

Pediatric Hearing Loss and Neurodevelopment

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Psychiatric Services for Deaf and Hard of Hearing Children

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Presentation Outline

- Introduction
- Psychiatric Services for DHH Children
 - Review of services offered
- What factors should be considered in evaluating children with hearing loss?
- What measures do I commonly administer and what accommodations do I make?
- Questions.

Psychiatric Services for Deaf and Hard of Hearing Children

- Who are we?
- What do we offer?
 - Therapy/counseling services: individual, family, and/or group
 - Case Management
 - Consultation
 - Medication Management
 - Case aide services
 - Psychiatric and Psychological evaluations
 - Summer Program

Why are specialists necessary?

- The assessment of children with hearing loss presents many unique and interesting challenges. Deaf and hard-of-hearing children as a group are far from homogenous. Each child has very unique needs. Degree of hearing loss, communication style and environmental factors are all critical to the interpretation and understanding of a child's overall functioning. To adequately assess the needs of children with hearing loss, professionals must be skilled in assessment and sign language, and knowledgeable regarding the impact of hearing loss on a child's overall functioning.

Diversity of hearing loss

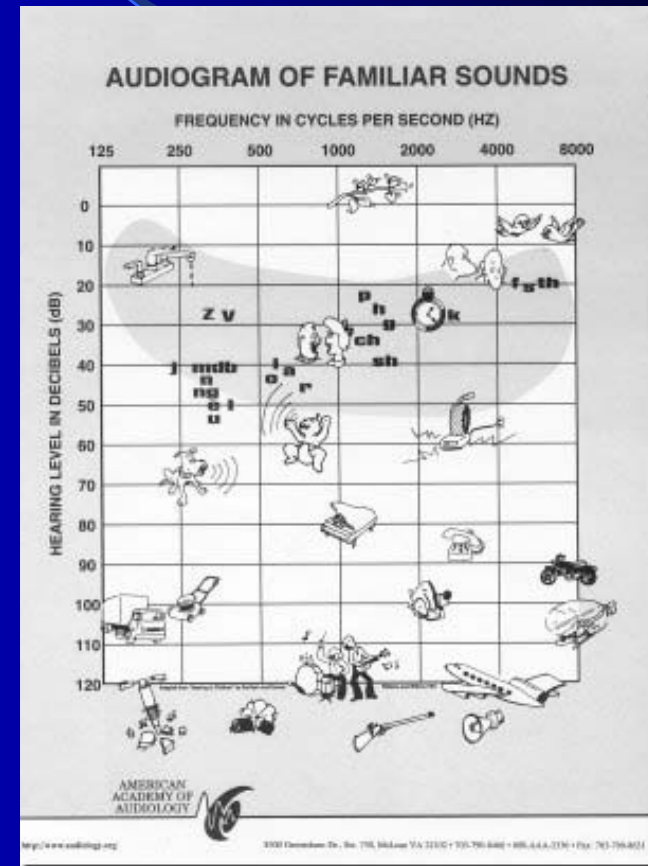
- Degree of loss
- Unilateral or bilateral
- Age of onset
- Cause of onset
- Age of diagnosis
- Age at amplification
- Family belief system related to hearing loss
- Other difficulties (vision, motor, emotional, etc.)
- Cochlear implant/aides
- Communication
 - Oral
 - Sign
 - ASL/ SEE/ PSE/ Cued Speech
 - Simultaneous Communication
- Language spoken in the home
- Current Educational Placement
- Educational history

Statistics

- 28 million Americans with hearing loss
- Approx 24k American babies born each year with significant hearing loss (2000)
- Previous common age for diagnosis
- Impact of universal screening
- About 90% of deaf children are born to hearing parents

Degree of Hearing Loss

- Normal range 0-25 dB
- Mild loss 26-40 dB
- Moderate loss 41- 55 dB
- Moderately severe 56-70
- Severe 71-90 dB
- Profound 91 dB



Lip Reading and Speech Skills

- Statistics on lip reading
- Environmental factors
- Familiarity with materials

Amplification Options

- Hearing Aid
- Cochlear Implant
- Use of FM



Manual Communication



- Sign Language Systems
 - American Sign Language
 - Signed Exact English
 - Pidgeon Sign
 - Home Sign
- Cued Speech
- Simultaneous Communication

Deaf Culture

- Important Values
 - American Sign Language
 - Direct communication
 - “Deaf” not “hearing impaired”
 - Linguistic and cultural minority, not disabled
 - Eye contact, touch, time, lighting
 - Identification through school, clubs, sporting or community events
 - Deaf literature: ABC stores, poems, humor

School Options

- Residential State School for the Deaf
- Private school for students with hearing loss
- Self-contained program within public school
- Mainstreamed with or without an interpreter
- General education versus special education classes

The diversity among these children is relevant at every stage along the assessment process

- Selection of testing materials
- Administration
- Interpretation
- Recommendations

Measures Administered

- Cognitive

- WISC
(verbal/performance)
- UNIT
- SB:FE
- DAS
- CTONI/TONI2
- Leiter

- Others

- Rey
- NEPSY- selected subtests
- WRAML2- selected subtests
- VMI
- Wisconsin
- WJ for achievement
- Tower of London;
Wisconsin

Adaptations/Accommodations

- Use of interpreter/FM
- Be aware that deaf can not look at paper and look at you.
- Vocabulary: spell for sign dependent and put in notes
- Testing of limits

Questions?



Thank you.