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**Early Beginnings for Families with Deaf and Hard of  
Hearing Children: Myths and Facts of Early Intervention  
and Guidelines for Effective Services**

By Marilyn Sass-Lehrer, Ph.D.

February 2002

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## **Early Beginnings for Families with Deaf and Hard of Hearing Children: Myths and Facts of Early Intervention and Guidelines for Effective Services**

By Marilyn Sass-Lehrer, Ph.D.  
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### **Introduction**

Early identification of a hearing loss means an earlier start for young children with a hearing loss and their families. Families with infants whose hearing loss is identified through a newborn hearing screening program are able to make the most of their babies' first months of life by providing an optimal foundation for language, cognition, and social-emotional development. Researchers have found that when a hearing loss is identified early and families receive excellent intervention services by qualified providers by one year of age, these children attain language skills comparable to their hearing peers by the time they are five years old (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998; Moeller, 2000). In fact, the benefits of early identification and early intervention have exceeded many people's expectations and have positively changed the outlook for children with a hearing loss and their families.

Appropriate early intervention provides families with the information and support they need to maximize their child's overall development. Families participating in early intervention, with the help of professionals, identify services that they believe will benefit their children and themselves. Early intervention offers specialized services by qualified professionals that are provided in a manner that is compatible with the family's concerns and priorities.

Only a few years ago, early identification for all children with a hearing loss was still a dream. Now the number of families with infants seeking early intervention services has increased dramatically, creating a demand for the programs that are available. This increase is the result of aggressive efforts to implement newborn hearing screening programs throughout the country (Joint Committee on Infant Hearing, 2000). For example, newborn hearing screening has reduced the average age of identification nationally from 2.5 years to 2-3 months in Colorado. Currently all but four states have adopted plans to screen newborns for hearing loss and follow up with those families whose infants are referred for further evaluation and assessment.

Because of the limited number of professionals with expertise in working with infants with a hearing loss, professionals with limited knowledge often assume the responsibilities of providing services to families. Professionals and families, faced with



an overwhelming amount of information and sometimes conflicting opinions, may find it difficult to separate myths about hearing loss and early intervention from facts. Several myths and facts are presented in this document, along with implications for the best start for young children with a hearing loss and their families. Regardless of the hopes of the parents or future medical interventions, early intervention and appropriate services are vital. This paper does not address medical options or the use of hearing devices.

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After reading this document, the reader will understand:

- how early intervention provides families with the support they need to utilize family, community, and specialized resources to enhance their child's development;
- why early beginnings are so important for communication and language development, social and emotional well-being, and early literacy;
- how family involvement makes a difference;
- why no single approach works for all children with a hearing loss or their families;
- what environments are most appropriate for early intervention; and
- who should provide services to young children and their families.

The reader can use the information in this document to guide the development of early intervention services and to advocate for the provision of services that are most appropriate for families and their young children.

### **About the Author**

Marilyn Sass-Lehrer is a professor of Education at Gallaudet University in Washington, D.C. Sass-Lehrer is also the coordinator of the Family-Centered Early Education graduate teacher preparation program at Gallaudet. Since 1984, Sass-Lehrer has specialized in preparing professionals to work with young children and their families and has worked with deaf and hard of hearing children and their families in a variety of program settings. Her research and writing address teacher competencies, diversity, family-school partnerships, early intervention, and support for families with deaf and hard of hearing children. Sass-Lehrer is involved in several professional organizations that advocate for programs and services for deaf and hard of hearing children and families. She has written this document for KidsWorld Deaf Net, part of the Gallaudet University Laurent Clerc National Deaf Education Center.

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## **Section 1: What is the Purpose of Early Intervention?**

Families who have just learned that their child has a hearing loss typically have no prior experience or information about what this means for their child and family. Since more than 90 percent of parents with a child who is deaf or hard of hearing are themselves hearing, the news often comes as a complete surprise. Although parents react to the identification of their child's hearing loss in many different ways, they often need support as they adjust to this new and unexpected information. Parents want information about their child's hearing abilities, how to communicate clearly, and how they can enhance their child's development. Early intervention services provide families with support and information that promote the family's abilities to support their child's growth and development (Bodner-Johnson & Sass-Lehrer, 1999).

Soon after their infant or toddler's hearing loss has been identified, most families desire comprehensive information about hearing loss. They want to know the impact of their child's hearing loss on communication and language. They have questions about the educational opportunities available, how their child will learn, and how their child will get along with others. Families recognize the need for support as they adjust to this unexpected reality and often find that professionals and other parents of deaf and hard of hearing children are more understanding of their situation than their own family members (Meadow-Orlans, Mertens, Sass-Lehrer, & Scott-Olson, 1997).

Professionals providing early intervention services may be teachers of deaf and hard of hearing children, early intervention or early childhood specialists, audiologists, speech and language pathologists, parent educators, or sign language specialists. Regardless of their specific disciplinary background, effective early intervention specialists get to know families and develop relationships that restore the families' confidence and support them as they learn how to communicate with their child and feel competent in their abilities to be their child's best advocate.

Early intervention services may be provided through visits with the family in their home, an early intervention program center, or another community setting. During these sessions, families, with the guidance of professionals, determine the goals and services that are most appropriate for them. A range of services may be provided, such as emotional support to the family, information sharing, observations and feedback on how to adapt interactions, sign language lessons, listening and speech training, or collaboration activities with other professionals and agencies. Families benefit when they have opportunities to connect with other families with deaf and hard of hearing children and to get to know deaf and hard of hearing adults.



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Quality intervention programs employ professionals who have training and experiences working with families and their infants and toddlers who are deaf or hard of hearing. Effective programs provide to families a range of services that are family-centered and culturally responsive and that promote partnerships based on positive relationships between professionals and parents. Early intervention services are most effective when they are designed to strengthen the families' resources (e.g., family, friends, and community supports) and resolve to provide the best opportunities for learning available for their children.



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## **Section 2: What to Look for in an Early Intervention Program**

The following descriptions of effective early intervention programs and services (separated into the categories of family-centered services, communication and language acquisition, and collaboration in program development and evaluation) may be helpful to families seeking effective early intervention services, service providers looking for models, or others concerned about the quality of programs and services.

### **Family-centered Services**

Effective early intervention programs and services:

- are family-centered, building on the family's strengths and resources to enhance the child's development and learning;
- support the family's connections with its culture/community and access to resources that promote the family and child's well-being;
- provide information to the family about specialized services available for young children who are deaf and hard of hearing and their families;
- develop collaborative relationships with families that promote the family's confidence and competence to make informed decisions regarding their child's and family's future;
- provide programs and services that support the emotional needs of the family and facilitate their adaptation and understanding of their child's strengths and needs;
- promote family adaptation to hearing loss by connecting the family with other parents as well as adults and children who are deaf and hard of hearing;
- assist the family in learning about their child's unique talents and abilities and support interactions and communication approaches that enhance their child's development;

### **Communication and Language Acquisition**

Effective early intervention programs and services:

- provide information to the family about the importance of early communication and language acquisition;



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- facilitate the family's understanding of the full range of communication and language approaches;
- facilitate parent/caregiver and child interactions and communication utilizing visual and auditory/verbal strategies that provide full access to communication;
- ensure the family and young children have good language and cultural role models to support the family and child's communication and social-emotional development;
- collaborate with the family to determine how visual and auditory communication technologies can enhance access to communication and language for their child;

### **Collaboration in Program Development and Evaluation**

Effective early intervention programs and services:

- utilize an interdisciplinary approach to providing comprehensive and high-quality services to the family and children by specialists who are well-prepared to meet the priorities and concerns of families with young deaf or hard of hearing children;
- provide opportunities for the family to participate in the design and evaluation of programs and services that support family involvement in all aspects of the early intervention program;
- establish collaborative relationships with medical, health care, and hearing care professionals, early intervention state and local systems, community agencies, and specialized agencies and programs for deaf and hard of hearing people;
- provide individualized approaches to assessment and intervention that support the child and family's strengths and resources;
- utilize research-based best practices for promoting the overall development of young deaf or hard of hearing children and supporting the priorities and concerns of the family; and
- demonstrate effectiveness by evaluating the progress made by young children in their programs and assessing the family's satisfaction with the services they receive.



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### **Section 3: Myths and Facts About Early Identification and Intervention**

**Myth 1: Early identification of hearing loss works even without early intervention.**

**Fact 1: Early identification without early intervention may be detrimental to the family and child.**

Even the best program to identify a hearing loss will be ineffective if a seamless referral and timely participation in an appropriate and early intervention program do not follow. Unfortunately, early intervention by qualified providers is not always readily available. Families may have difficulty finding providers who understand the issues involved and who can answer their questions accurately and completely. Families may experience delays of several months before they find a program with specialists who have the expertise to work with them and their child.

The time between the identification of a hearing loss and participation in an early intervention program, if delayed, can be very frustrating for families. Families may be confused about what a hearing loss involves. They may feel helpless in finding information and services and may be angry that this has happened to their family. Lacking professional support and guidance may be detrimental not only to the family's sense of well being, but also to the child's development since researchers have shown that parent-child interactions are affected by the family's sense of well-being (Dunst, 1999; MacTurk, Meadow-Orlans, Koester, & Spencer, 1993).

Positive parent-child interactions promote the child's social, communication, and language development—the building blocks for literacy and academic achievement. Young children acquire language through intimate interactions with their parents and other caregivers. Babies are particularly sensitive and responsive to language interactions and acquire cognitive and communicative structures that promote language learning early in life. Through routine and caring interactions young children acquire both the language and social mores that link them to their family, culture, and community.

#### **Implications for families and service providers:**

Early hearing detection and identification programs need to ensure that families are referred immediately to programs and services that can support their emotional needs and provide them with information and resources to enhance their abilities to promote their child's early developmental needs. The early intervention programs should include specialists who are knowledgeable and experienced in working with families with young children with a hearing loss.



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Newborns should be screened for a hearing loss (which is happening in the majority of cases in the United States) at birth. Technicians and audiologists who have the responsibility of informing parents that their baby has a hearing loss must be sensitive and responsive to families. Few families with newborns suspect that their baby might have a hearing loss and the suspicion of hearing loss may elicit strong emotional responses. A combination of emotional support and information for families is critical. Families may not realize the importance of early identification or may not want to face a diagnosis of a hearing loss and need to be persuaded to pursue a thorough hearing evaluation as soon as possible after being informed that their baby may have a hearing loss.

Many state systems do not have a well-established link to early intervention services, especially services specific to children with a hearing loss, leaving many families without the information and resources they need. Early hearing detection programs that establish referral systems to ensure infants who fail hearing screenings receive a thorough and timely evaluation of their hearing and referral to early intervention are more effective than those that do not. States should establish task forces that include professionals, parents, and community members with expertise in working with very young children with a hearing loss and their families. Task force members should include: parents, deaf and hard of hearing adults in the community, physicians and other health care specialists, and educators.

**Myth 2: Children with a hearing loss will experience delays in communication and language.**

**Fact 2: Early, quality intervention promotes age-appropriate communication and language growth in many children.**

One of the primary goals of early intervention is to support parent-child communication. Without adequate hearing, infants are unable to understand spoken language well enough to learn how to talk. Children who have the advantage of quality early intervention programs and services have a high probability that they will begin school with a good foundation in language and effective communication skills (Yoshinaga-Itano, 2000).

While young children without a hearing loss acquire language naturally from their parents and other caring adults, parents with children who have a hearing loss usually need guidance from professionals to adapt their sound-based, auditory communication approaches to strategies that will stimulate their children's language growth. Calderon (2000) found that mothers' communication skills were a good predictor of a child's



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language, early reading, and social-emotional development. Infants identified and enrolled in quality early intervention programs during their first year of life demonstrate language skills similar to their hearing peers by three to five years of age (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998; Moeller, 2000). When parents and children communicate effectively with each other from the very start of a hearing loss identification, a foundation for language acquisition (both spoken and signed language) is established and language delays may be prevented or minimized (Yoshinaga-Itano, 2000).

Researchers in Colorado found that a child born in one of their newborn hearing screening centers and then enrolled in the Colorado Home Intervention Program had an 80 percent chance of achieving language competence that is within a normal range for other children the same age by five years of age (Yoshinaga-Itano, Coulter, & Thomson, 2000). (The Colorado Home Intervention Program, offered by the Colorado School for the Deaf and the Blind, provides home-based, family-centered programming to families of children with a hearing loss from birth to preschool.)

### **Implications for families and service providers:**

During the first few months after the infant's hearing loss is identified, a complete evaluation of the infant's hearing should take place. Families should receive support from professionals and other parents of children with a hearing loss to help them adjust to their child's hearing loss, understand the importance of an early start, and begin learning what needs to be done to ensure that their child's development is on track.

During this time, parents, other caregivers, and professionals in an effective early intervention program should observe and assess the child's use of residual hearing, vision, gestures, and vocalizations for communication, as well as temperament and interactions, to discover how the child responds best to different language stimuli. Professionals should help parents learn how to utilize visual and auditory avenues available to the baby to establish early communicative interactions and acquire skills such as gaining and directing attention and turn taking. (For more information, visit *A Good Start: Suggestions for Visual Conversations with Deaf and Hard of Hearing Babies and Toddlers*, <http://clerccenter2.gallaudet.edu/KidsWorldDeafNet/e-docs/visual-conversations>.)

While early identification and early intervention make a big difference in the lives of most children, continued support from families, skilled professionals, and specialized programming is necessary to ensure that these children develop and maintain age-appropriate skills. School age programs for young children with a hearing loss need to



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adapt to this promising new population of young children and families by providing programming that further propels these children's linguistic development.

**Myth 3: Only some children benefit from early identification of a hearing loss and early intervention services.**

**Fact 3: Children benefit from early identification and effective early intervention regardless of individual differences.**

Researchers have found that infants and families who participated in quality early intervention programs by six months of age outperformed their peers who did not receive similar services until later (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998). Children identified earlier did better on measures of language (signed or spoken) and social-emotional development than later identified peers regardless of their gender, ethnicity, socioeconomic status, communication modality, degree of hearing loss, or presence of multiple disabilities (Yoshinaga-Itano, 2000).

Young children who have a hearing loss and are enrolled early in an effective early intervention program are 2.6 times more likely to have language within the normal range in the first five years of life than a child who does not have this advantage (Yoshinaga-Itano, Coulter, & Thomson, 2000). All children benefit, despite differences in gender, ethnicity, socioeconomic status, communication modality, degree of hearing loss, or presence of multiple disabilities. These children tend to have better language (both signed and spoken), as well as better emotional-behavioral adjustment and social development. Not only do children benefit, but families who receive support through early intervention appear to adjust more quickly to their child's hearing loss than families whose children's hearing loss is not identified until later (Pipp-Siegel, Sedey, & Yoshinaga-Itano, in progress).

Young children who were not identified early, but who have families who are highly involved, may be able to "catch up," according to research by Moeller (2000) and Calderon (2000). The first six months of life appear to be crucial for language acquisition; however, young children who missed this early opportunity but who have families that are actively engaged in early intervention (e.g., actively participate in early intervention sessions and meetings, respond positively to their child, communicate effectively with them, and are strong advocates for them) have strong language and verbal reasoning skills. These studies indicate that early intervention and family involvement are powerful influences and strong predictors of success for children with a hearing loss.

**Implications for families and service providers:**



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Early identification and intervention programs should ensure that hearing screening and referral programs are available to all families regardless of their socioeconomic status, ethnicity, degree of hearing loss, or other individual family or child characteristic. All children and families benefit from an early start. Early intervention programming must include a strong parent support component that is responsive to the family's feelings and concerns and designed to encourage a positive adaptation and acceptance of their child. Programs should view families as partners and design programs and services so that family involvement is paramount. Families should understand the powerful influence they have over their child's development and be provided support that enables them to direct their energy and resources toward participation in early intervention activities and development of communication skills needed to foster effective communication in their families.

**Myth 4: All infants with a hearing loss and their families should receive the same early intervention services.**

**Fact 4: Early intervention services must be flexible to meet individual situations and respond to changes in family priorities, and be responsive to ways families find most helpful.**

Children with a hearing loss and their families are extremely heterogeneous (Gallaudet Research Institute, 2001), with special concerns, unique priorities, and various levels of resources (Meadow-Orlans & Sass-Lehrer, 1995). Families may have other deaf or only hearing family members, cultural and ethnic traditions, or educational experiences and values that affect their viewpoints and participation in early intervention. Families differ in the experiences they have had with individuals who are deaf or hard of hearing as well as their perspectives about what it means to have a hearing loss or disability. The types of services appropriate for children will depend upon a variety of factors including age, degree of hearing loss, whether they have disabilities other than a hearing loss, and other cultural and linguistic characteristics.

A mismatch between what the family members desire for themselves or their children and their early intervention program may result in the lack of participation or engagement in early intervention activities.

#### **Implications for families and service providers:**

Professionals must be sensitive to individual child and family differences to ensure that there is a comfortable fit for the family and the program and services are responsive to



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their unique situation and their child's needs. Programs should strive to offer a "menu" of services that will permit families to select what services are provided, what specialists are involved, and when and where they are provided. For example, some families may choose to participate in support groups, while others are more comfortable developing a relationship with one or two other parents who can provide the support they need; learning to sign from deaf adults who visit the family's home may be desirable for some, while other families may prefer to attend sign language classes. Services for families must be flexible to meet individual situations and responsive in ways that families find most helpful. When families believe that their viewpoints are accepted and respected, they are likely to feel more confident and competent than if there are discrepancies between their beliefs and those of the professionals with whom they work. Professionals should get to know the families and build positive relationships.

**Myth 5: There is one best communication approach for all children with a hearing loss.**

**Fact: 5: No single communication approach works for all children.**

The communication approaches used by deaf and hard of hearing people differ in their emphasis on vision and hearing to understand and communicate with others. Many people who are deaf adapt the way they communicate depending upon the people with whom they are communicating and the situation. Families with young children who have a hearing loss want to know which approach will work best for their child and are surprised to find that there is no single right approach for all.

The communication approaches used with babies and parents in early intervention programs range from a focus solely on the use of vision to promote language acquisition (such as with American Sign Language) to one that concentrates on the development of listening with the use of advanced technology and discourages any visual information including sign language or speechreading, i.e., Auditory/Verbal Approach. (For more information about language and communication approaches used by deaf and hard of hearing people, visit Info to Go, <http://clerccenter.gallaudet.edu/infotogo/index.html>.)

Despite efforts to determine what the best communication methodology is for all children, research consistently indicates that different approaches have different outcomes for different children (Carney & Moeller, 1998). Families often experience tremendous angst as they try to make the best choice for their child. Unfortunately, professionals may add to the stress with their lack of information or strong personal biases (Sass-Lehrer, 2002). Some research suggests that the mode of communication



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is less important than the quality of parent-child communication (Rosenbaum, 1998; Vacarri & Marschark, 1997).

Determining whether communication will be learned most effectively through the use of American Sign Language, listening and spoken language, signs and spoken language, or Cued Speech is a process that requires collaboration between parents and professionals (Moeller & Condon, 1994). Only after gathering information about the child's developmental abilities, unique characteristics, and the family's perspectives can professionals guide the decision-making process. Professionals must recognize that the decisions families make are not always based on the degree of their child's hearing loss or data collected through a series of assessments. Families' decisions are often based upon their views of the world, their experiences, and their goals for their children and their individual family situations.

### **Implications for families and service providers:**

Service providers may better serve families by supporting the development of effective parent-child communication that results in functional and enjoyable communicative exchanges between parent and child rather than asking parents to choose one approach that may limit either the child's or the family's ability to communicate (Sass-Lehrer, 2002). For example, parents with young children who have limited sign skills should be encouraged to use the sign skills they have as well as spoken language rather than limiting communication to fit the skills they possess.

Professionals and parents should be mindful that early language, rather than the form of communication (sign or speech), is the best predictor of their child's later language development, literacy, and academic performance. Professionals should avoid creating stress for families by asking them to select one approach over another before the family has had an opportunity to get to know their child and understand the complexity of the issues involved. In the meantime, professionals can be most helpful by working with families to support positive parent-child interactions that utilize a range of visual and auditory strategies.

Families need comprehensive information from professionals about the various communication approaches used by individuals who are deaf and hard of hearing. Many families will be motivated to investigate the various options on their own. Professionals can be helpful by providing information, resources, and opportunities for families to discuss the issues with other parents, adults who are deaf and hard of hearing, and other professionals. The decision-making approach is most effective when families keep an open mind, are flexible, and are responsive to their child's language progress and the effectiveness of the communication strategies they are using.



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**Myth 6: Young children with a hearing loss and their families should receive services only in settings that provide services for children without hearing loss.**

**Fact 6: Young children and families benefit from services provided by specialists and in settings that provide services for other young children with a hearing loss and their families.**

A provision in the Individuals with Disabilities Education Act (IDEA) indicates that services for children should be provided in "... settings that are natural or normal for an eligible child's age peers who have no disabilities." The legislation continues with the following statement: "...to the maximum extent appropriate, [early intervention services] are provided in natural environments including the home and community settings in which children without disabilities participate" (Part C, 1991 section 632[4][G]). Services provided in other settings (e.g., school for the deaf) require a written justification for why this setting is necessary. This provision has been misunderstood to mean that children with disabilities cannot receive services in separate settings that are specially designed to meet their needs.

The U.S. Department of Education recognizes that this provision needs clarification and has proposed that the communication needs of the young child be considered in determining the appropriate setting for services (U.S. Department of Education, 2000). A similar clarification currently exists for children ages 3-21 in Part B of IDEA. (For more information, visit: *How the Individuals with Disabilities Education Act [IDEA] Applies to Deaf and Hard of Hearing Students*, <http://clerccenter2.gallaudet.edu/KidsWorldDeafNet/e-docs/IDEA/index.html>). Action on this proposed clarification is still pending.

There is a strong value in this country to include children with any special needs in settings with children without special needs. While access to programs and services for all children is essential, few very young children with a significant hearing loss have the auditory and spoken language skills to be able to acquire language in generic settings from hearing adults and interaction with other young children. Most children need language and communication models that are fully accessible to them to acquire the skills they need. Children and families benefit from specialized early intervention services provided by qualified individuals who have the knowledge and skills to ensure that young children will achieve age-appropriate language, cognitive, and social outcomes.

Young children with a hearing loss and families have the advantage of benefiting from early identification and programming. The challenge, however, is ensuring that all



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families have the opportunity to participate in programs (whether they enroll only deaf or hard of hearing children or children with and without hearing losses) that are staffed with professionals who have the appropriate knowledge and skills and provide support for their children and families. The physical setting is less critical than the expertise among the staff and the opportunities and resources available to families and children.

### **Implications for families and service providers:**

The place where services are provided to families with very young children should be determined by the family and based on the family's and child's needs. For many families, this means that they may participate in early intervention activities in a variety of settings. The home may be the most appropriate location for services for one family, while for another family a better place to meet might be the child's child-care program or another location in the community. Programs should also provide services in an early intervention center where specialists and other families with deaf and hard of hearing children can come together to share information and provide support.

Families looking for an early intervention program should seek a program that offers at least some center-based programming. A center location has the advantage of providing families with a team of specialists designed for children with a hearing loss to guide them in developing skills to promote effective adult-child communication and child language acquisition. In one setting, families can access the audiologist, sign language specialist, and occupational therapist, all with expertise in working with young children with a hearing loss, without traveling to several different locations. A center provides a place where families can meet other families with similar experiences, children can interact with other children who have a hearing loss, and everyone can learn from adults who are deaf or hard of hearing. Center programs should ensure that the environment is conducive to advancing the development of listening skills and visual communication, and provide services needed to support the child's use of assistive auditory devices and other communication-related technologies.

**Myth 7: Any early intervention specialist or speech and language pathologist can provide appropriate services for infants and toddlers who are deaf or hard of hearing and their families.**

**Fact 7: Qualified personnel with specialized preparation are essential for providing appropriate services and achieving successful outcomes for young children who are deaf or hard of hearing and their families.**



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The increase in the number of infants identified with a hearing loss is resulting in a shortage of qualified personnel to work with families with young children with a hearing loss. Unfortunately, some families are in a situation in which they must accept services from individuals with limited knowledge or wait for services to become available. Many families find that they must seek out information and resources on their own and hope for the best. Others receive services from individuals who do not understand the complex issues related to a hearing loss and may inadvertently misguide them.

Qualified professionals have knowledge and expertise in general education, education of individuals with a hearing loss, early childhood education, families, and the impact of deafness on development (ASHA, 1994; Bodner-Johnson, 1994; Bodner-Johnson & Sass-Lehrer, 1999). In addition, professionals working with young children and their families should also be able to communicate proficiently and be able to provide an appropriate language model accessible to the child. A qualified professional working in partnership with the family can ensure that the benefits accrued from early identification are not lost and are indeed maximized to ensure the best early beginnings for young children.

Although many families are receiving services from very fine and committed professionals, they may not always have the knowledge and skills that will provide the best start for their young children.

### **Implications for families and service providers:**

There is a shortage of professionals who have the specialized training to work with this unique population of young children and their families. A concerted and immediate effort should be made to increase the numbers of individuals who enter the field of early intervention. In addition, early intervention specialists who are currently working with families should be provided with updated information, materials, and resources to help them provide appropriate services for young children and their families.

Families seeking early intervention programs should look for professionals who are knowledgeable about early development, hearing loss, and how to work with families. In addition, they should look for professionals who are proficient in the language and communication modalities that will provide young children with full access to language and help the families develop the skills they need to promote their children's language acquisition. An early start without qualified personnel to ensure effective services will not provide young children with the foundation they need to reach their potential.



## Conclusion

Early identification of a hearing loss is only the beginning for families with infants with a hearing loss. Participation in a quality early intervention program soon after a baby's hearing loss is identified is the next important step. For many families, however, finding a good program is not easy and families can be perplexed about what components make a program effective. Misconceptions among practitioners and policy makers can hinder the progress that children and families should expect if provided effective early intervention services.

The knowledge about early identification and early intervention includes:

- early identification without early intervention may be detrimental to the family and child;
- early quality intervention promotes age-appropriate communication and language growth in many children;
- children benefit from early identification and effective early intervention regardless of individual differences;
- early intervention services must be flexible to meet individual situations, respond to changes in family priorities, and responsive to ways families find most helpful;
- no single communication approach works for all children;
- young children and families benefit from services provided by specialists and in settings that provide services for other young children with a hearing loss and their families; and
- qualified personnel with specialized preparation are essential for providing appropriate services and achieving successful outcomes for young children who are deaf or hard of hearing and their families.

This document was developed to help clarify some of the misunderstandings regarding early intervention and identification so that families and service providers can join together to ensure the best early start for young children with a hearing loss and their families.



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## Appendix

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### On-line Resources

American Association for Home-Based Early Interventionists (AAHBEI), Logan, UT:  
<http://www.aahbei.org>.

American Society for Deaf Children (ASDC), Gettysburg, PA:  
<http://www.deafchildren.org>.

BEGINNINGS for Parents of Children Who are Deaf or Hard of Hearing, Inc., Raleigh, NC:  
<http://www.beginningssvcs.com>.

Center for Hearing Loss in Children, Boys Town National Research Hospital:  
<http://www.boystownhospital.org/>

Deaf Education: A Parents' Guide: <http://home.inreach.com/torsi/frame.html>.

KidsWorld Deaf Net Useful Links, Family Involvement:  
<http://academic.gallaudet.edu/KWDN/Libraries/FamilyInvLIB.nsf>.



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Where do we go from hear?: <http://gohear.org>.



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