice in the field of working with Kodas, deaf people, and deaf-parented families. In regards to areas for future directions and program expansion, a mentoring component could be incorporated for those who complete the program; this would help connect them to other group members. This peer-led role-model dynamic continues the program aims beyond the 15-week program. A second option could involve the addition of a parallel parent support group, since deaf parents have sufficient abilities to raise Kodas but may also want additional parenting information and skills related to Kodas' unique experiences. This program's initial orientation and information session, referral to individual and/or family therapy, and access to program staff during and after the program are beneficial. However, the program alone likely will not satisfy the need for a parent-specific group program. A third area for future directions could include developing similar group programs for younger Kodas and/or Codas. Although research indicates that the adolescent years are significant for identity, social, and family-attachment development, younger Kodas and adult Codas have needs for support as well. Programs focused on younger Kodas and adult Codas might have similar themes, but have different structure, goals, and interventions. Such expansions would likely address significant needs for both Kodas and d/Deaf parents and may also directly or indirectly impact extended family members (e.g. grandparents, aunts, uncles, etc.), as well as support or cultivate natural supports within the Deaf community. Programs may also help in capturing those with therapeutic needs outside of the scope of group work and connecting them to appropriate services.

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Table 1
 Program: *Kids of Deaf Adults (Koda): A Place to Belong Logic Model*

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	Objective	Proximal Goals	Distal Goals
Supportive services	Action planning	d/Deaf and hard of hearing (d/DHH) parents/guardians	5+ point increase on RSES	Improve self-esteem	Improve overall sense of self
Resources and information	Marketing				
Funding	Outreach	DeafBlind parents/guardians	1+ point increase on at least 1 goal on Goal Attainment Scale		Improve Koda and parent relationships
Staff	Screening and assessment	12-17 year-old hearing children of d/DHH parents			Reduce behavior, emotional, and psychological challenges
Time	Referrals				
Evidenced-based group therapy activities	Group therapy	Stakeholders	5+ point increase on AIDA discontinuity and incoherence scores	Improve identity resolution	
Peers/mentors	Outcome evaluation	General community			
	Program adaptation	Deaf community			
	Collaboration	Coda community	5+ point increase on SWLS/SWLS-C	Improve life satisfaction	
	Program monitoring				
	Clinical supervision		5+ point increase on CASSS total social support and importance scores		
	Parent education			Improve perceived social support	

Table 2

Koda: A Place to Belong Session Curriculum

<p><i>Session 1. For Parents: Parents of Koda</i> Psychoeducation and discussion with parents about Kodas' unique needs and experiences, positions between the hearing and Deaf worlds, and how typical teenage development plays a part in these dynamics.</p>
<p><i>Session 1. For Koda: Introduction to Group</i> Introduce Kodas to group with discussion of goals, expectations, confidentiality, and rules including communication and openness to sign and/or K/Coda-talk. Homework is to bring something to the next session that represents a part of them to share about.</p>
<p><i>Session 2. What is a Koda?</i> Discuss homework to bring and share about something that represents a part of their self. Explore the definition of Koda, the history of the term, related terms, and existing organizations.</p>
<p><i>Session 3. Being bi/multicultural and bi/multi-lingual.</i> Process Kodas' experiences related to intersections of diversity, bicultural/multicultural and bilingual/multilingual, "C/Koda-talk," parallels to peers who are children of immigrant parents, and advantages and disadvantages of bi/multicultural and bi/multilingual involvement/identities.</p>
<p><i>Session 4. Interpreter and Communication Mediator Roles.</i> Process Kodas' experiences as interpreters and brokers of language, culture, and communication including definition of these roles, societal and family experiences, advantages and disadvantages of these roles, strategies to manage this role and dynamics with parents and others, hearing world attitudes, and parallels to peers of immigrant parents and other groups.</p>
<p><i>Session 5. Protector and Advocate Roles.</i> Explore Kodas' experiences as protectors and advocates including definition of these roles, societal and family experiences, advantages and disadvantages of these roles, strategies to manage these roles and dynamics with parents and others, hearing world attitudes, and parallels to peers of immigrant parents and other groups.</p>
<p><i>Session 6. Role reversal and Parentification.</i> Process Kodas' experiences of role reversal including defining concepts, societal and family experiences, advantages and disadvantages of role reversal, strategies to manage these dynamics with parents and others, hearing world attitudes, parallels to peers of immigrant parents and other groups.</p>
<p><i>Session 7. A Unique Family.</i> Explore Kodas' immediate and extended family experiences, including what they love and dislike about their immediate and extended families, how Deaf and hearing communities are or are not a part of their families, family values and traditions, strategies to manage difficult family dynamics, how hearing world attitudes may or may not affect families.</p>
<p><i>Session 8. School and Academics.</i> Process Kodas' academic experiences, including what they wish their school knew about their parents and them, strategies to communicate and navigate school, identifying and discussing academic supports and resources (e.g. tutoring, etc.), and healthy strategies to support parents' inclusion in academics and schools.</p>
<p><i>Session 9. Advantages, Disadvantages, and Managing Stigma.</i> Identify and discuss advantages and disadvantages of being a Koda including associated feelings (e.g. guilt, betrayal, embarrassment, pride, etc.), how to embrace advantages, accept,</p>

<p>and resolve or manage the disadvantages and experiences of constantly needing to explain about the lives of deaf people and having deaf parents. Therapeutic homework is to create a collage illustrating their identity.</p>
<p><i>Session 10. Who I Am.</i> Process various facets of their identity via collages as therapeutic homework and discussion of hearing and d/Deaf worlds, other influences, roles, accomplishments, areas for further growth, assimilation into hearing community, involvement in deaf community, identity conflicts and strengths, normalcy in experiencing identity confusion, and healthy strategies for identity and relationship exploration.</p>
<p><i>Session 11. We Are Not Alone.</i> Identify and discuss other Kodas in the world, review works such as books and films by other C/Kodas, process similarities and differences, and experiences of isolation, loneliness, and belonging. A session intervention may involve interaction with a panel of adult Codas and/or Kodas.</p>
<p><i>Session 12. The Future.</i> Process how their lives might change in the future and adult years including career interests inside and outside of deafness, changes in family relationships, roles, and responsibilities, how hearing, d/Deaf, Koda, and other aspects might influence their future, and plans about sharing Deaf culture and sign language with spouses/partners and children. Discuss upcoming conclusion of the program including plans for the closing celebration. Therapeutic homework is to write a letter to a younger or future Koda.</p>
<p><i>Session 13. My Team and Wrapping Up.</i> Identify and discuss their support system and experiences of making and having friends. Also process upcoming program closing including sharing of Kodas' letter to a younger or future Koda program participant.</p>
<p><i>Session 14. Wrapping Up Continued.</i> Continue processing end of the program, including reviewing concepts, program experiences, thoughts and feelings about termination, what the group meant to them, what they meant to each other, feedback to group therapist(s), and plans for closure celebration. Kodas will be encouraged to develop and share celebration plans for Mother Father Deaf Day (last Sunday in April).</p>
<p><i>Session 15. Closure Celebration.</i> Celebrate program completion, including presenting a group project and/or individual work from group sessions, refreshments, and providing certificates of completion. Feedback regarding the program is sought from all.</p>