



EARLY INTERVENTION FOR DEAF AND HARD OF HEARING CHILDREN AND THEIR FAMILIES IN MAINE

Purpose

“To develop one family-centered early intervention program for families who have deaf or hard of hearing children in Maine.”



Child Development Services

Child Development Services (CDS) is an intermediate educational unit that provides both Early Intervention for ages Birth- 2 and Free Appropriate Public Education for ages 3-5 under the supervision of the Maine Department of Education.

The Early Intervention Team Includes

Occupational Therapists

Physical Therapists

Speech and Language Therapists

Special Educators

Service Coordinators

Teachers of the Deaf



Maine Educational Center for the Deaf and Hard of Hearing

- **MECDHH** is the state deaf education agency that provides early intervention through Grade 12 information, support and educational programs for deaf and hard of hearing children throughout Maine.
- **Early Childhood and Family Services – (ECFS)**
 - Provides information, support and resources statewide to any child with a suspected or documented hearing loss 0- 5.
 - Early Intervention
 - Daycare and Preschool Consultation and Coaching
 - Transition support –
 - Early Intervention to Part B
 - Preschool to Kindergarten
 - Part B services – SDI and consultation

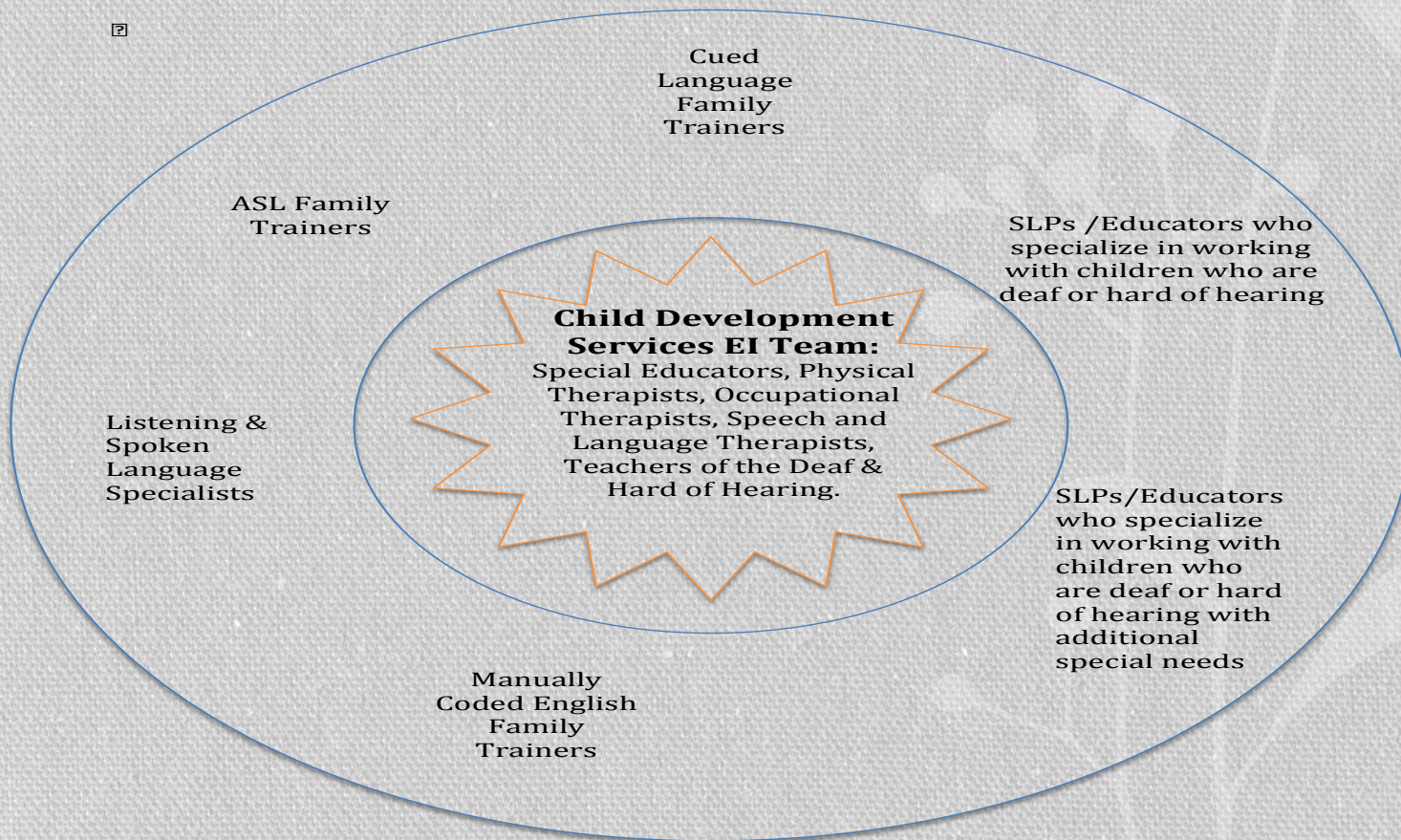


ECFS Team

- **Highly qualified supportive team of professionals**
 - Early Childhood Deaf Educators
 - Teachers of the Deaf
 - ASL Trained
 - Orally Trained
 - Speech Language Pathologists
 - ASLTA professionals
 - Deaf Mentors
 - Special Educators
 - Cued Speech Providers
 - Educational Audiologist
 - Deaf/Hearing Team



State of Maine Early Intervention Team For Deaf and Hard of Hearing Children



What is Early Intervention

- **Who-** *Provided for children, birth through 2 years of age, who have been identified as having a developmental delay or an established condition that may lead to a developmental delay*
- **What-** *Evidenced based practices that support children and their families within their everyday activities and routines*
- **When-** *During child and family routines and is determined on an individual basis based on the needs of the child and family*
- **Where-** *Within the child and family's natural environment*
- **Why-** *Research shows that children learn best when supported by their caregivers within their natural, everyday activities*

Content of the MOU

- Infants and Toddlers Age 0-2 who are deaf or hard of hearing:

Each CDS site is a assigned ECFS TOD/SLP

ECFS fully integrated member of EI team

Participate in:

- Weekly teaming sessions
- Eligibility Evaluations for children who are Deaf/HH
- IFSP

Support families as:

PSP, consultant to PSP or Join PSP on home visits as requested



Building a team of support

ECFS professionals from MECDHH are embedded into the EI team at each CDS site.

They are available to:

- Review and interpret Audiological evaluations.
- Join the service coordinators at “Welcome” visits
- Participate in multi-disciplinary team evaluations (BDI)
- Complete Routine Based Interviews (RBI)
- Attend IFSP meetings
- Serve as Primary Service Provider, Consultant, or complete joint visits with PSP as needed.

The Process...

- Referral – MNHP – CDS – ECFS/MECDHH
- Initial Contact – CDS by phone
- Initial Visit - CDS/ECFS face to face in home
- Evaluation – Battelle Developmental Inventory (BDI) CDS/ECFS
- Routine-Based Interview – (RBI) CDS/ECFS – develop outcomes and determine most appropriate Primary Service Provider (PSP)
- Individualized Family Service Plan – (IFSP) CDS/ECFS
- Consultations vs. joint visits
- Early Intervention Team Meetings/Support
- Quarterly Reports – Individual Family Teaming Report (IFTR)
- 6 Month Review – IFSP Meetings
- IFSP Annual Review Meetings
- Transition to Part B Conference Meeting

Ensuring support and early information

Each family who has a child who is deaf or hard of hearing will have an ECFS Early Intervention Specialist as either a PSP OR 6 visit consult...when any of their outcomes relate to:

- Early Communication
- Attachment and Bonding – especially if impacted by the child's hearing levels
- Understanding their baby's hearing levels and the impact
- Communication Approaches Exploration
- Technology Options Exploration (hearing aids, cochlear implants, FM systems...)
- Understanding the impact of a conductive hearing loss
- Other outcomes related to hearing levels, deafness etc....
- Writing a plan for communication with their baby

The Early Intervention Process

Puts emphasis on family activities and routines

Outcome statements emphasize child participation in those routines.



Early Intervention Services Are...

- Driven by the outcomes provided by the parent/caregiver
- Naturalistic, routines/ participation based and happening within the natural context of the child and family routines
- Supportive of the family
- Inclusive of the important people in the child's life
- Delivered so that the parents/ caregivers are equal partners in the intervention
- Focused on what happens in between the visits with the provider
- Culturally sensitive
- Individualized to the child and family needs

What are services like?



Together with the family, we'll take a look at the routines and activities that are important to the family's life and see what we can do to support them in making them the best they can be.

Instead of going to them, or asking them to come to us, with a pre-planned list of therapy activities. For example: we'll look for ways to use their regular/daily activities as times for their child to learn and gain new skills and abilities.



The Natural Environment

We'll provide services in the child's natural environment, that is, the home or wherever the child spends his/her day. To us, 'natural environment' doesn't just mean a place, it's also the natural activities such as play, eating, bathing, dressing, etc. That's what life is about for infants, toddlers and their caregivers.

Process for Early Intervention Specialists from MECDHH

Early Childhood and Family Services (ECFS) is now embedded in the Child Development Services (CDS) Early Intervention (EI) process, which means:

- Every child who is deaf or hard of hearing or has a suspected hearing loss will start with ECFS as the initial Primary Service Provider (PSP) for at least 6 visits **OR** will have 6 consults or joint visits to support the PSP and family, when communication or hearing loss is not the primary need at that time.
- When another professional is Primary Service Provider, after the 6 visits, ECFS will continue consultation and will be written on the Individual Family Service Plan (IFSP) for consults as determined.
- ECFS will utilize Part C's EI Team for Coaching opportunities and request joint visits with professionals for a further detailed look at communication opportunities, based on child and family outcomes.

6 Visit Process

Early Visits 1-3: Review Maine Newborn Hearing Program (MNHP) Binder

- *Support early interactions between baby and caregiver*
- *Clarify audiological testing, discussing what is known and yet to be determined.*
- *Review anatomy, types of hearing loss and hearing levels.*
- *Discuss foundations of language and early communication strategies.*
- *Provide an overview of all communication opportunities.*
- *Highlight the variety of available resources*
- *Provide an overview of hearing assistive technology (i.e. hearing aids/cochlear implants, BAHAs)*
- *Introduce Maine Hands and Voices, Guide by Your Side and Deaf Role Models to families.*

6 Visit Process, Cont...

Next Visits 4-6

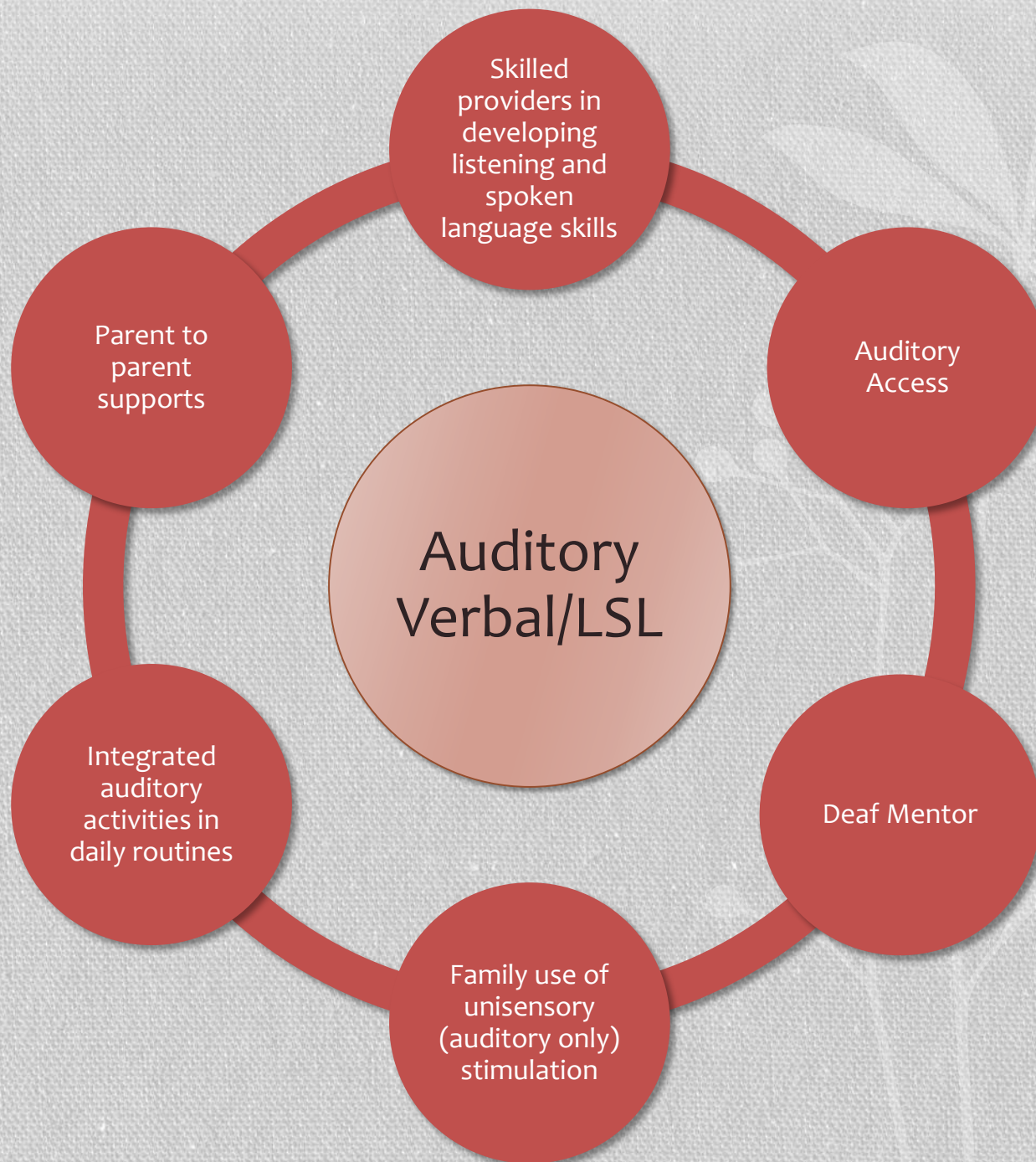
- Further explain, demonstrate, compare and contrast communication opportunities that the family has expressed interest in exploring.
- Explain the variety of professionals who work with children specific to each communication opportunity.
- Utilize Part C coaching opportunities for joint visits or consultation with professionals to provide more in depth information about specific opportunities.
- Explain child specific hearing assistive technology and equipment management.
- Provide child specific resources regarding hearing levels and implications.
- Review outcomes and complete the communication plan

Checking Back In ~

- What did they tell you?
- What made sense?
- What was confusing?
- What information do you need?
- What will be helpful?







Process ~

Collaboration
Decisions

Rapport
Trust

Dialogue
Respect

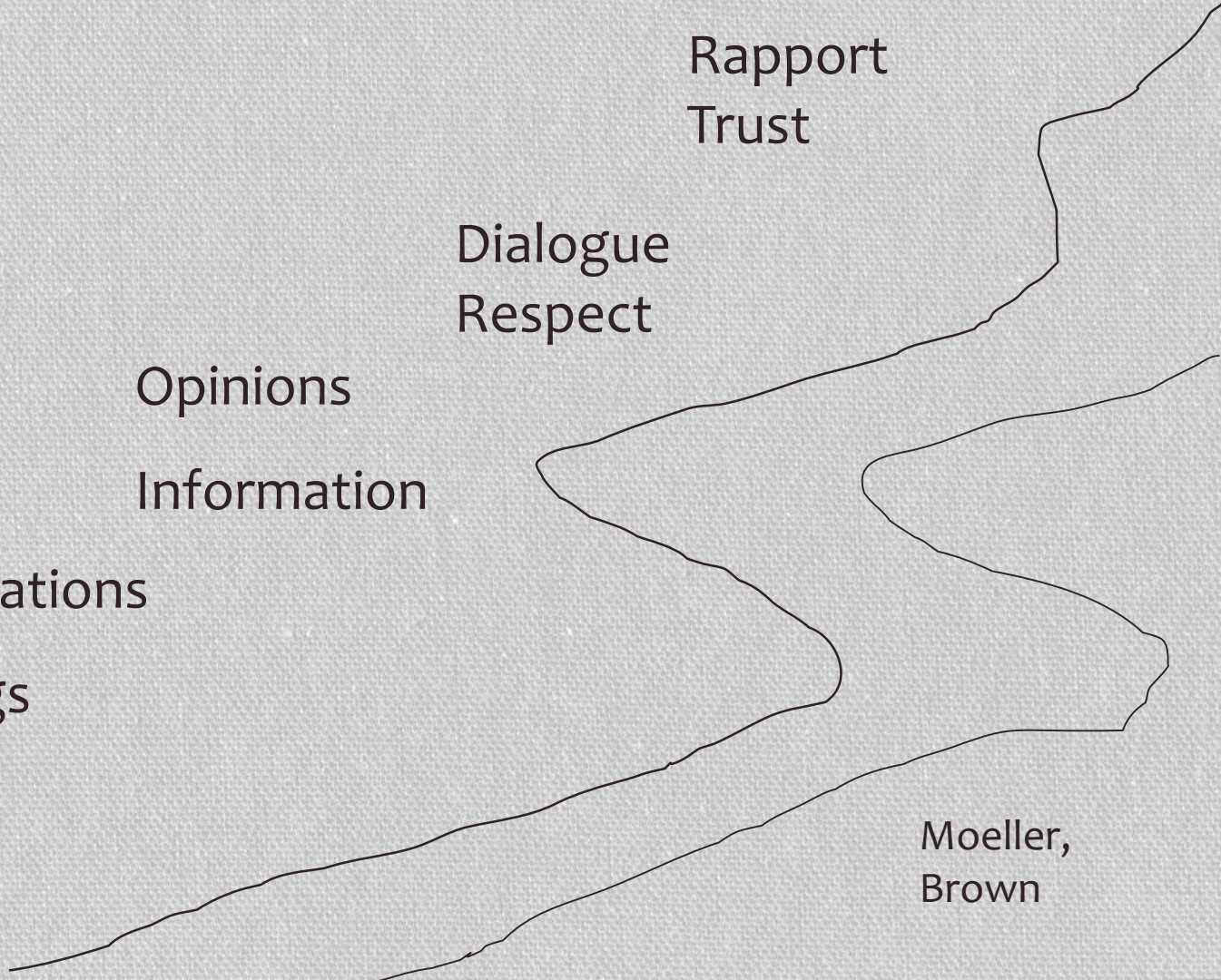
Opinions

Information

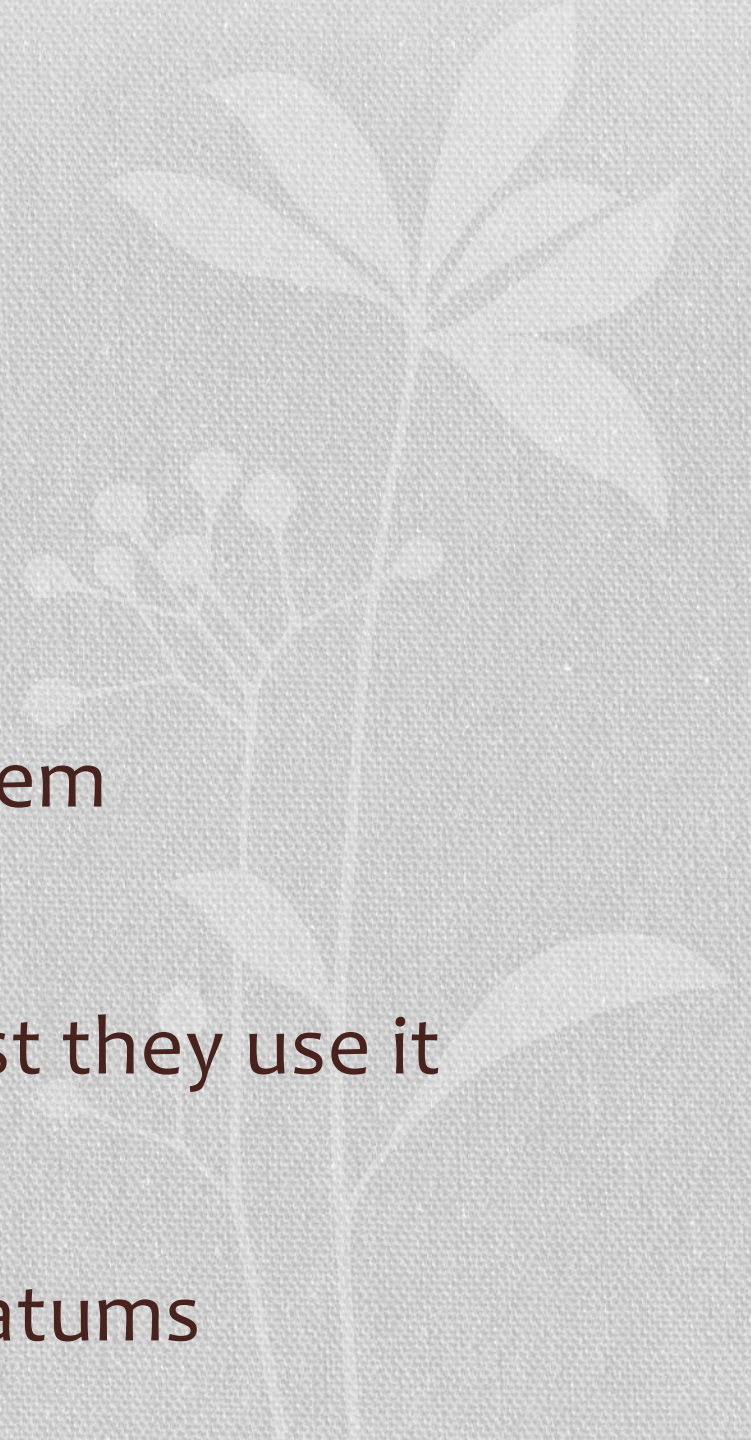
Expectations

Feelings

Moeller,
Brown



Promoting Strengths ~

- Listen
~ Don't tell
 - Think with them
~ Not for them
 - Give information
~ Don't insist they use it
 - Develop options
~ Not ultimatums
- 

Promoting Strengths ~ continued

- Look for the positive
~ Not the negative
- Don't say "you're wrong"
~ Determine why they feel they are right
- Congratulate their success
~ Don't ask for applause
- Follow their agenda
~ Not yours

Empathic Responses ~

- Reflecting back
~ It sounds as if ...
- Extending, clarifying
~ Tell me more.
- Questioning open ended
~ What did you think?
- Summarizing, synthesizing
~ It appears that ...

Empathic Responses ~ continued

- Checking perception
~ You seem to be...
- Acknowledging
~ I can appreciate that.
- Encouraging expression
~ How did you feel?
- Being quiet

Communication Plan

- *Reviews everything discussed in the past 6 sessions*
- *Ensures families have all options presented to them*
- *Leads to chosen PSP*
- *Leads to Family Training Opportunities*
- *Family writes in their own handwriting*
 - *More buy-in*
 - *Accountability of provider*

Assessments

National Early Childhood Assessment Project (NECAP) Language Assessment

- This provides state data on language development for children with hearing loss
- Will share finding and use assessments in conjunction with the PSP to consolidate

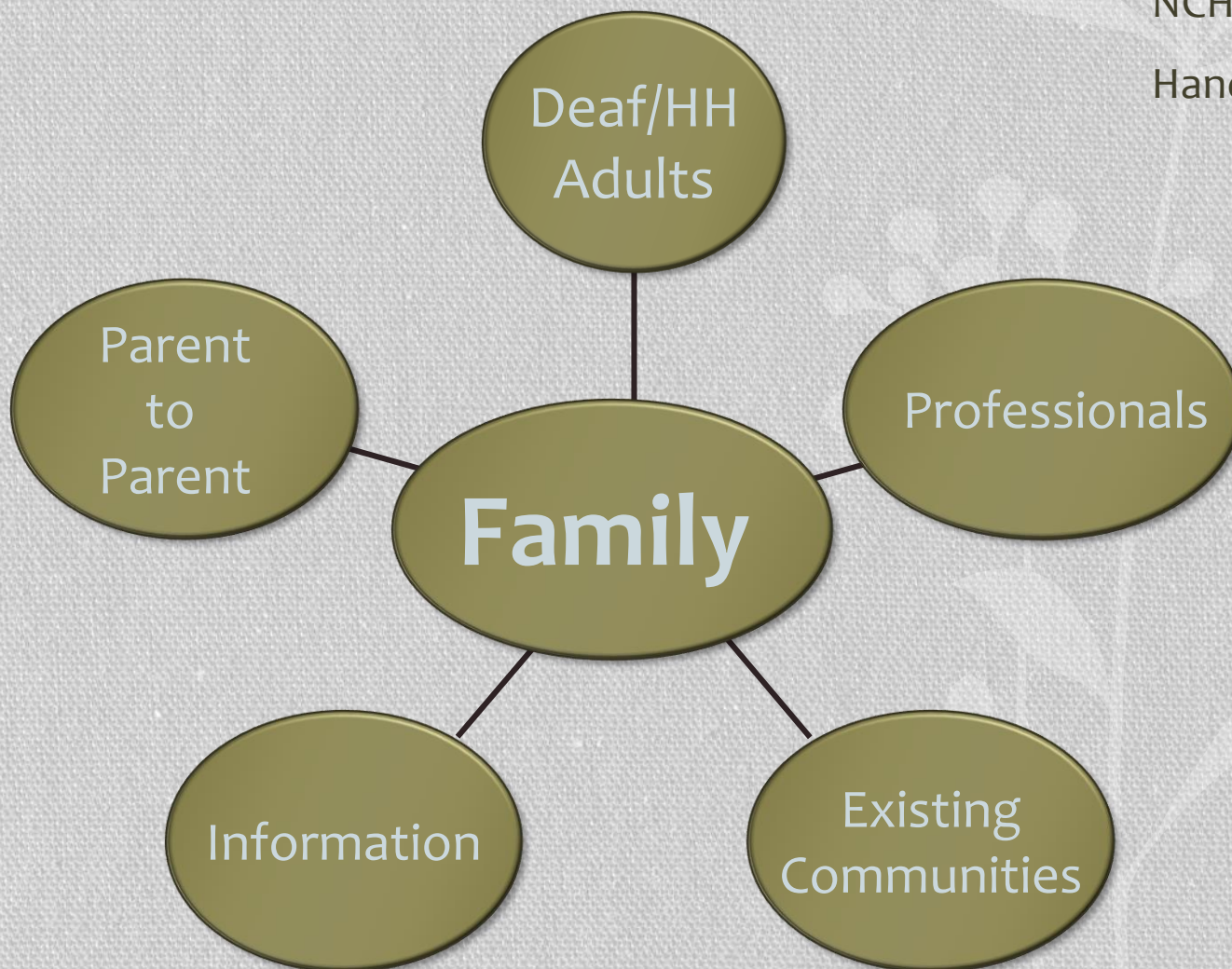
Communication Plan

- Review child's language progress and current plan
- Renew communication plan based on Assessment data and parent choice

Family Support ~

NCHAM

Hands & Voices



IFSP 'other' services

- Parent Infant/Toddler Program
- Regional Playgroups
- Deaf Role Model
- Guide By Your Side



The Deaf Mentoring Program provides children who are deaf or hard of hearing and their families with opportunities to interact with, and learn from, a Deaf or Hard of Hearing adult.



Deaf
Role
Model

Family
Training

Deaf Role Model... Where does it fit?

Joint Visits...

- *One–Two times*
- *Not a formal service written on the IFSP – “other” service*
- *Share their story*
- *Be available for questions*
- *Be neutral and supportive*
- *Share information of assistive technology (Auditory and Visual)*
- *We are building a network of trained Deaf and Hard of Hearing adults with varying backgrounds and experiences willing to provide deaf role model services to families*

Areas of Focus: Family Training

- *Family Support*
 - *Serve as a positive role model for the deaf child*
- *Communication*
 - *Enhance the family's communication with their deaf/hard of hearing child*
- *ASL or Cued Language*
- *Deaf Culture*
- *Home/Community*
 - *Serve as a link to local resources for individuals who are deaf or hard of hearing.*

Audiologists and the IFSP

- Before the meeting:
 - ✓ Case managers and/or the ECFS consultant should contact the child's primary care audiologist to see what hours are recommended to complete audiological assessment/hearing aid fitting/follow-ups

Example – Audiology hours

AGE	HEARING EVALUATION	HEARING AID FITTING/CHECKS	TOTAL HOURS/YEAR
0-1	6 hours	8 hours	14 hours/year
1-2	6 hours	6 hours	12 hours/year
3-5	4 hours	4 hours	8 hours/year

Audiologists and the IFSP

- After the meeting:
 - ✓ If the primary care audiologist is unable to attend the meeting, the IFSP should be sent to their clinic once it is completed
 - Section XI – under signatures
 - ✓ The clinic also needs documentation, ie. Referral for services from CDS stating who the payee is for audiological services

CDS Hearing Assistive Technology (HAT) Program

- If an FM system is recommended and the team determines is necessary for auditory access based on the child's outcomes:
 - ✓ ECFS consultant assigned to the Regional CDS site is responsible for submitting a form to the HAT program providing information regarding the child, their audiologist, and their current hearing technology
 - ✓ The HAT program Audiologist will send a recommendation form to the primary care Audiologist to be completed, at which point the recommended system will be ordered or pulled from inventory

HAT on the IFSP/IEP

- For Part C
 - Listed as a Assistive Technology under Supports and Services
 - HAT, Audiologist Fitting Fee, Listening check kit for family, earmold(s) if required for system, batteries
 - Hearing Aids can be listed if no other funding source can be identified- list as AT Device and Service
 - Earmold(s) can be listed if no other funding source can be identified – list as AT Device and Service
- For Part B
 - Document in Section 5. Supplemental Aids, Services, Modifications, etc.
 - HAT, Audiologist Fitting Fee, Listening check kit for Preschools/Daycares, earmold(s) if required for system, batteries

CDS Hearing Assistive Technology Program

- Troubleshooting
 - ✓ The ECFS consultants are all trained to provide a basic level of troubleshooting in the home, daycare or preschool program.
 - ✓ If needed, there are two Audiologists available to troubleshoot more complicated issues
- Repairs
 - ✓ Technology in need of repair will be delivered to the MECDHH Falmouth site to be returned to the manufacturer
- Training
 - ✓ There are 2 Audiologists available to provide training to parents and daycare/preschool staff in collaboration with the ECFS staff as needed

Referral Process To CDS

- Anyone can refer to CDS
 - With concerns about a child's development and educational needs
- Most common sources are:
 - Physicians, Teachers/Childcare and Parents
- How to refer:
 - Central referral line: 1-877-770-8883
 - Contact the local CDS site

Reflection on the past year...

- The MOU laid the groundwork for functional and respectful working relationship between all
- More children are identified
- More appropriate services for children and families
- More professionals and perspectives have been brought in and more to come!



**Having one statewide Early Intervention system
is the magic...**

