A decorative L-shaped frame made of thin brown lines, with the top-left corner open and the bottom-right corner open, framing the text.

Audiology in an  
interdisciplinary context:  
Takeaways from the  
2018 Early Hearing  
Detection and  
Intervention (EHDI)  
Annual Meeting

# 2018 EHDI-LEND Scholarship Recipients

This PowerPoint was created by 2018 EHDI Scholarship Recipients:

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# Who Are Audiologists, and What Do They Do?

- ★ Audiologists are experts who can help prevent, diagnose, and treat hearing and balance disorders for all people (ASHA)
- ★ Provide professional and personalized services to improve patient quality of life
- ★ Audiologists can be found in:
  - Private practice
  - Physicians' office
  - Hospitals
  - Schools
  - Colleges and universities
  - Rehabilitation centers
- ★ Work with hearing aids, cochlear implants, bone anchored hearing aids and a variety of other assistive technology
- ★ Do **not** just do hearing screenings
- ★ Part of a multidisciplinary team working with patients of all ages!

# Autism and Hearing Loss Dual Diagnosis

- ★ D/HH children typically diagnosed with ASD later in life
  - Presentations are similar
- ★ Assessments not designed for those dually diagnosed
- ★ Important to observe coordination of milestones together
- ★ Look for both expected atypical behavioral and absence behaviors
- ★ Behavior challenges can make audiologic assessment and intervention difficult
  - Important to understand motivating factors
- ★ Strategies for testing include
  - Ask about child's interests/dislikes
  - Remove distractions from booth (out of sight, out of mind)
  - Ask for parental help regarding headphone desensitization prior to appointment
- ★ Severity of hearing loss vs severity of ASD impacts each child differently
  - Intervention techniques centered around what best fits child
  - Do not address only one aspect of diagnosis

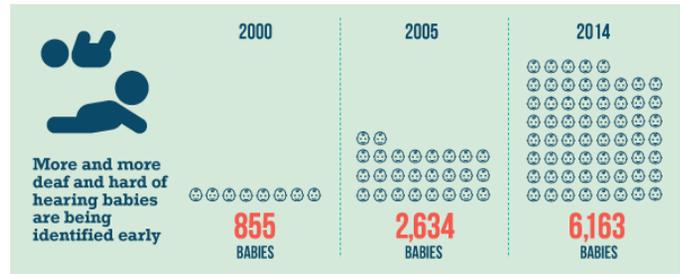
# LEND & The Interdisciplinary Model

- ★ Interdisciplinary health care refers to a group of healthcare professionals, all from diverse fields, who work in a coordinated fashion toward a common goal for the patient
- ★ **Why is interdisciplinary health care important?**
  - Improve safety and quality of patient care
  - Increase in patient complexity = clinical care more complex and specialized
  - Better communication amongst providers can lead to families feeling more satisfied with their care
- ★ **Collaboration between professions start with interdisciplinary training and education**
- ★ **LEND Programs provide graduate-level interdisciplinary training**
  - Goal of ensuring high levels of clinical competence within interdisciplinary care
  - Provide high-quality interdisciplinary education that focuses on the collaboration of healthcare providers and community-based organizations
  - Develop interdisciplinary partnerships



# Early Hearing Detection and Intervention (EHDI)

- ★ The goal of the annual meeting is to enhance the implementation of comprehensive state-based EHDI programs.
- ★ Around 1,000 attendees share information about current research and strategies about their state's program through state stakeholder meetings and topical sessions
  - Programs vary by state
    - Some states have a more developed program than others
    - Stakeholder meetings to update team members on progress and next steps in program growth
- ★ Discuss the importance of enhancing and creating new and ongoing working relationships among attendees such as:
  - Federal agencies
  - Non-profit organizations
  - State health departments
  - Educational agencies
  - Advocacy groups
  - Families
  - Professionals



Key  
Takeaways  
from EHDI  
2018 in  
Denver, CO



# The Deaf Community



- ★ A diverse community of people that center on the identification and unity with other people who identify as Deaf
  - Values Sign Language as a core component of the community
    - American Sign Language (ASL) is a complete, grammatically complex language
    - Sign languages vary across different countries
  - Accepting of other communication methods
- ★ Does not refer to their hearing loss as a disability, instead values it as a part of their identity
  - Values young children that are deaf as the future of the Deaf community
- ★ Deaf with a capital D represents someone that is a part of the Deaf Community. Deaf with a lowercase d refers to someone with any degree of hearing loss.
- ★ Some members of the community choose an intervention such as cochlear implantation and others do not want to hear and focus on the use of other languages.

# Engaging the Family

- ★ Most children who are deaf or hard of hearing are born to parents with normal hearing. The diagnosis of hearing loss often comes as a shock to families.
- ★ Audiologists and speech-language pathologists providing audiologic habilitation services to young children with hearing loss and their families should embrace **parent participation** as a **key element** of intervention.
- ★ Parents know their children better than anyone else, but may not have the knowledge and experience to be strong language facilitators without encouragement and training from qualified providers. Audiologists, SLPs and Early Interventionists should be the qualified providers to whom parents look for support, and they need to be prepared to provide that essential aspect of their children's intervention and habilitation.
- ★ Family Support plays a crucial role in achieving successful outcomes, as the emotional strain of hearing loss on the entire family must be treated as aggressively the hearing loss itself.
- ★ Family-focused organizations for children with hearing loss are a great resource. The National Hands and Voices Organization is a parent driven, non-profit organization dedicated to providing unbiased support to families with children who are deaf or hard of hearing.



# Importance of Identifying Biases in Research

- Historically, literature on D/HOH subjects have negative connotations in description
  - Studies have called Deaf people socially immature, morally deficient, impulsive
  - Today, there are more accurate diagnoses that didn't exist back then: language deprivation syndrome, information deprivation syndrome, and trauma
  - However, there are still lingering negative stereotypes in current research
- Red flags in identifying biased research
  - Studies that indicate Deaf people are inferior or flawed
  - Conflict of interest in the researchers
  - Poor study design
  - Poor outcomes are obscured

# Example: “Early Sign Language Exposure and Cochlear Implantation Benefits” by Geers et al., 2017

## → Red flag: Conflict of interest of researchers

- ◆ Researchers received money from the Oberkötter Foundation; received grant from 2007-2015

## → Red flag: Poor study design

- ◆ Outcomes were already known at the time that they set up their study groups
- ◆ Children who were in ASL-rich households were excluded from study, but children with poor access to language were studied as exposed to ASL
- ◆ Some kids were not exposed to ASL until later, when oral program wasn't working for them--excluded from study, in the “lost” category

## → Red flag: Obscure findings

- ◆ Small percentage of deaf kids who actually came to the centers; makes data not so generalizable
- ◆ No/short/long exposure groups were based on parental self-report