



MENTAL RETARDATION BULLETIN

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SUBJECT

EARLY INTERVENTION PROGRAM ISSUES FOR
CHILDREN WHO ARE DEAF OR HARD OF HEARING

BY

Nancy R. Thaler
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Deputy Secretary for Mental Retardation

SCOPE: County Mental Health/Mental Retardation Administrators
Early Intervention Program Directors

PURPOSE:

The purpose of this bulletin is to transmit information on program recommendations related to early intervention issues for children who are deaf or hard of hearing

BACKGROUND:

The State Interagency Coordinating Council has recently adopted as best practices, program recommendations concerning issues for children who are deaf or hard of hearing. These recommendations were developed, in consultation with experts in the field, to provide guidelines for ensuring that children with these unique needs, and their families, receive the appropriate intervention services.

DISCUSSION:

The information within these recommendations should be utilized when serving children who are deaf or hard of hearing. The recommendations included in the Attachment to this Bulletin are suggested best practices for evaluation, assessments and development of services for these children and their families. It also includes risk criteria for identifying infants and toddlers who are at risk for sensorineural hearing impairments. All agencies and organizations are encouraged to utilize these recommendations when supporting children and their families.

REFER COMMENTS AND QUESTIONS TO:

Ms. Kimberly Mirarchi, Office of Mental Retardation, P.O. Box 2675,
Harrisburg, Pennsylvania 17105-2675: telephone (717) 783-5771 or network 8-
443-5771.

Attachment

EARLY INTERVENTION ISSUES FOR CHILDREN

WHO ARE DEAF OR HARD OF HEARING:

PROGRAM RECOMMENDATIONS

Passed as amended by State ICC

12/2/93

EARLY INTERVENTION ISSUES FOR CHILDREN

WHO ARE DEAF OR HARD OF HEARING:

PROGRAM RECOMMENDATIONS

The implementation of provisions under The Individuals With Disabilities Act (IDEA) and Pennsylvania Act 212-1990, The Early Intervention Services System Act, offers appropriate early intervention for eligible infants, toddlers, and preschool-aged children. For these appropriate services to occur, the unique needs of all eligible children must be considered.

Because of the low percentage of children with hearing loss in the population of birth to age of beginners and because of the specialized training needed by staff to work with these children, appropriate early intervention and preschool programs are currently limited. In addition, some service providers are accepting children who are deaf or hard of hearing, while utilizing personnel with no training or experience in this field of expertise.

The Pennsylvania Interagency Coordinating Council in consultation with experts in the field of hearing loss recommend the following as best practices:

Early Intervention Special Needs of Children Who are Deaf or Hard of Hearing

RECOMMENDATIONS

1. Intervention must include direct services of a teacher of persons who are deaf or hard of hearing whose credentials meet the highest standards of the Commonwealth.

When it is not desirable to the family to have a teacher of persons who are deaf or hard of hearing provide direct services, a teacher of persons who are deaf or hard of hearing should be included as a part of the team.

2. Adopt the American Speech Language-Hearing Association (ASHA) risk criteria for identifying hearing loss ages birth to 2 years (See page 3 of this attachment).

Extensive work has already been accomplished in the identification of risk criteria for hearing loss in young children by ASHA through the Joint Committee on Infant Hearing.

Therefore, this committee recommends that the guidelines developed by the Joint Committee on Infant Hearing (1991) be used as criteria for identifying children with hearing loss in the Commonwealth of Pennsylvania.

3. Local Mental Health/Mental Retardation Programs and education agencies should assure that children who are deaf or hard of hearing are provided appropriate services by qualified personnel such as:
 - audiological assessments
 - developmental evaluation designed for children who are deaf or hard of hearing
 - appropriate curricula
 - communication accessibility using the methodology chosen by the family
 - family training in the chosen communication system
 - provision of assistive devices
 - referral to community, regional, state and national resources for parents of children who are deaf or hard of hearing.
4. Center schools for persons who are deaf or have a hearing loss should be considered in the continuum of services.
5. A variety of factors should be considered regarding placement in early intervention programs. These include, but are not limited to: family choice, teacher certification/licensure, peer group, additional disabilities, communication methodology, assistive technology.

RISK FACTORS FOR INFANT HEARING LOSS

Risk Criteria: Newborn Infants (birth - 28 days)

The risk factors that identify those newborns who are at-risk for sensorineural hearing impairment include the following:

- (1) Family history of congenital or delayed onset childhood sensorineural impairment.
- (2) Congenital infection known or suspected to be associated with sensorineural hearing impairment such as toxoplasmosis, syphilis, rubella, cytomegalovirus and herpes.
- (3) Craniofacial anomalies including morphologic abnormalities of the pinna and ear canal, absent philtrum, low hairline, etcetera.
- (4) Birth weight less than 1500 grams (3.3 lbs.).
- (5) Hyperbilirubinemia at a level exceeding indication for exchange transfusion.
- (6) Otoxic medications including but not limited to the aminoglycosides used for more than 5 days (e.g., gentamicin, tobramycin, kanamycin, streptomycin) and loop diuretics used in combination with aminoglycosides.
- (7) Bacterial meningitis.
- (8) Severe depression at birth, which may include newborn infants with Apgar scores of 0-3 at 5 minutes or those who fail to initiate spontaneous respiration by 10 minutes or those with hypotonia persisting to 2 hours of age.
- (9) Prolongs mechanical ventilation for a duration equal to or greater than 10 days (e.g., persistent pulmonary hypertension).
- (10) Stigmata or other findings associated with a syndrome known to include sensorineural hearing impairment (e.g. Waardenburg or Usher's Syndrome).

Risk Criteria: Older Infants/Toddlers (29 days - 2 years)

The factors that identify those infants/toddlers who are at-risk for sensorineural hearing impairment include the following:

- (1) Parent/caregiver concern regarding hearing, speech, language and/or developmental delay.
- (2) Bacterial meningitis.
- (3) Neonatal risk factors that may be associated with progressive sensorineural hearing loss (e.g., cytomegalovirus, prolonged mechanical ventilation and inherited disorders).
- (4) Head trauma especially with either longitudinal or transverse fracture of the temporal bone.
- (5) Stigmata or other findings associated with syndromes known to include sensorineural hearing loss (e.g., Waardenburg or Usher's Syndrome).
- (6) Ototoxic medications including but not limited to the aminoglycosides used for more than 5 days (e.g., gentamicin, tobramycin, kanamycin, streptomycin) and loop diuretics used in combination with aminoglycosides.
- (7) Children with neurodegenerative disorders such as neurofibromatosis, myoclonic epilepsy, Werdnig-Hoffman disease, Tay-Sach's disease, infantile Gaucher's disease, Nieman-Pick disease, any metachromatic leukodystrophy, or any infantile demyelinating neuropathy.
- (8) Childhood infectious diseases known to be associated with sensorineural hearing loss (e.g., mumps, measles).

Reference for Risk Factors for Hearing Loss

Joint Committee in Infant Hearing. 1991. ASHA, 33 (Suppl. 5), 3-4.