Illinois Association of the Deaf
Position Statement on Early Hearing Detection and Intervention

The Illinois Association of the Deaf (IAD) recognizes families receive information and resources from early hearing detection and intervention (EHDI) systems, practitioners, and associated professionals. As these primarily address the health aspects of their child's hearing and relate to technology, assistive listening devices, and auditory and speech therapies, the IAD strongly affirms that the best decisions are ones made when parents are fully informed.

The concept of being deaf or hard of hearing is a difference, not a deficit, must serve as a foundation for services to children and families. Deaf and hard of hearing children can and will develop age appropriate language, communication, cognitive and social-emotional skills. IAD affirms the importance of providing families with information and including the documented benefits of acquiring and developing proficiency in American Sign Language (ASL) and English.

To ensure deaf and hard of hearing infants and toddlers are not deprived of language acquisition opportunities and have healthy development, IAD stands by the NAD in its whole child approach; the child must have opportunities for engagement both at home and at school. The child needs to be challenged academically and prepared for success beyond high school. The use of ASL and English ensures that the child will grow up to be a contributing member to society and a participant in the U.S. job market.

IAD is strongly committed to ensuring early intervention professionals guide parents to holistic information and resources from a wide range of viewpoints, including the benefits of acquiring and developing proficiency in ASL and English. Early intervention programs must provide a continuum of language and communication opportunities to ensure families are able to make informed decisions about ASL, language acquisition and learning. Early hearing detection and intervention (EHDI) systems must reflect a positive attitude toward deaf and hard of hearing individuals, the deaf community and ASL (American Sign Language), as well as provide opportunities for infants, toddlers and families to learn ASL from qualified professionals who are fluent in ASL.

Identifying a child as deaf or hard of hearing presents the family and professionals serving said family with the opportunity to take steps to ensure the child receives appropriate cultural and linguistic support. This further necessitates the need for appropriate training for EHDI professionals, including thorough training on deaf culture, and for these professionals to be able to demonstrate the ability to explain how early language acquisition affects the cognitive development of a deaf or hard of hearing child.

Access to ASL and English

Language acquisition is critical for young children; early exposure to a language encourages the development of language skills.[1] These skills, in turn, develop critical thinking and reasoning skills used in numerous settings. As up to 80% of all learning is incidental,[2] the IAD stresses the importance of communication access both inside and outside of the classroom.

Out of all of the visual communication modes available to deaf and hard of hearing children, ASL is the only communication modality that meets the full criteria of linguistics. However, there remains the view that acquisition of ASL will impede deaf and hard of hearing children's acquisition of English proficiency, as well as deaf and hard of hearing children being severely disadvantaged due to lack of access to auditory input and, therefore, auditory language exposure, even if deficient, is the best pathway to resolve this disadvantage.

Recent studies discredit these views and confirm the brain can readily handle and can benefit from language development in more than one language and more than one modality without detriment to the development of language in either modality.[3]

Further, in the absence of a visual language such as ASL, the risk of harm from language deprivation is heightened and cognitive capacities are reduced. Research also indicates deaf and hard of hearing children exposed to signing at an early age perform better academically than those who do not.[3]

Early exposure to visual language changes visual processing and heightens skills in joint-attention, thus leading to early vocabulary development.[4] It has been shown infants are able to use gesture-based language before developing the ability to talk; expressive language milestones are achieved earlier in gesture-based communication systems than in spoken language.[5] Studies show that by the age of 4, deaf children using ASL are able to self-regulate attention to a visual language.[6] Further research has shown that visual attention correlates with positive reading comprehension skills, a critical component in accelerating the development of acquisition of literacy skills.[7]

A multi-sensory approach to language acquisition ensures that when one pathway is less effective, another pathway can be used for language learning.[8] Early research in bilingual education found cognitive benefits from learning two languages; bilinguals have been reported to have greater cognitive flexibility and greater sensitivity to linguistic meaning than monolingual children.[9] Deaf and hard of hearing children experience similar benefits from learning ASL and a spoken language through print, listening, and speaking.[10]

Infants and toddlers are not always able to immediately obtain the benefits of assistive listening technology that is available to process auditory language; further training or therapy is often needed. Additionally, spoken language development can be enhanced if sign language is also present.[11] However, if children are given listening technology with speech only exposure, they are at risk of linguistic deprivation.[12]

Preparing deaf and hard of hearing children to achieve optimal linguistic fluency in both ASL and English contributes to healthy development of identity and self-esteem, as well as enable them to later engage in meaningful adult discourse as fully participating, contributing, and productive members of American society.

Age of Intervention

Research shows language, cognitive and academic outcomes are shown to be higher in early-identified deaf and hard of hearing children than in later identified children.[13] Babies are born with the innate ability to acquire language accessible to them and used by families and caregivers, and the period from birth to 2 years is most critical in establishing a foundation for cognitive and literacy development. Research has shown outcomes are improved when enrollment in an early intervention program is done by six months.[14] This accentuates the need for early identification and intervention.

Quality of Education and Support Structure

The IAD urges parents to be highly involved in their deaf or hard of hearing children's lives. Parental involvement plays a crucial role in education. Children of highly involved parents perform higher in language and cognition than children with less involved parents.[15] This research heightens the importance for family members to receive support and guidance during this critical juncture from qualified providers and specialized early intervention programs.

Early intervention programs must provide families of deaf and hard of hearing infants and toddlers the opportunities to meet deaf and hard of hearing adults, those who can serve as a language model and

provide unique perspectives that can help parents make informed decisions. Further, programs should provide families with a network and support system that have a wealth of experience and are familiar with the various challenges families face.

The state of Illinois must continue to fund EHDI programs and maintain rigorous tracking mechanisms to measure language developmental milestones of all deaf and hard of hearing children. This includes documenting any infant, toddler or child that has any degree of hearing loss necessitating early intervention services as dictated by state regulations. This designation shall be made as deaf or hard of hearing, and be documented as a primary or secondary disability.

If a child does not demonstrate progress in expressive and receptive language skills, the child's IFSP or IEP team shall be responsible to explain in detail why the child is not meeting language developmental milestones or progressing towards them, as well as recommend specific strategies, services, and programs that would be provided to assist the child's success toward English literacy using both or one of the languages of ASL and English.

Required Actions

The IAD strongly urges members of the deaf and hard of hearing community, parents, family members, professionals and other stakeholders to work together to ensure EHDI initiatives in Illinois incorporates all elements listed in this position statement.

All resources provided to families by EHDI professionals, including outreach kits or materials, must employ a whole child approach and shall not be primarily based on "corrective measures" to help the deaf or hard of hearing infant maximize the use of his/her auditorial abilities. Instead, they must be comprehensive in nature and include information and statistics about early language acquisition and benefits of learning ASL at an early age.

Further, the IAD further encourages the development of various legislation in Illinois to ensure age appropriate language acquisition and development in every deaf and hard of hearing child from birth. As the acquisition of language from birth is a human right for every person and deaf infants and children should be given the opportunity to acquire and develop proficiency in ASL as early as possible, laws and regulations to this effect need to be legislated and enforced.

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Resources/References

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