Early Beginnings for Deaf and Hard of Hearing Children: Guidelines for Effective Services

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Abstract

Babies whose hearing abilities are assessed within the first few months of life and whose families are involved in effective early intervention programs for deaf and hard of hearing children are off to a good start. These children are likely to experience growth in language, communication and social-emotional development that is, in many situations, comparable to their hearing peers, and far better than the outcomes observed prior to the establishment of newborn hearing screening programs. With the support of skilled early intervention professionals and deaf adults, families without experience with deaf people can adapt quickly and begin learning how to communicate effectively with their baby. Early intervention programs face an unprecedented challenge to provide quality services to infants soon after birth and provide information and support to their families. This document explores myths and facts about the early years and early intervention services, and discusses what families and professionals can do to ensure effective services for young children who are deaf or hard of hearing.

Introduction

Early identification of hearing abilities means an early start for young children who are deaf or hard of hearing and their families. Families with infants 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 baby’s hearing abilities are identified early and children and families receive excellent intervention services by one year of age, these children can attain language skills near the level of their hearing peers by the time they are five years old (Moeller, 2000; Yoshinaga-Itano, 2006). In fact, the benefits of early identification and early intervention have exceeded many people’s expectations and have positively changed the outlook for children who are deaf and hard of hearing and their families.

Early intervention provides families with the information and support they need to maximize their child’s overall development. Families, with guidance from professionals, select services that will benefit their children. Early intervention offers specialized programming by competent professionals that is provided in a manner that is compatible with the child’s strengths and needs and the family’s concerns and priorities.

The widespread availability of newborn hearing screening programs means that almost all deaf and hard of hearing infants and toddlers now have opportunities that only a short time ago were not possible. The number of families with infants seeking early intervention services has increased dramatically. This increase is the result of
aggressive efforts to implement newborn hearing screening programs throughout the country (JCIH, 2007). All 50 states have now established newborn hearing screening programs, and babies who are deaf or hard of hearing are likely to begin receiving early intervention services well before their first birthdays.

Yet, challenges remain. Although almost all babies receive hearing screenings, many babies do not receive timely and effective early intervention services. This may be due to a variety of factors, including a lack of specialists who are able to evaluate an infant’s hearing and the lack of professionals who know how to work with infants who are deaf or hard of hearing and their families. Professionals with limited knowledge often assume the responsibilities of providing services. Families seeking information and support may turn to the internet where they can locate an abundance of information. However, families may find the information overwhelming and discover that it is often laced with conflicting advice and strong opinions. Families learn that is is often difficult to separate myths from facts. Several myths and facts are presented in this document along with recommendations for a strong start for young children who are deaf and hard of hearing and their families.

About the Author

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How Can You Use this Document?

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;
- How family involvement makes a difference;
- Why no one approach works for all children;
- 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 advocate for the provision of services that are most appropriate for young children who are deaf or hard of hearing.

Section 1: What is the Purpose of Early Intervention?

Families who have just learned that their child is deaf or hard of hearing 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 level in many different ways, they often need support as they adjust to this new and unexpected information. Parents want to know what they can do to help their child. Early intervention services are designed to provide families with the support and information they need to promote their child’s growth and development (Sass-Lehrer, 2011).
Soon after their infant’s or toddler’s hearing abilities have been identified, most families desire comprehensive information about what this means. They want to know the impact of their child’s hearing levels 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, 2003).

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. These professionals work closely with families to restore their confidence and support them as they learn how to communicate with their child, and develop skills to advocate for their child.

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 their child and family. A range of services may be provided such as emotional support, information sharing, observations and feedback on how to adapt interactions, deaf mentoring, sign language lessons, or collaborative activities with other professionals and agencies. Quality intervention programs employ professionals who have training and experience working with families and their infants and toddlers who are deaf or hard of hearing. Effective programs provide a range of services to families that are family-centered, culturally responsive, and promote partnerships that are based on positive relationships between professionals and family members. Early intervention services are most effective when they are designed to strengthen the families’ resources and resolve to provide the best opportunities for learning available for their children.

Section 2: Myths and Facts About Early Identification and Intervention

Myth 1: Early identification works even without early intervention.
Fact 1: Early identification without early intervention is ineffective.

Unfortunately, early intervention by qualified providers is not always readily available. Families may have difficulty finding providers who understand the issues involved and can answer their questions accurately and completely. Families may experience delays 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 difference and participation in an early intervention program, if delayed, can be very frustrating for families. Families may be confused about what it means to be deaf or hard of hearing. They may feel helpless in
finding information and services, or may be upset or sad that this has happened to their child. 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.

Researchers have shown that parent-child interactions are affected by the family’s sense of social support and well-being (Koester & McCray, 2011; Meadow-Orlans & Steinberg, 2004). Positive parent-child interactions promote the child’s social, communication, and language development that are 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 immediately referred 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. Early intervention programs should include specialists knowledgeable and experienced in working with families with young children who are deaf or hard of hearing. Researchers concur that child outcomes are better when professionals working with them have specialized training (Moeller, 2000; 2007; Yoshinaga-Itano, 2003).

Newborns should receive hearing screening shortly after birth (which happens in the vast majority of cases in the United States). Technicians and audiologists who have the responsibility of informing parents/caregivers that their baby is deaf or hard of hearing must be sensitive and responsive to families (Young & Tattersall, 2007). Few families with newborns suspect that their baby might have limited hearing, and the news that their child did not pass the newborn hearing screening may elicit strong emotional responses. A combination of emotional support and information for families is critical. A family’s negative reaction may delay follow up with recommendations to pursue a timely and thorough hearing evaluation.

State systems are expected to have information and resources available for professionals and families with deaf and hard of hearing children to ensure timely evaluations and referrals to early intervention services (Raimondo, 2011). Many states are still in the process of developing these resources and ensuring that they are comprehensive and accessible to all families. Families, deaf adults, and professionals should work with the early hearing detection and intervention (EHDI) systems in their states to ensure that information provided to families is comprehensive and provides them with accurate and helpful information.
Myth 2: Children who are deaf and hard of hearing will experience delays in communication and language.  
Fact 2: Early, quality intervention minimizes communication and language delay for many children.

One of the primary goals of early intervention is to support parent-child communication. With limited access to hearing, infants are unable to understand spoken language well enough to acquire an understanding of their world or to learn how to talk. Researchers generally agree that early visual language models are critical for deaf and hard of hearing children to acquire a good foundation in language (Spencer & Marschark, 2011). Children who have full access to comprehensible language as well as quality early intervention services provided by qualified professionals have a high probability that they will begin school with a good foundation in language and effective communication skills (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998; Moeller, 2000).

While young children who are hearing acquire language naturally from their hearing parents and other caring adults, hearing caregivers with children who are deaf or hard of hearing usually need guidance from professionals to adapt their sound-based, auditory communication approaches to include visual strategies that will stimulate their children’s language growth. Deaf mentors or advisors can provide this kind of support to families and promote language outcomes. Calderon (2000) found that mothers’ communication skills were a good predictor of a child’s language, early reading, and social-emotional development. Parents/caregivers and children communicating effectively with each other from the earliest months of life establish a foundation for language acquisition in spoken and/or signed language that may prevent or minimize language delays.

Implications for families and service providers:

During the first few months of life, the infant should receive a complete evaluation of his or her hearing and vision abilities from a skilled pediatric audiologist and vision specialist. Knowing each child’s abilities will help families and specialists understand how to capitalize on the child’s strengths. Families should receive support from professionals and other parents, including those professionals and parents who are deaf, to help them adjust to their child’s communication needs and learn how to ensure that their child’s language development is on track.

During this time, parents, other caregivers, and professionals 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 their child responds best to different language stimuli. Professionals should help parents/caregivers 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:...

While early identification and early intervention make big differences in the lives of most children, continued support from families, skilled professionals, and specialized programming is necessary to ensure that these children do not fall behind. Professionals and family members are right to establish high expectations for their child’s development (Young & Tattersall, 2005).

School age programs for young children who are deaf and hard of hearing need to adapt services to meet the needs of this promising new population of young children and involved families by providing programming that further propels these children’s linguistic development.

Myth 3: Only some children benefit from early identification of their hearing 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 before their first birthday outperformed their peers who did not receive similar services until later (Moeller, 2000, 2007; Yoshinaga-Itano, Sedey, Coulter & Mehl, 1998; Yoshinaga-Itano, 2003). Children enrolled in early intervention programs by six months of age 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, 2003).

Young children who are enrolled early in an effective early intervention program are 2.6 times more likely to have language skills within the average 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 by 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 status than families whose children’s hearing abilities were not identified until later (Pipp-Siegel, Sedey & Yoshinaga-Itano, 2002).

Young children who were not identified early, but have families who are highly involved, may be able to “catch up” according to research by Moeller (2000) and Caleron (2000). The first six months of life appear to be crucial for language acquisition; however, according to these researchers, young children who missed this early opportunity, but
have families who 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, are strong advocates for their children) 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 who are deaf or hard of hearing.

**Implications for families and service providers:**

Early identification and intervention programs should ensure that hearing screening and effective follow up and referral programs are available to all children and their families, regardless of socio-economic status, ethnicity, or individual child abilities. Every child and family benefits from an early start. Early intervention programming must include a strong parental support component that is responsive to the family's feelings, cultural perspectives and concerns, and is designed to encourage 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 to participate in early intervention activities and develop the skills they need to foster effective early communication (Meadow-Orlans, Mertens & Sass-Lehrer, 2003).

**Myth 4:** All infants with hearing loss and their families should receive the same early intervention services.
**Fact 4:** Early intervention services must be individualized to meet the unique backgrounds and abilities of young children who are deaf or hard of hearing and their families.

Children who are deaf and hard of hearing and their families are extremely heterogeneous (Gallaudet Research Institute, 2008) with special concerns, unique priorities, and various levels of resources (Meadow-Orlans et al., 2003). Families may have other deaf or only hearing family members, cultural and ethnic traditions, or educational experiences and values that affect their viewpoints and involvement 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 be deaf or to be deaf with disabilities. The types of services appropriate for children will depend upon a variety of factors including age, the children’s hearing levels, whether the child has a disability, the family’s familiarity with being deaf and other cultural and linguistic factors.

**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
their unique situation and their child’s special needs. A mismatch between the services offered and what the family believes should be provided for their child may result in the lack of participation or engagement in early intervention activities. Services for families must be flexible to meet individual situations and responsive in ways that families find most helpful.

**Myth 5:** There is one best communication approach for all children who are deaf or hard of hearing.

**Fact:** No one communication approach works for all children.

People who are deaf use a variety of communication and language strategies to communicate depending upon the people with whom they are communicating and the situation. Communication opportunities for deaf people include using visual, aural and oral modalities, American Sign Language and English, in spoken and written forms. Families with young children who are deaf or hard of hearing want to know which approach or combination of approaches will work best for their child and are surprised to find that there is no one right way for everyone.

The communication modalities and languages used with babies and parents in early intervention programs range from an emphasis on American Sign Language (ASL) as a first language to promote early language acquisition, to a focus on spoken language using hearing and assistive technologies and discouraging the use of visual information, such as sign language or speechreading. Some programs encourage families to use only one language at a time (ASL or English) and not to combine modalities (visual or auditory). Other programs promote the use of combined approaches, such as signing in English word order while speaking.

Research efforts to determine the best communication approach for all children have not demonstrated that one modality or language (or a combined use of modalities and languages) results in language levels that are equal to those of hearing children at similar ages or developmental stages (See Spencer & Marschark, 2011). One group of children who consistently demonstrate age equivalent language skills are children with deaf parents who sign to their babies from birth. In one study, children whose parents/caregivers provided their infants with full access to language from birth through American Sign Language demonstrated language levels that were parallel to the spoken language levels of their hearing peers at 18 months of age (Meadow-Orlans, Spencer & Koester, 2004). In this same study, the researchers found that children whose hearing mothers incorporated some signs into their communication interactions were likely to have better expressive vocabularies by 18 months of age than those children whose mothers relied only on spoken language. These children’s vocabulary levels were, however, significantly below those of their hearing peers. In other studies, children whose primary communication was oral and relied on spoken language with hearing aids or cochlear implants have demonstrated, under specific conditions, the ability to acquire age appropriate language skills (Geers, 2002; Nicholas & Geers, 2007).
Many, if not most, of these children have been unable to maintain language growth equal to their hearing age peers (Spencer & Marschark, 2006).

Families often experience tremendous angst as they try to make the best choices for their child. Professionals, unfortunately, may add to the stress by their lack of information or strong biases (Meadow-Orlans et al., 2003). Young children who have been provided with timely and effective early intervention are able to acquire more than one language and demonstrate the ability to adapt modalities (signs and spoken language) for different communication partners and purposes. Researchers suggest that the communication modality is less important than the quality of parent-child communication (Calderon, 2000; Moeller, 2000; 2007).

Determining whether communication will be most effective 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 families and professionals (Marge & Marge, 2005). Only after gathering information about the child’s developmental abilities, unique characteristics, and the family’s perspectives can professionals guide the decision-making process. The decisions families make are not always based on the extent of their child’s hearing abilities, data collected through a series of assessments, or the recommendations of professionals. Families’ decisions often reflect their views of the world, their experiences, their goals for their children and their individual family situations (Wainscott, Croyle, & Sass-Lehrer, 2004; Steinberg, et al., 2000).

**Implications for families and service providers:**

Service providers can support the child’s acquisition of language by facilitating effective parent-child communication that results in functional and enjoyable communicative exchanges between parent and child (Meadow-Orlans et al., 2003). Family members 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 language, rather than the form of communication (sign or speech), is the best predictor of a child’s literacy and academic performance. Professionals should avoid asking families to select one approach over another before the family has had an opportunity to learn about the opportunities available and to discover their child’s strengths and abilities. Professionals can help parents and caregivers set realistic expectations and develop the skills they need to be responsive to their child’s communication attempts and develop skills that will ensure fully accessible language learning environments. Professionals can be most helpful by working with families to support positive parent-child interactions that utilize a range of visual as well as 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 and are responsive to their child’s language progress and the effectiveness of the communication strategies they are using.

**Myth 6: Young children who are deaf or hard of hearing should receive services only in settings that provide services for children who are not deaf.**

**Fact 6: Young children and families benefit from services provided by specialists and in settings that provide services for other young children who are deaf or hard of hearing and their families.**

A provision in the Individuals with Disabilities Education Act (IDEA) indicates that “…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 (IDEA, 2004, section 632(4)(G)(H)). This provision has been misunderstood to mean that children with disabilities cannot receive services in separate center-based settings that are specially designed to meet their needs. Consideration of special language and communication needs, and opportunities for direct communication with peers and adults in the child’s language and communication modality(ies) are appropriate rationale for center-based services (ASHA, 2008b).

The Joint Committee of the American Speech-Language and Hearing Association (ASHA) and the Council on Education of the Deaf (CED) recognized that professionals and families needed guidance to determine appropriate settings for services for children below three years of age. As a result, they developed *A Fact Sheet on Natural Environments for Infants and Toddlers who are Deaf or Hard of Hearing and their Families* (see: [http://www.asha.org/advocacy/federal/idea/nat-env-child-facts.html](http://www.asha.org/advocacy/federal/idea/nat-env-child-facts.html)).

There is a strong value in this country to include children with any special need in settings with children without special needs. While access to programs and services for all children is essential, 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 competent professionals who have the knowledge and skills to ensure that young children will achieve age appropriate language, cognitive and social outcomes.

Young deaf and hard of hearing children are benefitting from early identification and programming. The challenge, however, is ensuring that all children and their families have the opportunity to participate in programs that are staffed with professionals who have the appropriate knowledge and skills. These programs should also provide access to deaf and hard of hearing adults who are fluent users of the language(s) and
communication modality (modalities) of the children and families. An appropriate setting will also include language and social peer models for the children. The physical setting, i.e., whether in a school or clinic setting, is less critical than the expertise of 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 and their very young children should be determined by the family and professionals working with the child and based on the 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 might be the a child care program or another location in the community. Programs should also offer a setting where specialists and other families with deaf and hard of hearing children can come together to share information, as well as give and receive support.

Families looking for an early intervention program should seek one 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 who are deaf or hard of hearing and have the knowledge and 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 who are deaf or hard of hearing 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 are also deaf, and everyone can learn from adults who are deaf or hard of hearing. Center programs can ensure that the environment is conducive to advance the development of listening skills and visual communication, and provide services needed to support the child’s use of assistive auditory 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.

The increase in the number of infants identified for early intervention services and the lack of programs preparing specialists has resulted in a shortage of qualified personnel to work with families with young deaf and hard of hearing children. 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
being deaf, and may inadvertently misguide them. 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.

The quality of early education and developmental services depends on the quality of the specialists. Researchers suggest that outcomes for young children and their families are better when providers have specialized training in early intervention for children who are deaf or hard of hearing (Calderon, 2000; Kennedy, McCann, Campbell, Kimm, & Thornton, 2005; Nittroer & Burton, 2001; Yoshinaga-Itano, 2003). Qualified professionals have knowledge and expertise in a wide range of areas that are not limited to one specific discipline. Professionals may have backgrounds in education of deaf children, early childhood education, speech and language pathology, counseling or other areas. According to the research as well as recommendations from professional organizations and initiatives, professionals working with infants and toddlers who are deaf or hard of hearing should have knowledge and skills in the following nine areas: (1) family-centered practices; (2) socially, culturally, and linguistically responsive practices; (3) language acquisition and communication development; (4) infant and toddler development; (5) screening, evaluation, and assessment; (6) auditory, visual, and tactile technologies; (7) planning and implementation of services; (8) collaboration and interdisciplinary practices; and (9) professional and ethical behavior, legislation, policies, and research (Stredler-Brown, Moeller & Sass-Lehrer, 2009). 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.

**Implications for families and service providers:**

There is presently 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 number of individuals who enter the field of early intervention. Early intervention specialists who are currently working with families should be provided with professional development opportunities to help them deliver appropriate and effective services for young children and their families.

Families seeking early intervention programs should look for professionals who are knowledgeable about early development, what it means to be deaf or hard of hearing, 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 them develop the skills they need to promote their children’s language acquisition. An early start alone, without qualified personnel to ensure effective services will not provide young children with the foundations they need to reach their potential.
Section 3: What To Look for in an Early Intervention Program

The following descriptions of effective early intervention programs and services 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:

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 their culture/community and access to resources that promote the family and child’s well-being;
- provide information to families about specialized services and supports 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 families and facilitate their adaptation and understanding of their child’s strengths and needs;
- provide information to families about the importance of early communication and language acquisition;
- facilitate families’ understanding of the full range of communication modalities and language opportunities;
- facilitate parent/caregiver and child interactions and communication utilizing visual and/or auditory/verbal strategies that provide full access to communication;
- ensure families and young children have good language and cultural role models who are deaf or hard of hearing to support the family and child’s communication and social-emotional development;
- Utilize an interdisciplinary approach to provision of services to families and children that provides comprehensive and high quality services by specialists who are well-prepared to meet the priorities and concerns of families with young deaf and hard of hearing children;
- promote family adaptation by connecting families with other parents as well as adults and children who are deaf and hard of hearing;
• collaborate with families to determine how visual and auditory communication technologies can enhance accessibility to communication and language for their child;

• assist families in learning about their child’s unique talents and abilities and support interactions and communication approaches that enhance their child’s development;

• provide opportunities for families 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 of and 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 and hard of hearing children and supporting the priorities and concerns of families;

• demonstrate effectiveness by evaluating the progress made by young children, adapting and revising services as needed, and assessing the satisfaction of services provided to families; and

• establish high expectations for families and other professionals for the possibilities and potential of young children who are deaf and hard of hearing

Conclusion

Early identification is only the beginning for families with infants who are deaf or hard of hearing. Participation in a quality early intervention program soon after a baby’s hearing abilities are identified is the next best step. For many families, however, finding a good program is not easy, and many families are perplexed about what makes 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. This document was developed for Info to Go to help clarify some of these misunderstandings so that families and service providers can join together to ensure the best early start for young children who are deaf and hard of hearing and their families.
References


