





 A person with expertise in working with families of children with hearing loss

- A person with experiences in working with children and hearing loss and a variety of college degrees including:
 - ▶ teacher of the deaf
 - ► speech language pathologist
 - certified sign language instructor
 - early intervention
 - assessment specialist for deaf and hard of hearing



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PIP Goal

Our goal is to assist families in having their child who is deaf or hard of hearing acquire a solid language base.





DEFINITIONS?

Language

The principal method of human communication, consisting of words used in a structured and conventional way and conveyed by speech, writing or gesture.

Vocabulary

The body of words used in a particular language.



Definitions from Oxford Languages



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Our focus

Communication Opportunities

Language Development

Auditory Hierarchy

Pragmatics

Community Connections

Resources



What we do:

- Home visits
- Assessments / (ELO)
- Accompany parents to audiology appointments
- ❖ Participate in Transitions (2-7 & 2-9 meetings)
- Sign Classes (community, in-home, virtually)
- Parent Listserv & Facebook page
- Language and Auditory Fun (L.A.F.) therapy group
- Play group
- Deaf Mentor





Assessments required

For 0-3-year-olds

- ► DAYC-2
- MacArthur CDI
- ► LittlEars (Med-El) up to 24 mos.
- ► Cincinatti Auditory Checklist, 2-5 yrs.
- ► SKI-HI LDS may be included

For 3-5-year-olds

- DAYC-2
- ► Cincinatti Auditory Checklist
- ► SKI-HI LDSD
- Pragmatics

For non-verbal with significant global delays

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- ► DAYC-2
- Communication Matrix



Deaf Mentor Family Partnerships:

Comment from a parent of a 4-year-old deaf child:

"I have taken other sign classes with a hearing instructor and always struggled to keep up with the 'voice off' portions. Having to rely solely on sign language has helped tremendously and I can't wait to see the progress me and my family make while working with the Deaf Mentor."



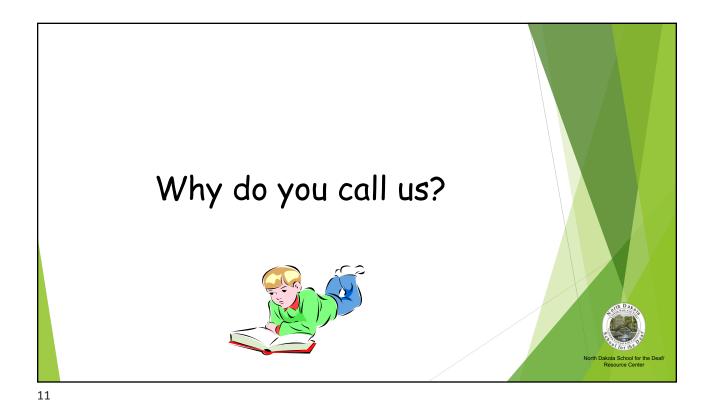
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What we can offer you (Profession

- ► Recent research
- ▶ Best practices
- ▶ Consultations
- ► In-Services
- ▶ Trainings
- Sign Language Instructions
- ▶ Collaboration

- ▶ Evaluations
- ▶ Goal Sharing
- Ability to participate in IFSPs and team meetings





Potential Impact of a Hearing Loss Language, Vocabulary, Literacy **Delays** Gaps in Reliance on Background **Assistive Technology** Knowledge Lack of **Social Skills** Learning **Deficits Strategies**

How language is acquired

- "Children acquire language through interaction not only with their parents and other adults, but also with other children."
- "Many linguists now say that a newborn's brain is already programmed to learn language, and in fact that when a baby is born, he or she already instinctively knows a lot about language."

https://www.linguisticsociety.org/resource/faq-how-do-we-learn-language#:~:text=Children%20acquire%20language%20through%20interaction,is%20b%20used%20around%20them.



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Language delays may cause

- Delays in cognitive development such as executive function & theory of mind
- Delays in social-emotional development
- · Delays in school readiness

https://www.nad.org/implications-of-language-deprivation-for-young-deaf-deafblind-deafdigaand-hard-of-hearing-children/



North Dakota School for the De Resource Center

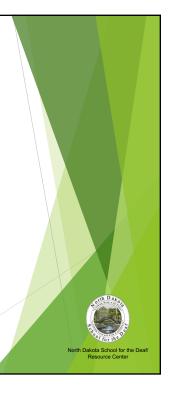




Complexity of the Population: Factors

- Degree of hearing loss
- ► Type of hearing loss
- ▶ When hearing loss occurred
- ▶ When hearing loss identified
- ► Early intervention or not
- Quality and quantity of early intervention
- Use/benefit from hearing assistive technology
- Socio-economic of family
- ► First language of the family
- Family attitude about hearing loss

- Language and literacy experiences of the family
- ► Family culture/Deaf culture
- Family stability
- Intelligence
- Additional disability or not
- Community resources
- Quantity and quality of experiences
- ► Internal motivation
- Quality of preschool program
- Quality of the educational program



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Understanding effects of hearing loss

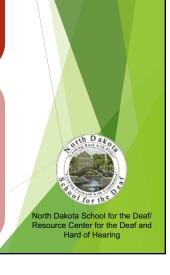
The heart of learning differences for children with hearing loss is unequal or imperfect access to communication.





"If your baby wears hearing aids only four hours each day, it will take six years to give him as much listening experience as a normally hearing infant accumulates in one year."

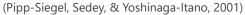
(Stovall, D. [1982]. Teaching Speech to Hearing Impaired Infants and Children. Springfield, IL: Charles C. Thomas.)



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Best Practice

"When parents/caregivers/families receive support from professionals who are knowledgeable about infants/children who are D/HH and their families, emotional bonding between parents and infants may be facilitated. Parental stress, similar to that in hearing parents, is possible and parental acceptance is more likely."



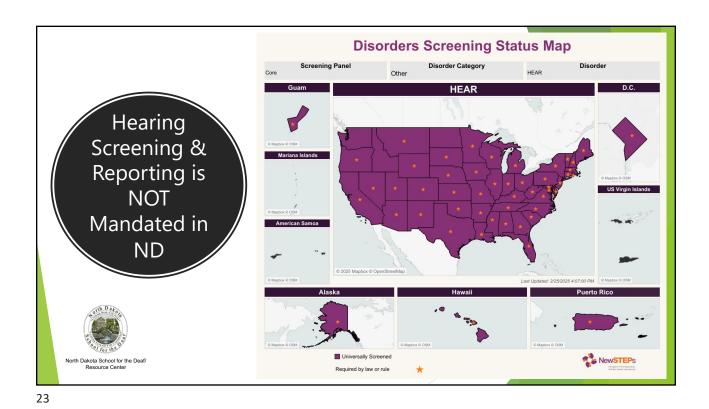


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The Joint Committee on Infant Hearing recommends:

- All newborns be screened for hearing loss.
- All infants with hearing loss be identified by 3 months of age.
- All infants that have been identified receive [appropriate] intervention by 6 months of age.





Current Landscape:

• Location: ND EHDI program at MSU/NDCPD and is Bona fide agent for the State of North Dakota

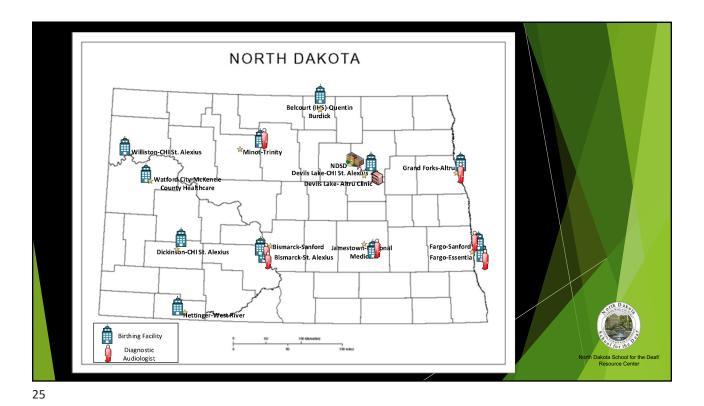
Funding: HRSA and CDC funding to support activities

• Supplement funding

• Innovation project

• Innovation project

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The Difference Between El and PIP

Early Intervention:

- •Monitors global development
- •Routine-based parent coaching
- •Funding through Medicaid & other sources
- Part C

Parent Infant Program:

- Focus is on development related to hearing differences:
 - Communication opportunities
 - Language development
 - $\circ \ Pragmatics$
 - Auditory hierarchy
 - Community connections
 - o Resources
- Funding through the State of ND
- Not Part C



Early Intervention and Parent Infant Program- created a bridge.

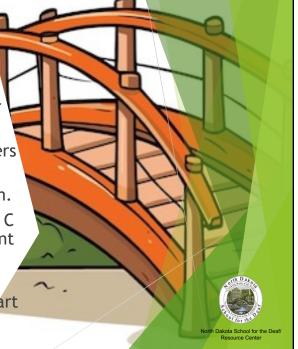
Scheduled with each service coordinator and early intervention provider group.

▶ Presented to 19 groups, 200 plus providers

► Continuation of training, adding to our state training on our PeopleSoft platform.

Working on creating a link from the Part C website straight to EHDI and Parent Infant Program

▶ Training our screening program in North Dakota and will work towards training Part B/619 ECSE Directors and staff



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MEMORANDUM OF AGREEMENT



- ► This is in the final draft stages and will be distributed to all service providers working with EHDI and the Parent-Infant Program.
- ► If the Part C EI and/or the NDSD-PIP learns that a child in their program is deaf or hard of hearing, is at risk for hearing loss, or is suspected to have hearing loss, they will obtain an ROI to update the ND EHDI Program of the child's status in OZ eSP for continued public health and care coordination activities and monitoring.
- The Part C EI and NDSD-PIP staff shall coordinate outreach to families to offer services, resources, and supports for hearing loss and the potential impacts on family systems. Adhering to Part C EI Federal regulation 303.310, "within 45 days after the lead agency or Early Intervention Service (EIS) provider receives a referral of a child, the screening (if applicable), initial evaluation, initial assessments (of the child and family), and the initial Individual Family Service Plan (IFSP) meeting for that child must be completed (45-day timeline)."

