

Children and Youth with Special Health Needs(CYSHN)

DEAF OR HARD OF HEARING

Summer 2007

Condition Description

Permanent childhood hearing loss affects between 200 and 400 infants born in Minnesota each year. Eligibility for early intervention services for infants and toddlers based solely on a hearing loss requires audiological documentation of any of the following:

- (1) a sensorineural hearing loss with an unaided pure tone average (500,1000,2000), speech threshold, or auditory brain stem response threshold of 20 decibels hearing level (HL) or greater in the better ear;
- (2) a conductive hearing loss with an unaided pure tone average (500, 1000, 2000) or speech threshold of 20 decibels hearing level (HL) or greater in the better ear persisting over three months or occurring at least three times during the previous 12 months as verified by audiograms with at least one measure provided by a certified (licensed) audiologist;
- (3) a unilateral sensorineural or persistent conductive loss with an unaided pure tone average (500,1000,2000) or speech threshold of 45 decibels hearing level (HL) or greater in the affected ear; **or**
- (4) a sensorineural hearing loss with unaided pure tone thresholds at 35 decibels hearing level (HL) or greater at two or more adjacent frequencies (500 hertz, 1000 hertz, 2000 hertz, 3000 hertz or 4000 hertz) in the better ear.

Consequences of Hearing Loss:

Hearing loss is associated with delayed language acquisition, learning, and speech development.

Primary Consequences:

Communication difficulties - Children experience varying degrees of difficulty in receiving the auditory speech and environmental stimuli.

Secondary Consequences:

Educational, vocational, psychological and social implications - Hearing loss in young children negatively impacts speech and language acquisition, academic achievement, and social/emotional development if help for the hearing loss is delayed.

Management of Hearing Loss:

Early diagnosis and intervention can reduce the lifelong disability associated with hearing loss. Children whose hearing loss is identified at or before six months of age and who receive appropriate early intervention services have significantly larger vocabularies and better receptive and expressive language skills than those whose hearing loss is discovered after six months.

Medical Management:

Conductive or mixed hearing losses resulting from diseases in the outer or middle ear may be treatable through surgery or medication.

Cochlear implantation combines medical and audiological managements to provide direct electrical stimulation to the auditory nerve and allow for the perception of sound.

Audiological Management:

Amplification may be an option for some children. This includes hearing aids, FM systems, cochlear implants or other assistive devices.

Educational Management:

Families will make numerous choices regarding how they communicate with their child and the types of educational services in which they would like their child to participate.

Common communication methods include American Sign Language (ASL), Auditory-Oral, Auditory-Verbal, Bilingual-Bicultural (BiBi), Cued Speech, Simultaneous Communication, Signing Exact English, and Total Communication.