

DO YOU HEAR WHAT I HEAR?

- Interview format
- Panel Members:
 - Ruth Frierson, Manager, Virginia EHDI
 - Christine Eubanks, Audiologist, VCU-HS
 - Irene Schmalz, Director, Guide By Your Side
 - Terri Strange-Boston, Technical Assistance Consultant, Part C Office



PLAN FOR TODAY: ANSWER YOUR QUESTIONS ABOUT HEARING

- ✓ Why is hearing important to infants and toddlers? How are we doing in Virginia?
- √ Hearing 101
- √ How can we support families?
- ✓ What about children with hearing and vision loss?
- √ How can we improve in the future?



LEARNING OBJECTIVES

- Understand the importance of early detection of hearing loss.
- 2. Become familiar with your role in early hearing detection and intervention.
- 3. Learn about **resources** to support infants and toddlers with hearing loss and their families.







Why Screen for Hearing Loss?

- Most common birth defect
- 1/300 babies born with HL
- 50% without any risk factors
- 95% born to hearing parents
- Improved/cheaper screening
- Improved diagnostic evaluations and interventions



AAP Policy Statement 1999; JCIH Position Statement 2000; Morton and Nance, NEJM, 2006







Early Hearing Detection and Intervention Program





1-3-6 Methodology

If a baby fails the hearing screening immediately schedule a hearing evaluation with an audiologist for a diagnosis before

6 months of age

All babies should have a hearing screening test before leaving the hospital, but no later than

1 month of age

If a baby is diagnosed with a hearing loss, begin early intervention services before

3 months of age



In which of the following cases would an infant/child with hearing loss qualify for early intervention services? Check all that apply.	
Severe to Profound in both ears Mild to Moderate in both ears Severe to Profound in one ear Mild to Moderate in one ear Never Variable Hearing loss and a developmental delay Diagnosis of hearing loss	A MENT HI

"Loss and Found" Video GREAT RESOURCE TO LEARN MORE ABOUT THE IMPORTANCE OF EARLY HEARING DETECTION AND INTERVENTION:

http://www.youtube.com/watch?
v=3DgY3QdKk2s&authuser=0



VA EHDI Accomplishments and Challenges



How can you help?



Hearing screening/diagnosis is senseless without intervention!!





Amplification, education and guidance!

PLAN FOR TODAY: ANSWER YOUR QUESTIONS ABOUT HEARING Hearing 101





Congenital Hearing Loss	1:300
Congenital Hypothyroidism	1:3000
Sickle Cell Disease	1:4000
PKU	1:26,000



Benefits of Diagnosing Infants

- Impact on child/family
- Future in future





 Age of HL identification has a bigger impact on language and educational achievement than degree of hearing loss, or even presence of other disabilities







Yoshinaga-Itano, Pediatrics 1998

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EDUCATIONAL ACHIEVEMENT

 With EI before 6 m/o, even profoundly deaf children can reach reading/spoken language ability on par with peers BEFORE kindergarten.

(Yoshinaga-Itano, 1999)

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How do you screen a baby's hearing?
What happens after the screening?



Newborn Hearing Screening

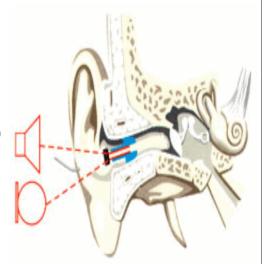
- Otoacoustic Emissions (OAE)
 - test of inner ear function
- Auditory Brainstem Response (ABR)
 - Tests auditory pathway



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OAE: Cochlear Function Test

 A soft click is presented and a small microphone measures the echo (emission) that is returned from the baby's inner ear



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OAE: Cochlear Function Test

- RIGHT EAR LEFT EAR
 Pass Refer
 +L TEST R+ +L TEST R+
 + REVIEW REVIEW
- Measures the function of outer hair cells in the cochlea
- Not a hearing test

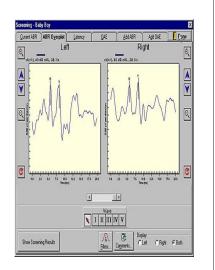


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Auditory Brainstem Response (ABR) VCU Medical Center Every Day, A New Discovery

With Automated ABR (AABR) screening, if the response matches the pattern, the infant passes. If not, a referral is made.

Really only practical with newborns - they sleep!



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Delays in follow up result in need for more in-depth testing!





All babies that do not pass a newborn screening need further testing ASAP to determine if results are due to permanent (cochlear or nerve) loss.

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What YOU Can Say to Parents When Follow-Up Is Needed

- Reassure the family that further diagnostic testing will clarify the hearing status
- Stress that it is important that the diagnostic testing is completed by 3 months of age.

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DIAGNOSTIC AUDIOLOGY



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- Audiologic testing procedures necessary to determine:
 - ✓ Type
 - ✓ <u>Degree</u>
 - ✓ <u>Configuration</u> of hearing loss



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"Behavioral" Audiology vs. "Objective" tests

- "Behavioral tests" require the child to do something in response to the sound
- "Objective tests" do not require a response from the child.

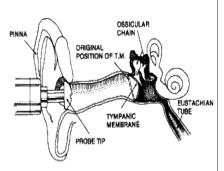
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TYMPANOMETRY

Measures movement of the eardrum as air pressure is changed in the ear canal.

- Eardrum mobility
- Ear canal volume
- Middle ear pressure



Behavioral tests are the only true tests of *hearing*

(Hicks, Tharpe & Ashmead, 2000)



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Behavioral Observation Audiometry (BOA)





- Age newborn through 4 months
- Elicit <u>reflexes</u> (startle, eyeblink, eye widening)
- "Rule out" significant impairments

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Visual Reinforcement Audiometry

- Ages 5 to 24 months
- Head-turn responses
- Animated toys to reinforce responses
- Train at high levels, then reduce levels to determine threshold
- Stay with task longer



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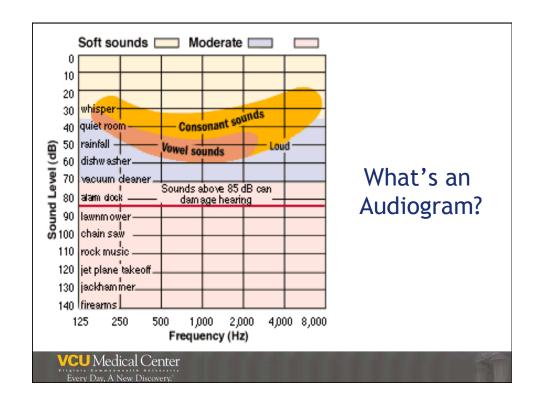
Play Audiometry

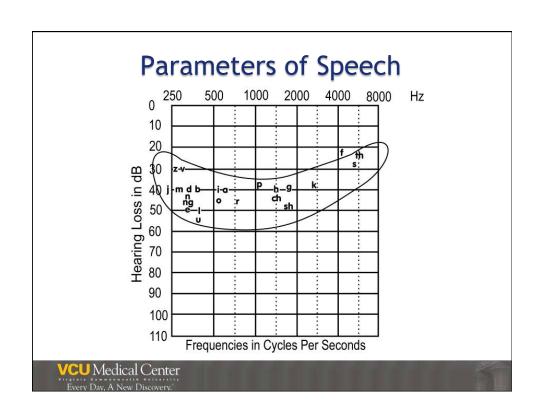




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- Age 25 months +
- Child is taught a play response to the sound
- Obtain thresholds with pure tone or speech - sound becomes part of the game





Degrees (levels) of Hearing Loss

Mild	20-40 dB
Moderate	40-60 dB
Severe	60-90 dB
Profound	90+ dB

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Types of Hearing Loss

- Conductive Loss
- Cochlear Loss
- Mixed Loss



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Management Plan

- Amplification provision
- Parent education
- Audiological monitoring
- Development of auditory skills
- Communication development
- Monitoring middle ear status



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The Prospects for Intervention

- Early Amplification
- Educational and Communication Options
- Medical Issues



"Unlike most typically-hearing parents of typically-hearing children, parents of children with hearing loss must make important decisions about how they...and the rest of world...will communicate with their child...."

(Bobsin, 2005)

- Parents needed time to process
- Too <u>little</u> information creates **apathy**
- Too much information creates panic
- The balance: Amount of information increases through transitions (screen, re-screen, diagnostics, early intervention)

DesGeorges, et al., 2007

How to discuss hearing loss with parents: What *they* say they need

- Professionals must "be prepared to deal with the emotional ramifications" of the situation.
- Frequent follow-up is essential!
- Meet other parents
- Unbiased information

Luterman, 1999

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Regardless of the communication path chosen, the ultimate goal for the child with a hearing loss needs to be the same...

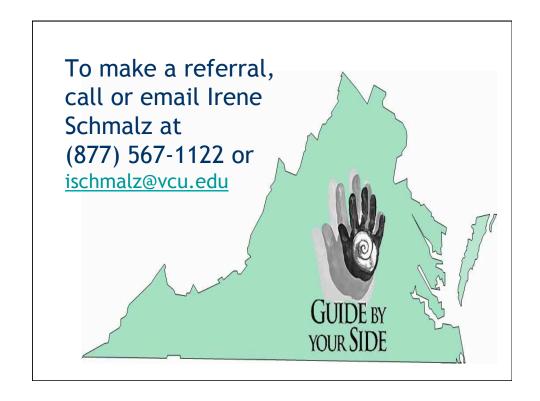
Communication!

How can we support families?



"Out of necessity, these sometimes extremely difficult decisions must be made very early in their child's life and are often made during times of uncertainty and sadness...."

(Bobsin, 2005)





Phone Call or Email



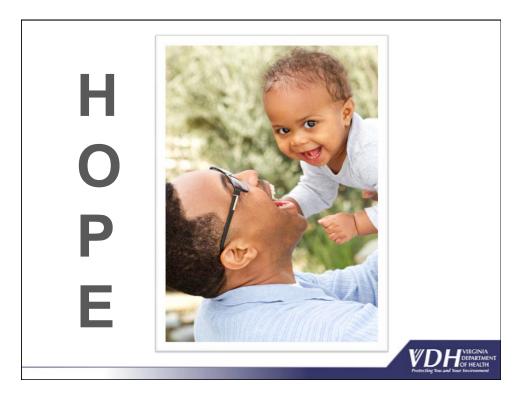




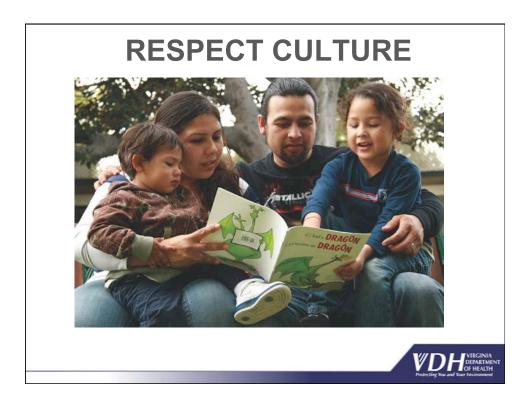
How To Support Families?

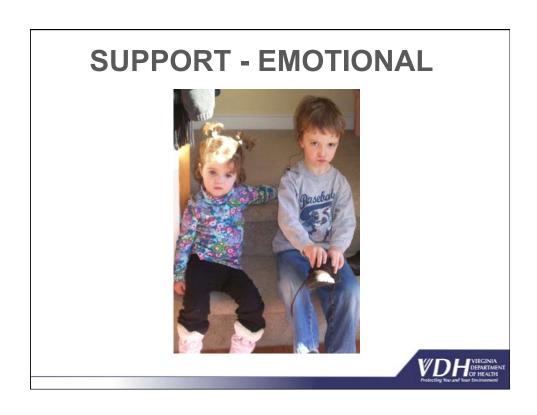
HOPE RESPECT SUPPORT













Facebook Page: GBYS

www.facebook.com/va.guide.by.your.side

Meet and Greet –October 18, 2014 in Chester, VA: https://www.surveymonkey.com/s/MeetandGreetChester

Virginia's Resource Guide for Families of Children with Hearing Loss: http://centerforfamilyinvolvement.vcu.edu/files/2013/03/
Res Guide FINAL electronic.pdf

Virginia Hearing Aid Loan Bank: Lisa Powley; (866) 596-9367 <u>LKP2V@hscmail.mcc.virginia.edu</u>

Virginia EHDI:

http://www.vdh.virginia.gov/ofhs/childandfamily/childhealth/hearing/



What about children with hearing and vision loss?



PARTICIPANTS Jeanne Moderator None Moderator Yes X No None

Look for the checkbox beneath your name to answer.

YES or NO:

"Deaf-Blind" always implies total absence of hearing and vision.



Virginia Project for Children and Young Adults with Deaf-Blindness

Supports families, teachers, and service providers in their efforts to improve outcomes for children and youth who experience both vision and hearing loss.



Virginia Project for Children and Young Adults with Deaf-Blindness Partnership for People with Disabilities/ Virginia Commonwealth University P.O. Box 843020, Richmond, VA 23284 Phone: (804)828-8252 or (877) 295-7799 Fax: (804)828-0042

	Deaf-Blind Census Form	m 2014
STOP! Complete this form ON	LY for individuals who have BC	OTH a visual AND auditory impairment.
Student Information:		
Name, First:	Last:_	
Date of Birth://_	Gender:	O Male O Female
Ethnicity: O American	Indian or Alaskan Native	O Asian or Pacific Islander
(Choose ONE) O Black (not	:Hispanic) O Hispanic	O White (not Hispanic)
Home School Division:		
Division Providing Services:_		
Name of School:		
Parent/Guardian Informatio	<u>n:</u>	
Name(s):		
Relationship:	Primary Langua	ge:

Remember:

HEARING LOSS -- THINK ABOUT VISION LOSS

VISION LOSS -- THINK ABOUT HEARING LOSS



How can we improve in the future?















Dr. Christine Gilmore Eubanks, VCUHS 804-828-0431 ceubanks@mcvh-vcu.edu

Ruth Frierson, EHDI Manager, VDH 804-864-7713 ruth.frierson@vdh.virginia.gov

Terri Strange-Boston, DBHDS, ITC of Virginia 804-786-0992 terri.strange-boston@dbhds.virginia.gov

Dr. Irene Schmalz, GBYS Director 877-567-1122 ischmalz@vcu.edu

David Lojkovic, Project Coordinator 804-827-2377 <u>dalojkovic@vcu.edu</u>