EARLY DETECTION AND INTERVENTION OF HEARING LOSS: ROLES AND RESPONSIBILITIES FOR EDUCATIONAL AUDIOLOGISTS

(Approved by Executive Board of Educational Audiology Association, January 2002)

Audiologists who are employed in school settings have an opportunity as well as responsibility to promote early detection and intervention of hearing loss. While the Individuals with Disabilities Education Act (IDEA) definition of audiology includes identification of children with hearing loss, the responsibility of population-based screening activities are generally considered health initiatives rather than special education responsibilities. In addition to identification, IDEA mandates assessment, referral, provision of amplification and habilitation services, and counseling parents and teachers. It also requires activities that promote the prevention of hearing loss. Further, audiologists have a responsibility to support families through the development of the Individual Family Service Plan (IFSP). In this new role, it is paramount that audiologists provide families unbiased information regarding communication options, support families in the choices they make, and help insure the child's access to language and communication in that chosen method. In order to do so, audiologists should understand and recognize their roles as supporters and facilitators and particularly the importance of neutrality they bring to this process as education representatives.

In 1997, amendments were made to The Individuals with Disabilities Education Act, (P.L. 105-17). Rules for the administration of Part B (pertaining to children 3-21 years old) were published in 1999. Proposed rule changes for Part C (pertaining to infants and toddlers) were published for public comment on September 5, 2000 (Federal Register, 65, 172, 53830-53855). The final rule from the US Office of Education was delayed and will now be incorporated into the IDEA reauthorization scheduled for 2002.

There are four parts of early identification and intervention of hearing loss that warrant consideration by educational audiologists. These include the definitions of the role of audiologists, communication, the provision of services within a child's natural environment, and requirements for qualified providers.

Roles and Responsibilities of the Educational Audiologist

For each of the roles described below, activities of the educational audiologist are suggested:

Role	Activities
1. Identification of children with hearing loss, using appropriate audiological screening techniques.	• attend equipment trainings at hospitals • review (score) screening results when automated scoring not available • provide screening inservice • assist with data tracking and management • provide screening rechecks prior to referral for diagnostic evaluation • track referrals from screening to rescreening to assessment • provide information to families about the screening/rescreening process and necessary follow-up steps for assessment where appropriate • participate as resource provided for community • refer to part C point of entry within 2 days of rescreening to initiate referral process for possible service coordination and IFSP services (NOTE: in some communities this step many not be completed until a hearing loss is actually diagnosed; however, if the family needs support and assistance to obtain a hearing evaluation, the Part C referral should be initiated)

2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures.	• refer for initial diagnostic evaluation assisting the family in locating appropriate pediatric audiological testing facilities (following rescreen) • refer to confirm diagnosis if necessary (NOTE: In some settings, the educational audiologist may be the diagnostic evaluator) • contact the part C point of entry within 2 days of hearing loss confirmation to initiate the IFSP process • begin IFSP process with family and appropriate infant and toddler
3. Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss	• assist family in understanding diagnostic information (e.g., medical genetics) • assist family in identifying appropriate medical or other services • provide unbiased information to families • act as liaison between medical providers, family and other IFSP team members
4. Provision of auditory training, aural rehabilitation speech reading and listening device orientation and training, and other services.	• participate with the multidisciplinary IFSP team to plan services • assist IFSP team in developing functional outcomes around the priorities the family has identified • provide parents with information about their service agency options considering necessary service provider qualifications (NOTE: In some settings, the educational audiologist may be the direct service provider.) • assist family in transition form part C to Part B (school) services
5. Provision of services for prevention of hearing loss.	• provide hearing screening service s as available through local Part C and part B (Child Find) agencies • conduct ongoing monitoring of “at risk” children • provide information on genetic counseling
6. Determination of the child’s need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the	effectiveness of those devices. • refer for hearing instrumentation (NOTE: In some settings, the educational audiologist may be the direct service provider for selecting and fitting of amplification) • assist family in identifying financial resources for amplification if needed
7. Counseling and guidance of children, parents, and teachers regarding hearing loss (proposed 9/2000 IDEA Part C regulations)	• identify needs of parents through the IFSP process and assist family in identifying appropriate service providers • organize parent support groups • provide unbiased descriptions of communication, amplification and education options • locate appropriate service providers for family’s choice of communication, amplification and education options

<u>Communication</u>

When discussing communication options with families of newly identified infants, audiologists should consider presenting “features” of communication. Families are unlikely to be able to identify the communication method that is appropriate for their child before they have had the opportunity to examine the various options and their child’s developmental profile. Educational audiologists can support families in acquiring knowledge about “features” of communication and assist them in exploring these options with their child. Parents can subsequently identify the features that are effective with their child ultimately leading to a communication method.

Features of Communication
Audition
Conceptual signs
(e.g., American Sign Language)
English
English sign systems
(e.g., MCE, CASE, PSE)
Fingerspelling
Gestures
Speech
Speechreading
Vibrotactile
Visual phonics
(e.g., Cued Speech)

Natural Environments

One of the more challenging components of Part C has evolved around the provision of services in "natural environments". The law currently states that early intervention services and supports are to be provided in the child and family's natural environments, to the maximum extent appropriate, including home and community locations where infants and toddlers without disabilities participate. Both parents and early intervention specialists have encountered differences of opinion in how this is actualized for deaf and hard of hearing infants and toddlers. As educational audiologists, it is our responsibility to advocate for communication access as key to a natural environment for a child with hearing loss. This includes consideration for environments where auditory and visual communication and specialized assistive technology are supported. For infants and toddlers who are deaf and hard of hearing, this environment may include one in which other deaf and hard of hearing children are typically found.

Qualified Providers

The demand for qualified early intervention specialists is rapidly increasing as more states implement newborn hearing screening programs. If the benefits of early identification and intervention are to be realized, educational audiologists can help insure that families have access to service providers who are appropriately trained in auditory, speech, and language development, communication, deafness, child development, counseling, community collaboration, and family-centered intervention practices. Training programs are also needed to develop skilled professionals from the ranks of audiology, speech-language pathology, deaf education, and early childhood regular and special education.

Summary

Educational audiologists should support early detection and intervention of hearing loss by assisting with local screening and follow-up efforts and promoting infant and toddler services that provide unbiased information and that are family-centered . To do so, educational audiologists should help to insure that:

- Identification procedures are provided and include timely follow-up and tracking of referrals.
- Appropriate assessment, amplification, (re)habilitation, and parent counseling and training have been addressed
- Language development opportunities, communication modes, and intervention program options have been evaluated by the family and their IFSP team.
- Features of communication, and when appropriate a communication mode, have been chosen by the family for use with their child.
- Opportunities for direct communication with peers and adults who are deaf or hard of hearing have been offered, parents may request peers and adults who represent the language and communication mode chosen by the family
- Opportunities for intervention services are available from professionals who have demonstrated proficiencies providing early intervention services to children who are deaf and hard of hearing and who can directly communicate with the child in a manner consistent with the child's developmental level and communication mode
- Early intervention services should be provided in natural environments. A natural environmentoffers active and consistent communication in the mode used by the child (Colorado Department of Education, 2002).

References:

Individuals with Disabilities Education Act Amendments of 1997. 34CFR Parts 300 and 303, Assistance to States for the Education of Children with Disabilities and Early Intervention Programs for Infants and Toddlers with Disabilities; Final Rule. Federal Register, March 12, 1999, 12406-12480.

Johnson, C.D., DesGeorges, J., & Stredler-Brown, A. (2002). Communication Plan for Infants and Toddlers who are Deaf or Hard of Hearing. Denver, CO: Colorado Department of Education.