BIRTH - 3: A NEW PARADIGM FOR A DIVERSE POPULATION

Presentation to Early Hearing Detection and Intervention Conference

March 2010

Marilyn Sass-Lehrer, Ph.D.

Beth S. Benedict, Ph,D.

Julie C. Mitchiner, M.A.

WHY A NEW PARADIGM?

- Increase in number of infants

- Decrease in age of children

- Diversity among population:
  - Hearing Levels
  - Culture and Language
  - Abilities and Disabilities
  - Economic Resources

- Outcomes not Good Enough

ADVANCES

- Longer "stays" in Birth to 3 Programs

- Outcomes better for children by age 3

- Families more competent
  - Better informed
  - More involved
  - Better communicators
  - Informed decisions and choices
  - Better advocates

CHALLENGES

- Delays from Confirmation of Hearing to Early Intervention

- Information Overload and Controversy

- Limited Service Availability
  - Birth to 3
  - Preschool and Kindergarten

- Outcomes Falling Short

- Shortage of Fully Prepared Professionals

GOALS OF NEW PARADIGM

- Close the Gaps in Services

- Expand Opportunities
  - Communication
  - Technologies

- Improve Services to Children and Families

- Improve Language and Literacy

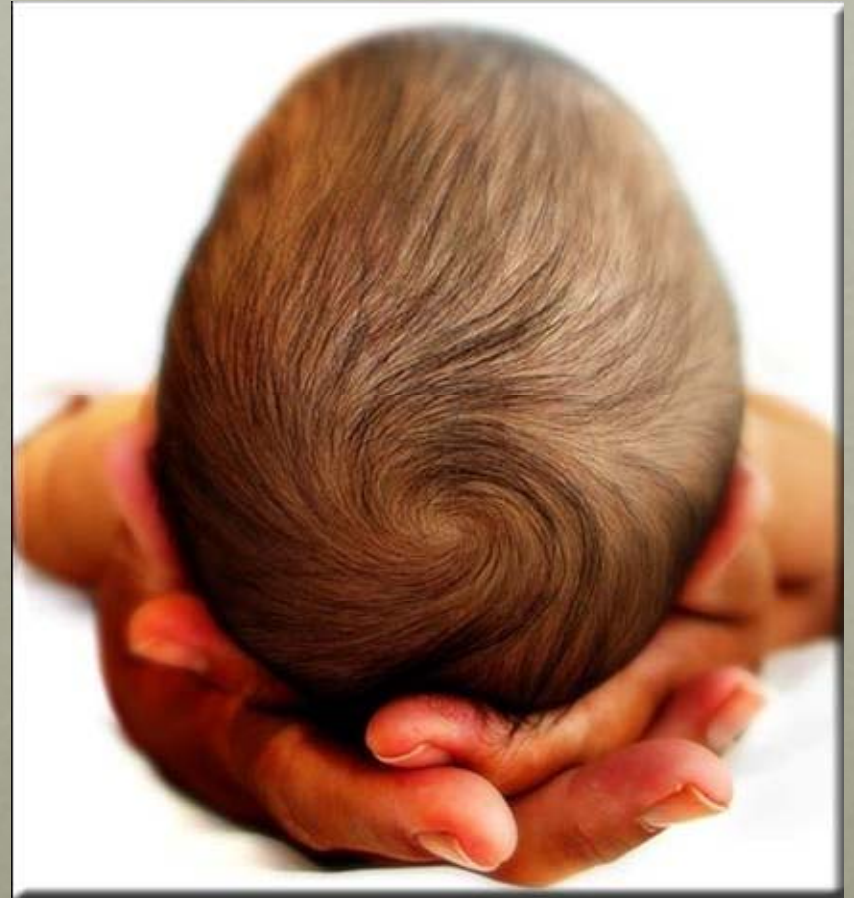- Improve Quality of Providers

CLOSING THE GAPS

From Newborn Hearing Screening

To

Early Identification

To

Early Involvement

COLLABORATION

Collaboration between Health Care, Families, Professionals and Deaf Community

CLOSING THE GAPS

Traditional

- **Screening and Identification**
  - **Medical**
  - **Health Care**
  - **Hearing Deficit = Pathology**
  - **Focus on Hearing Functioning**

New Paradigm

- **Screening and Identification**
  - **Collaborative Approach**
  - **Education, Families & Communities**
  - **Focus on Whole Child**

CHANGE IN PERSPECTIVES

Disability

- Failed Screening

- Diagnosis

- Hearing Loss

- Hearing Impaired or Deafness

- Treatment

Ability

- Referral for Evaluation

- Identification/Evaluation

- Hearing Levels/Status

- Deaf or Hard of Hearing

- Ways to Facilitate Development

EXPANDING OPPORTUNITIES

From Confirmation of
Hearing Status

To

Communication,
Technology

To

Program Opportunities

COLLABORATION

Collaboration between Health Care, Families, Professionals and Deaf Community

EXPANDING OPPORTUNITIES COMMUNICATION & TECHNOLOGIES

Traditional

- Learning to Listen

- Learning to Talk

- Hearing Aids/CIs

- English Only

New Paradigm

- Learning to See & Listen

- Learning to Communicate (Signing/Speaking)

- Hearing & Visual Technologies

- Multilingual/Multi-modal

CHANGE IN PERSPECTIVES

Hearing - Normal

- Hearing is Better

- Language = Spoken Language/Speech

- Speech = Success

- Signing = Failure

- Assistive Technology =Hearing Technology

Deaf/HH - Difference

- Deaf/HH is Diverse

- Language = Speech/Signs/Reading/Writing

- Language & Thinking = Success

- Limited Language = Failure

- Assistive Technology = Auditory & Visual Technologies

IMPROVING SERVICES

Early Involvement

Program

Approaches

COLLABORATION

Collaboration between Health Care, Families, Professionals and Deaf Community

EXPANDING OPPORTUNITIES

Traditional

- Therapy Model

- Professionals as Experts

- Hearing People are Language & Role Models

- Mainstream as Goal

New Paradigm

- Meaningful/Functional Model

- Professionals/Parents/Care givers as Collaborators

- Hearing, Deaf & HH People are Language and Role Models

- Opportunities/Continuum

CHANGE IN PERSPECTIVES

One Way

- Professional is Expert

- Family Involvement is Proscribed

- Goal to be Hearing-Like

- Identity as Hearing

- Failure Model

Multiple Paths

- Family-Professional Collaboration

- Many Types of Involvement

- Goal to Optimize Potential

- Identity as Deaf/HH

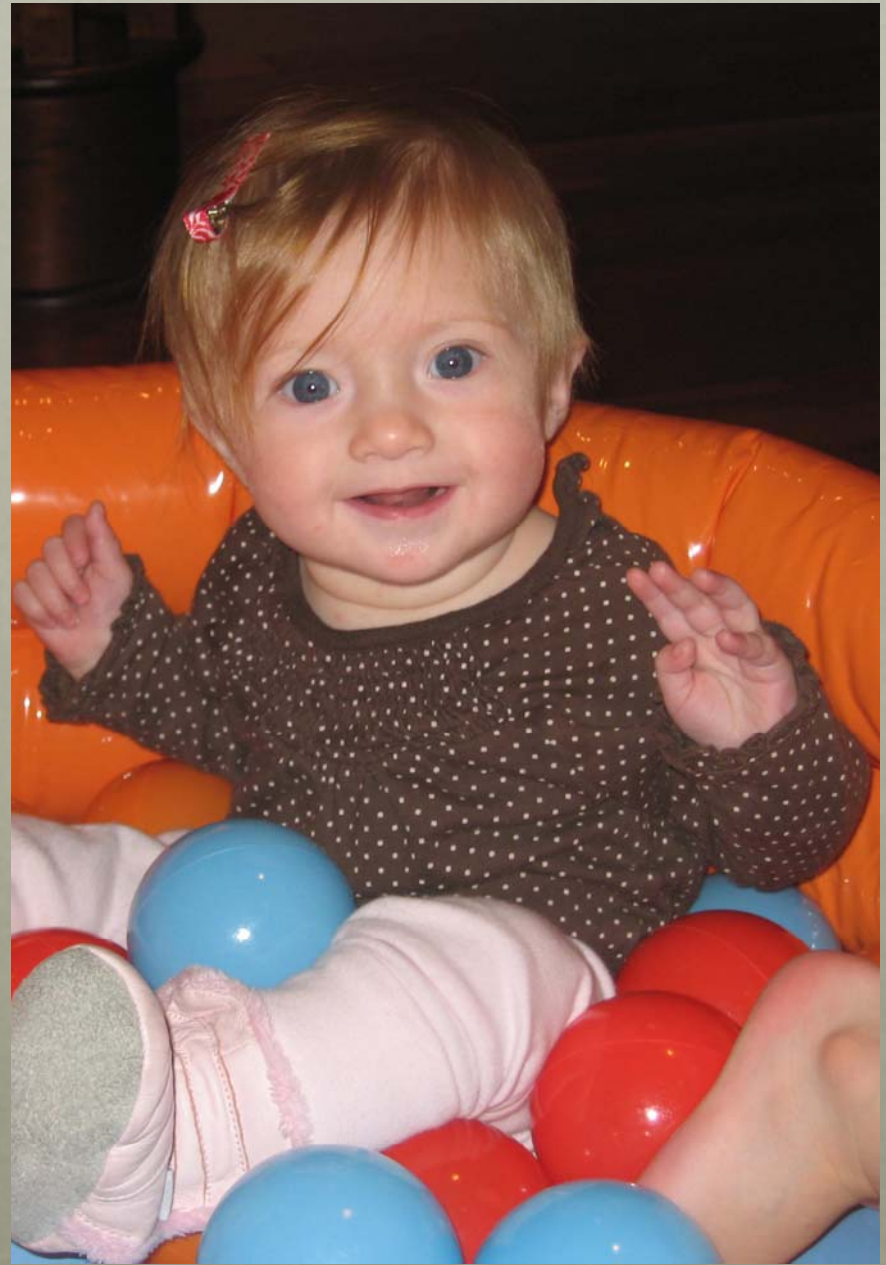- Assessment & Evidence-Based Models

LANGUAGE & LITERACY

From Communication & Language

To

Programs

To

Literacy

LANGUAGE & LITERACY

Traditional

- Focus on Dominant Language

- Transition from Home Language

- Literacy at School

- Language Teaching

- Language and Cognition

New Paradigm

- Support Development of Multiple Languages

- Maintain Home Language

- Family Literacy Practices

- Language Acquired in Meaningful Contexts

- Language, Cognition and Social Interactions

PROFESSIONAL DEVELOPMENT

From Hearing Screening

To

Identification

To

Communication

To

Programming

PROFESSIONAL DEVELOPMENT

Traditional

- Pre-service Training

- Professional Background in One Area

- Uni-disciplinary Approach

- Limited Field Experience

- On Campus, In Workshops

New Paradigm

- Professional Development

- Professional Expertise in Multiple Areas

- Interdisciplinary Approach

- Field Experience & Mentoring

- Multiple Approaches Including Online, Distance Models

"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."
-PRESIDENT BARACK OBAMA

SELECTED REFERENCES

- Bodner-Johnson, B. & Sass-Lehrer, M. (Eds.) (2003).

- R. (2000).

- Cummins, J. (2005).

- Hintermair, M. (2000).

- Position Statement: Joint Committee on Infant Hearing (JCIH) Year 2007 Position Statement

- Marge, D.K., & Marge, M. (2005)

- Marschark, M. (2007).Second Edition.

- Meadow-Orlans, K., Spencer, P. & Koester, L. (2004).

- Meadow-Orlans, K., Mertens, D., Sass-Lehrer, M (2003).

- Moeller, M.P. (2000).

- Pacini-Ketchabaw, V. & Armstrong de Almedia, A.E., (2006).

SELECTED REFERENCES

- Pipp-Siegel, S., Sedey, A. L. & Yoshinaga-Itano. C. (2002).

- Sass-Lehrer, M. & Bodner-Johnson, B. (2003)

- Schwartz, S. (2007). Choices in Deafness

- Snoddon, K (2008)

- Spencer, P., Erting, C., Marschark, M. (Eds.). (2000).

- Watkins, S., Pittman, P., & Walden, B. (1998).

- Yoshinaga-Itano, C. (2003).

- Young, A., Carr, G., Hunt, R., McCracken, W., Skipp, A., Tattersall, H. (2006).