



Focusing on the “I” in EHDI

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Need for a Sufficient Number of Interventionists

- The number of babies and very young children identified with hearing loss has increased dramatically
 - Number of children enrolled in early intervention has tripled in some states
 - Services to children with minimal degrees of hearing loss (e.g., UHL) could double the number of children served

Need for a Sufficient Number of Interventionists

- Earlier identification has brought about a philosophical shift in the delivery of early intervention services
 - proactive
 - habilitative
 - prevention-based
- Different skills needed than in the past
 - *rehabilitation* vs **habilitation**
 - **child**-centered vs **family**-centered
 - **child** development vs **infant/toddler development**

Who is Providing Services?

(Stredler-Brown & Arehart, 2000)

Survey (n=188)

- 76%: Speech/Language Pathologists
- 71%: Early Childhood Special Educators
- 48%: Educators of the D/HH
- 38%: Audiologists
- 26%: Other

Need for Trained Interventionists

- Interventionists often do not have specialized training working with young children with hearing loss and their families (Stredler Brown and Arehart, 2000)
- When course content is provided, practicum experiences are often limited or absent (Harrison, 2004)

Pre-Service Training – Education of the D/HH

(Compton, Niemeyer, & Shroyer, 2001)

- Surveyed > 500 colleges & universities
- All prepare professionals to work in early childhood or deafness
- Results: 28 institutions offer any type of coursework related to early intervention for infants/toddlers who are deaf or hard of hearing

Pre-Service Training: Education of the D/HH

(Jones & Ewing, 2002)

- The focus of teacher preparation programs is school-age students
- 70 programs approved by the Council on Education of the Deaf
 - 3 offered specializations in parent-infant (early intervention) education
 - Graduates often teach “outside” specialization

Pre-Service Training: Speech/Language Pathologists

(Harrison, 2004)

- Responsibilities of SLPs include children with hearing loss
- Most SLPs do not have preparation in early intervention
- Most SLPs do not have preparation that reflects a family-centered service delivery model
- Limited practicum experience working with D/HH of any age is required

Pre-Service Training: Audiologists

- AuD and PhD programs require the most coursework in early intervention with children who are D/HH
- Audiologists are only infrequently the early intervention provider

Need for trained personnel

- Preschoolers educated in classroom with "specialists"
 - Better performance in speech perception & language processing
 - Compared to children in non-categorical settings (Nittrouer & Burton, 2001)
- Longitudinal results suggest that EI specialization contributes to outcomes (Moeller, et al., 2007)
 - More research needed

Efficacy of Trained Providers

- Research studies demonstrating successful outcomes for children:
 - Yoshinaga-Itano et al, 1998
 - Moeller, 2000
 - Calderon, 2000
 - Kennedy et al, 2005
- Professionals delivering services in some of these studies employed personnel with specialty training (Yoshinaga-Itano et al, 1998; Moeller, 2000; Calderon, 2000)
 - years of experience working with young children with hl
 - knowledge of child development
 - experience implementing a family-centered approach
 - knowledge of the resources in each family's community

Initiatives Supporting the Need for Qualified Providers

- Consensus Conference on Effective Educational and Health Care Interventions for Infants and Young Children with Hearing Loss convened by the Office on Disabilities (Marge & Marge 2005)
- The Division for Early Childhood (DEC), a division of the Council for Exceptional Children (CEC)
- Position Statement of the Joint Committee on Infant Hearing (2007)
- Part C
 - Comprehensive system of personnel development related to early intervention services (Section § 303.118) that must include: Promoting the preparation of providers who are fully and appropriately qualified to provide early intervention services

Part C

- Promotes preparation of providers “fully and appropriately qualified to provide early intervention services”
- Each system must include policies and procedures relating to the establishment and maintenance of qualification standards
- Establish and maintain standards consistent with State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services

Part C

- Requires State use existing highest requirements to determine the standards appropriate to personnel who provide early intervention services
 - The regulations do not require States to set any specified training standard, such as a master's degree, for employment of personnel who provide services under this part
- Implication: Policy makers may need data to justify the need for highly qualified specialists

Recommendations from the Consensus Conference

(Marge & Marge, 2005)

- The specialized and technological needs of infants and children with hearing loss are unique and require a professional with specific training.
- State systems and national certifying organizations should adopt a list of knowledge and skill-based competencies
- Early interventionists need opportunities to receive continuing education through their affiliation with professional organizations
- Investigations should study the content and methods of effective pre-service training that produces early interventionists with the requisite knowledge and skills to implement the ideal model of early intervention

Recommendations

(JCIH, 2007)

- Early intervention services should be provided by professionals who have expertise in hearing loss, including
 - educators of the deaf
 - speech-language pathologists
 - Audiologists
- All individuals who provide services to infants with hearing loss should have specialized training and expertise in the development of
 - Audition
 - Speech
 - Language

Conducting a Needs Assessment

Purpose & Development



Purpose

- EHDI programs are effectively screening babies throughout the country
- Average age of identification of hearing loss continues to be lower
- Many children do not yet receive *timely* and *appropriate* early intervention services
- When “specialists” provide the early intervention, there are positive outcomes for children and families
 - Need to investigate the competencies needed by early interventionists
 - Need to investigate a way to define what it means to be “highly qualified” to work with this population

Survey Development

- Solicits opinions about the need to assess the competencies of early interventionists
- Queries participants about ways to identify “highly qualified” professionals
- Considers means to train a sufficient number of professionals to meet the increasing demand

Agencies Receiving the Survey

- Member organizations of the JCIH
- National advocacy groups representing interests of D/HH
- Member organizations of CED
- National training programs
- National organizations offering technical assistance and support for early childhood initiatives
- National public education Association

17 agencies 2 Members

- AAA
- AAP
- ACE/DHH
- AG Bell Association for the D/HH
- American Academy of Otolaryngology
- ASDC
- ASHA
- CAID
- CEASD
- CEC/DEC
- CED
- DSHPSHWA
- Hands & Voices
- NAD
- NASDSE
- NECTAC
- SKI*HI

Survey Distribution

- 17 national organizations whose members have an interest in family-centered intervention for children with hearing loss
- Online survey distribution
 - Follow up through e-mail attachments

Participants' Background

Teacher of the Deaf	8	21.6%
Audiologist	4	10.8%
Parent	4	10.8%
Physician	3	8.0%
Other	7	20.0%
Program Adm	6	16.2%
SLP	3	8.0%
Professor	2	5.4%

Survey Results

Responses

- All 17 agencies represented
- 81% response rate
- Question Format: **How important is it for the field to have a clearly articulated position or product addressing the following issues.....**

Question #1: ... have a consensus statement listing the core knowledge and skills required to work effectively with infants and toddlers (birth to three) who are D/HH and their families?

Importance	Number	Percentage
Very Import.	25	96.2
Somewhat	0	0
Not	0	0
No response (NR)	1	3.8

Question #1 - **Comments**: A consensus statement listing the core knowledge and skills required to work effectively with infants and toddlers (birth to three) who are D/HH and their families

- Peer reviewed practice documents such as those developed and published by ASHA provide effective and valuable guidance. Similarly, the JCIH position statements are very helpful with respect to early intervention.
- This is essential to the field. There is too much at stake for children who are deaf or hard of hearing and their families to be receiving services from an individual who has no knowledge of the deaf or hard of hearing and the language issues they face.
- Currently there is tremendous variability among States
- All too often EI providers have little or no experience with D/HH students

Question #2: ...the need to have a specialized subset of skills (above and beyond the core knowledge and skills) to support infant development whether using spoken language, sign language or a combined approach.

Importance	Number	Percentage
Very Import.	24	92.3
Somewhat	1	3.8
Not	0	0
NR	1	3.8

Question #2 – **Comments**: The need to have a specialized subset of skills (above and beyond the core knowledge and skills) to support infant development whether using spoken language, sign language or a combined approach

- Experience demonstrates that combined training does not provide expertise in both visual and auditory language development. While the dream of having professionals in this field who are expert in both has been discussed and attempted, it is not a realistic or effective goal.
- I believe it is essential for early interventionists working with children who are deaf or hard of hearing to have skills in developing spoken language, ASL, Signed English, and Cued Speech. Without these basic skills you basically convey a preference for one method over another, and families in these early years need to have a focus placed on language development, not methodology.

Question #3: A description of what it means to be "highly qualified" that has support (endorsement) from professional organizations who have a vested interest in providing early intervention services to young children who are D/HH and their families.

Importance	Number	Percentage
Very Import.	21	80.0
Somewhat	5	19.2
Not	0	0
Total	26	100

Question #3 - **Comments:** A description of what it means to be “highly qualified” that has support (endorsement) from professional organizations who have a vested interest in providing early intervention services to young children who are D/HH and their families.

- Would not use “highly qualified” terminology as that is associated with No Child Left Behind - but support the concept
- Must be developed by each specialty professional organization
- Consensus among all professional organizations is sometimes challenging
- I think this may be helpful in addressing states who feel that interdisciplinary early childhood people are skilled enough to serve all young children.
- I think this is important, but I think it is even more important to carefully determine which professional organizations would be involved in this endorsement.

Question #4: A valid and reliable tool to assess the strengths and professional needs of early intervention providers.

Importance	Number	Percentage
Very Import.	19	73.1
Somewhat	6	23.1
Not	1	3.8
Total	26	100

Question #4 – **Comments**: A valid and reliable tool to assess the strengths and professional needs of early intervention providers.

- Many of these issues are interrelated. We need valid and reliable tools to assess the attainment of core skills and competencies and then we need to design the strategies, techniques and professional development programs to fill in the recognized gaps.
- .../f that assessment leads to either a "credential" or otherwise impacts employment
- Recognizing that teacher training programs are not developing professionals who are highly skilled in both visual and auditory language development.

Question #5: A national professional certification that recognizes highly qualified early intervention providers.

Importance	Number	Percentage
Very Import.	16	61.5
Somewhat	8	30.7
Not	2	7.7
Total	26	100

Question #5 – **Comments**: A national professional certification that recognizes highly qualified early intervention providers.

- Without a state requirement, national certifications often lack clout
- ...or credential or "specialty recognition" (as in ASHA certified SLP)
- AG Bell has developed a certification for professionals with expertise in Listening and Spoken Language. While the LSLS certification is not exclusively for EI providers, it focuses on infant and early development.
- This would be wonderful and support the nationwide development of Centers of Excellence

Q#5 - Comments

- All other professions have this. Why don't we? I think this has been a field that has emerged over the years but has been overlooked. Professionals are seen as those who "just work with babies". An endorsement would make the field more legitimate. This could be either beneficial or detrimental to the field and to families and babies based upon who provides the national professional certification.
- The key word here is "national". Often, national certifications are less rigorous than state certifications or certifications recognized by professional organizations. The benefits, however, of a national professional certification may lead to higher recognition and higher salaries for the professionals meeting the national requirements for "highly qualified provider".
- An additional or new certification beyond the credential earned within one's profession is not necessary.

Question #6: A systematic approach for promoting professional development based on an identified set of *core knowledge and skills* required to work effectively with infants and toddlers and their families.

Importance	Number	Percentage
Very Import.	22	88.0
Somewhat	3	11.5
Not	0	0
NR	1	3.8

Question #6 - **Comments**: A systematic approach for promoting professional development based on an identified set of *core knowledge and skills* required to work effectively with infants and toddlers and their families.

- Provided that there is agreement in the profession on what constitutes core knowledge and skills!
- More on-line courses
- Qualifications of providers (in this state) are very variable

Question #7: A systematic approach for promoting professional development based on a *specialized subset of skills* (e.g., development of spoken language, signed language, or a combined approach).

Importance	Number	Percentage
Very Import.	18	69.2
Somewhat	7	26.9
Not	0	0
NR	1	3.8

Question #7 - **Comments**: A systematic approach for promoting professional development based on a *specialized subset of skills* (e.g., development of spoken language, signed language, or a combined approach).

- This seems to indicate that there are sub-specialties within the broader domain of core knowledge and skills. The question is: which of the subset of skills should be part of the core knowledge and general skills required to work effectively with infants and toddlers and their families. These two areas may be one and the same if we are really talking about “highly qualified” professionals. For example, in my opinion, all professionals working with children with hearing loss and their families should be skilled in the development of spoken language – no matter what communication option the family chooses.

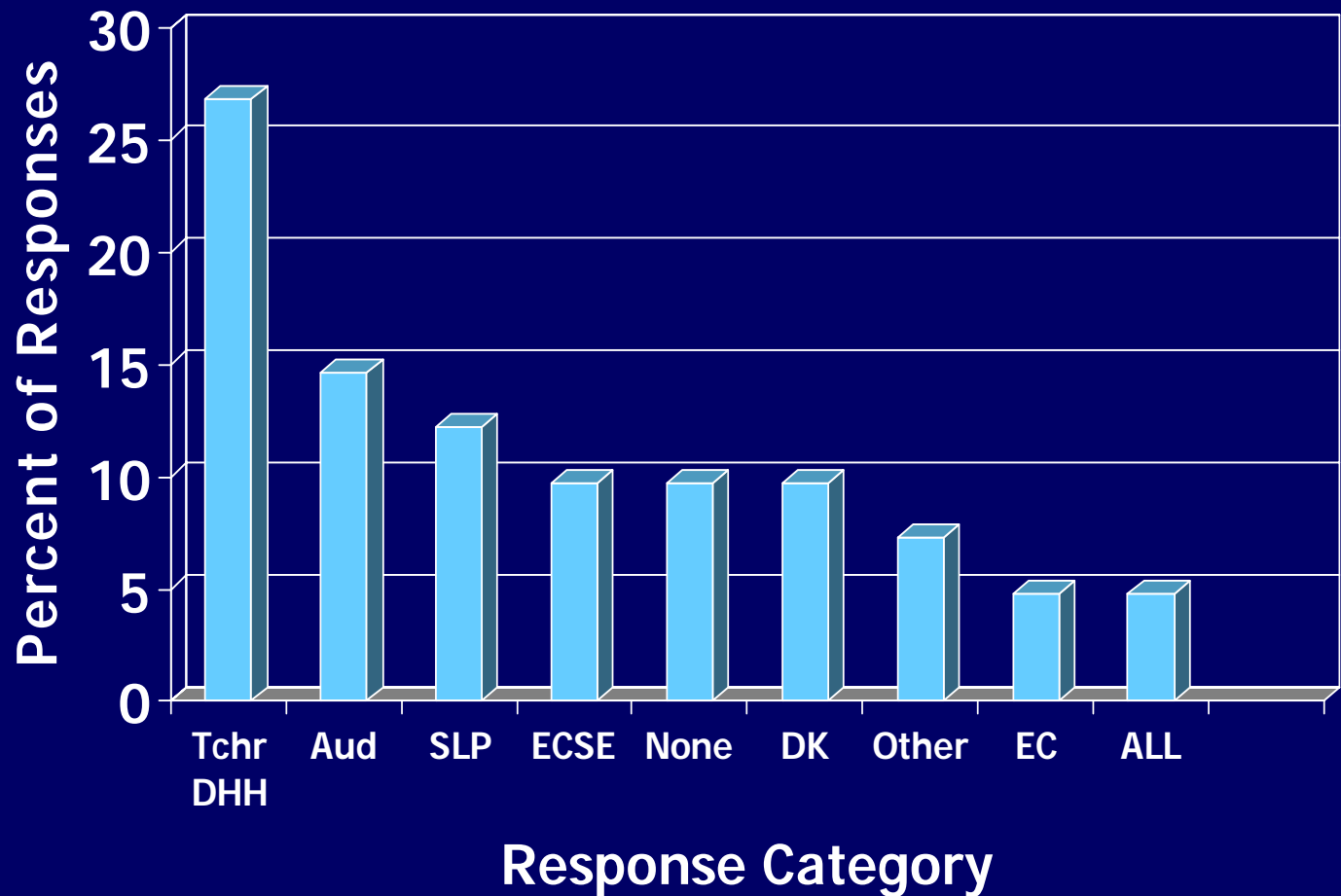
Question #8 - **Comments**: Suppose you were hiring someone for an early intervention position. How would you determine if they were "highly qualified"?

- I would want them to possess a degree in either Deaf Ed., SLP, or Audiology, though I would probably give preference to the deaf educator. I would want to know about their experience with infants and toddlers and I would want to know if they were aware of the research in early intervention and how vital the first few months of life are in the development of language. I would also want to be certain that they had good people skills, are comfortable with people who are grieving and are at ease in a setting where they are not the person in control. It would be essential for me that they have no bias in communication methodology and they would have at least basic knowledge about and skills in all methods so they could convey this information to families in an open, unbiased way. I would also want them to be excellent observers and team players.

Question #8 - **Comments**: Suppose you were hiring someone for an early intervention position. How would you determine if they were "highly qualified"?

- I would look at academic preparation, quality of early childhood coursework as well as coursework that leads to an understanding of deafness. I would look for practicum experiences...portfolio evidence of dispositions and skills for working with families and deaf/hh infants and toddlers. In the interview, I would look for the ability to listen closely, think wisely, and think from all perspectives.

Q9: Which pre-service programs prepare for birth-3?



Survey Results: Some Caveats

- Caveat #1: the sample may be biased toward opinions of professionals in deafness
- There was less agreement on some issues from professionals in special education
- Q4 and Q5 received more mixed results
 - The need for a tool to assess the strengths and needs of early intervention providers
 - A national professional certificate

Survey Results Say....

- There is support to have a **consensus statement** listing the core knowledge and skills required to work effectively with infants and toddlers (birth to three) who are D/HH and their families
- Core subset of skills should assure all approaches are represented (*one does not need to have competency implementing each approach*)
- Responses imply that training needs to be inter-disciplinary and that NO one discipline in and of itself currently provides all the skills

Next Steps.....

Questions, Comments, Dialogue