

Washington State Department of Health

Best Practice Guidelines in Early Intervention for Children with Hearing Loss

It is recommended that all infants be screened for hearing loss by one month of age, receive diagnostic audiological assessment by three months of age if necessary, and be enrolled in early intervention services by six months of age if the child is identified as having a hearing loss. Studies have shown that children identified with hearing loss who receive intervention prior to 6 months of age often meet or exceed the receptive and expressive language scores of their hearing peers. This protocol was developed by a workgroup comprised of parents, early intervention specialists, audiologists, members of the deaf community, and DOH staff, with extensive knowledge and expertise in early intervention services for children who are deaf or hard of hearing.

1) Early Intervention (EI) for children with hearing loss is family focused:

- Families have access to EI services provided by specialist(s) *with specific training in working with birth-to-three year olds with hearing loss*, in addition to other specialists that may be needed, as identified in the Individualized Family Service Plan (IFSP) (e.g., physical therapists, speech/language pathologists).
- Families may access these specialized services via a *variety of supports* including outreach by specialized program staff, outreach by other families, and distance technology.
- Services will be delivered and resources made available in the parents primary language.
- Services are provided and resources are available in *the family's chosen method of communication and educational approach* including American Sign Language (ASL), Signed Exact English(SEE), Auditory-Oral, Auditory-Verbal, Cued-Speech, etc.
- During the early period of information gathering and decision making, families are assisted by a person who can present and discuss unbiased information about communication options, respects family choices, and allows parents to make an informed final decision.
- Care focuses on family strengths and *follows the family's vision and priorities*.
- Services include all members of the family and their *circle of support*, as requested by the family.
- Care is developmentally appropriate for the child.
- Families, EI providers, and the child's medical home collaborated to provide the child with hearing loss complete access to communication with the important people in their lives ("*relationship-focused EI*").
- Families choose *where to meet* with EI providers, their Family Resources Coordinator (FRC) and other providers.
- *Brothers and sisters* of children with hearing loss have access to age-appropriate information, support and instruction.
- Children with hearing loss and their hearing siblings have *opportunities to interact socially with other siblings of deaf and hard of hearing (D/HH) children, young children, youth, and adults who are D/HH*.

Early Intervention (EI) in Washington State are services and supports designed to meet the developmental needs of a child 0-3 with a delay or a disability and the needs of the family related to enhancing the child's development.

The term **deaf** is used to describe persons who have a hearing loss greater than 90 dB HL. It also may be used to refer to those who consider themselves part of the Deaf community or culture and choose to communicate using American Sign Language instead of spoken communication.

Hard of Hearing (H/H) is the term used to describe those with mild to severe hearing loss.

The Individualized Family Service Plan (IFSP) is an ongoing planning process and document designed to meet the changing needs of children and families enrolled in early intervention. Federal guidelines require that the initial IFSP be completed within 45 days of referral.

American Sign Language (ASL) is a visual language with unique form, function, and social usage. It is the language of the deaf community and the third most common language used in the USA.

Unbiased means free from all prejudice and favoritism.

Relationship-Focused Early Intervention is concerned with the prevention of developmental problems and the promotion of social-emotional well-being. With prompt support, families and children develop mutual engagement and elaborate, satisfying, barrier-free 2-way communication early in life.

A Family Resources Coordinator (FRC) assists families with children birth to three, in accessing resources from the point of identification of a concern through the development of the Individualized Family Service Plan, early intervention services and transition to preschool special education or other services.

2) EI providers and other professionals working with this population have specialized expertise and training:

- FRCs with initial contact to families have specialized training in effective practices for infants/toddlers who are D/HH and related family issues. They provide support and information in an unbiased manner.
- EI providers working with D/HH children and their families receive initial and ongoing training in D/HH education, child development, early childhood education, and technology.
- EI specialists who are trained to work with children who are D/HH (including consultants who are deaf) participate in outreach to, and consultation with, other EI providers and medical professionals.

3) Families with D/HH children enrolled in EI receive appropriate information, evaluation, services, and support. Components include:

- How to *link with county/state Part C system, including an FRC and other EI services*, to ensure access to funding a variety of services, including other EI services that may be needed by the child (e.g., physical therapy, vision services).
- Information about *family networking and support* services, including support in dealing with the emotional impact of diagnosis (i.e. parent support groups, individual and family counseling).
- Information regarding *communication options for D/HH individuals, Deaf Culture, and available specialized services and assistive technology*.
- Support and careful assistance in *exploring and selecting a communication approach*, recognizing that this choice may change over time.
- *Variety of support models for children/families in learning the communication approach* of their choice.
- *Ongoing audiological services and monitoring* of hearing aids/cochlear implants if requested by parents.
- Assistance in *helping the child learn to effectively wear and/or use assistive devices, and to develop his/her residual hearing* if requested by parents.
- *Opportunities to gain support and information from a variety of individuals* who are D/HH, and other parents of children with hearing loss (e.g., parent mentoring program).
- Information specifically for *families relocating to, or moving out of, Washington State*.

4) IFSP Meetings and Ongoing Evaluation of Child:

- Participants in the IFSP meetings will include, but are not be limited to, family members, EI provider specializing in D/HH, audiologist, FRC, any other health care/service provider requested by the family.
- The EI team administers and coordinates regular assessments appropriate for children with hearing loss to document progress of child toward developmental milestones and IFSP outcomes.

5) Other Services:

- Infants identified with hearing loss are referred to an Ear Nose and Throat (ENT) for evaluation and appropriate medical and/or surgical care if indicated.
- Families are informed of genetic services, and if requested, provided with a referral to genetic evaluation within three months of diagnosis.

Assistive Technology may include relay telephone services, telecommunication devices, closed-captioning, hearing dogs, visual and/or technical devices.

Additional Resources:

For more information on hearing loss, please visit

http://www.seattlechildrens.org/programs/listings/newborn_hearing_screening/default.htm

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