



# Social, Emotional, and Educational Considerations Associated with Progressive Hearing Loss

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Cheryl DeConde Johnson  
ADEvantage Consulting  
University Of Arizona, Salus University  
Hands & Voices



# My Story

# Take Aways

Hearing loss is generally physically invisible but behaviorally insidious.

Identity as a person is paramount to well-being; identity as a person with hearing loss with is unclear but **requires** support and counseling.

Every child is different but all are at risk regardless of hearing levels.

We cannot assume that children are fully accessing their environment, communication, or learning – even with the best hearing technology.

- Or that with access they understand and process what they hear.

There are often a variety of interacting variables. However, the sensory impairment should be given precedence in the evaluation and investigation of a child's behavior and learning abilities.



# Progressive HL – Variables Impacting Functioning

## Age of onset

- If early
  - When properly diagnosed and treated, child may not recognize changes
  - Parents require support
- If later onset
  - Child and parent require reassurance and support

## Progression or Sudden

*“Imagine being able to hear at a certain level one day, and then inexplicably that is all changed on the next day...I can’t imagine what our daughter went through.”*

## Unilateral or Bilateral

## Etiology

## Colorado EI Data (Yoshinaga-Itano et al, 2011)

N=853  
1985-2011

Progressive hearing loss appears to be much more frequent than we had previously suspected – especially among children with severe to profound HL

Progressive and acquired hearing loss is more frequently documented between 3.5 and 7 years of age than first 3 years of life

About 20% of families can expect their child to have a progressive HL between birth and 7 years

# Accomplishments are possible!

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When properly managed, impact of HL can be addressed proactively

- Advocacy
- Amplification
- Educational support (academic, cognitive processing)
- Communication access needs
- Social and peer interactions
- Counseling

# Recognizing Changes through the Child's Feelings or Behavior

## Some signs to watch for

- May dread having a hearing test
- Unusual fatigue
- Listening in noise difficulties or at the dinner table
- Frustration
- Behavior issues
- Academic problems
- Difficulty understanding complex conversations
- Withdrawal

Identity, Self-Esteem  
Self-Determination, Self-  
Advocacy



# Characteristics of Positive Mental Health

<https://www.verywellmind.com/what-is-mental-health-2330755>

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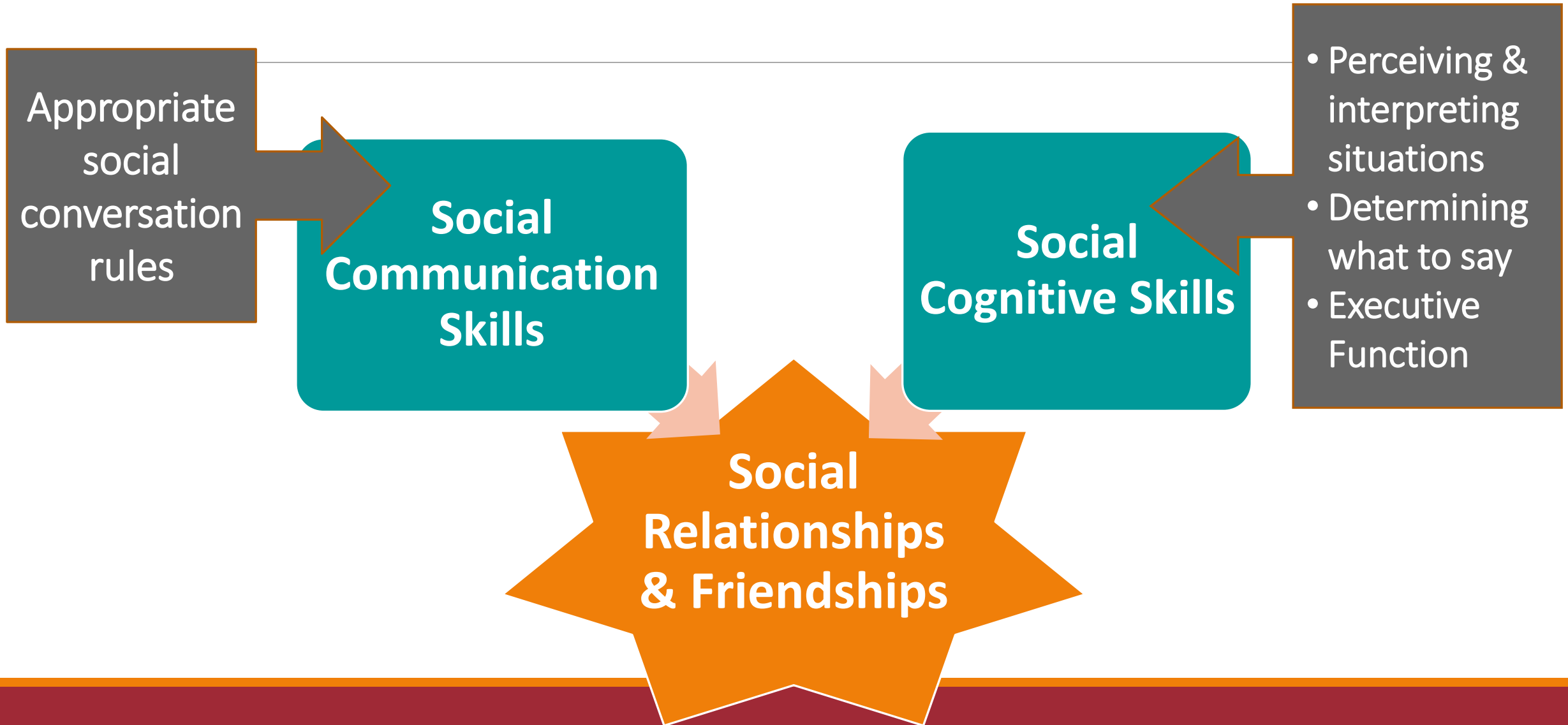
- **Ability to enjoy life** – Living in the moment, appreciating the “now.”
- **Ability to learn from the past and plan for the future** without dwelling on things that can’t be changed or predicted.
- **Resilience** – Ability to bounce back from hard times, manage stress without loss of optimism.
- **Balance** – Ability to juggle many aspects of your life. Ability to make changes to restore balance when necessary.
- **Flexibility** – Ability to feel and express a range of emotions. Ability to solve problems and revise expectations
- **Self-actualization** – Recognition and development of individual strengths to reach one’s full potential.

# Social-Emotional Learning (SEL) Competency Clusters\*

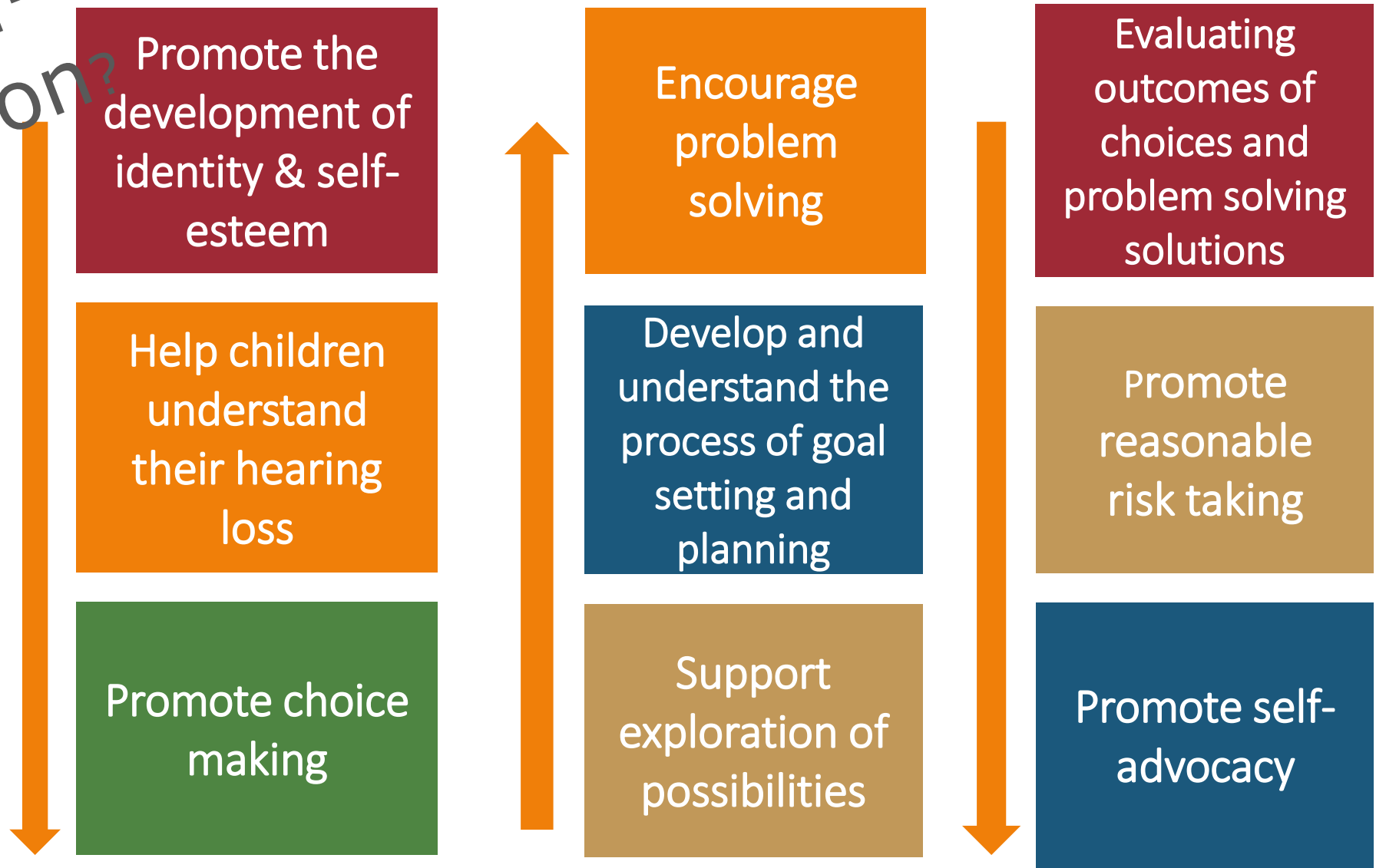


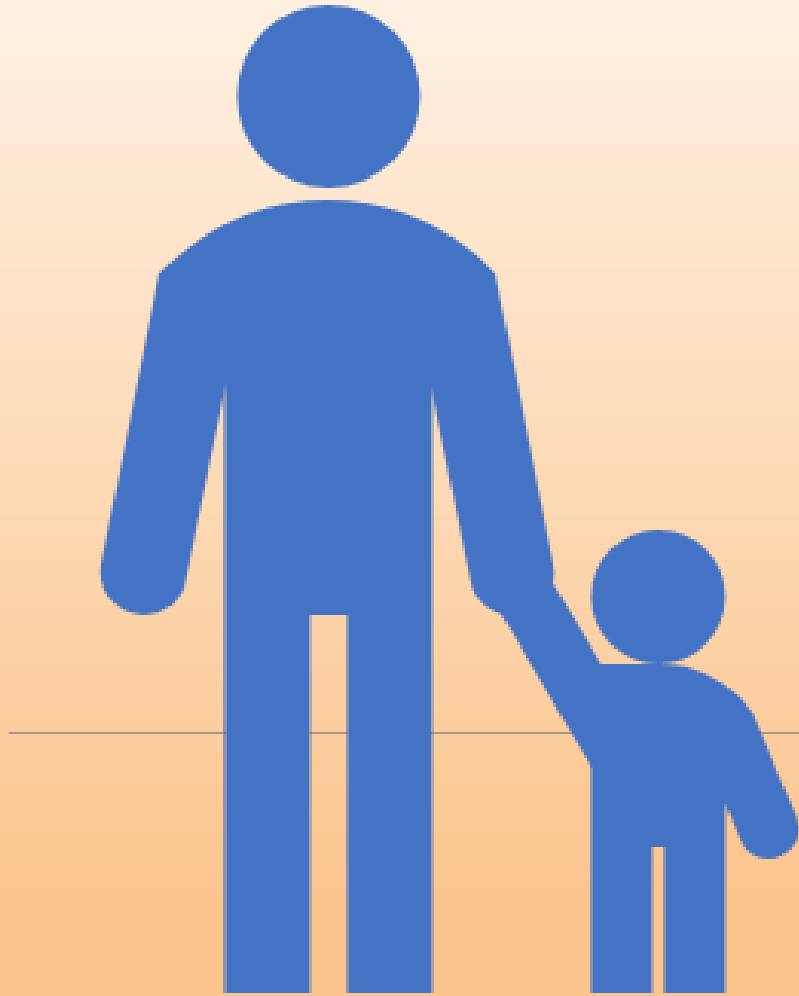
\*Collaborative for Academic, Social, and Emotional Learning (CASEL) [www.casel.org](http://www.casel.org)

# Relationship Skills



# How do we facilitate Self-Determination?





# Parent Stories

## Diagnosed at age 4

- Sudden onset then progressive
- Mild to moderate HL at onset
- Fitted with hearing aids at age 5
- No services needed at that time

## At age 8

- RE: Mild-severe; LE: Mild to mod severe
- Genetic testing – STRC autosomal recessive HL (non-syndromic)
- Prognosis is that hearing levels will remain stable, but fairly rare so many unknowns

# Case 1: Hearing History

# Case 1: Social-Emotional/Educational Status at 4<sup>th</sup> grade

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## Social/Emotional

- Parents explaining HL to him
- Good HA benefit and like his hearing aids and how they help him
- Beginning to notice he is different
- Worried that hearing will further decrease
- Thinks that others talk behind his back

## Academic

- As academic demands increase, more deficits apparent
- Attention, maintaining focus, overwhelmed easily, executive function problems, struggles with timed-test
- Writing skills biggest academic deficit

- 1<sup>st</sup> grade – IEP with self-advocacy goals and FM
- 4<sup>th</sup> grade – parents have had to advocate for more support
- Noticed more cognitive fatigue, needed more academic support
- Self-advocacy skills are increasing – manages his hearing aid and FM, asks for repetition and clarification
- Currently in process of triennial evaluation
- Parents rely on Hands & Voices for information and support
- Attends community events 2-3 times/yr; helps him to know there are other children like him

## Case 1: Educational and Social Supports



- Advocate and educate
- Draw knowledge from specialists (audiologist, SLP, TOD, and H&V)
- As time is right educate your child to help him/her self-advocate.

## Case 1: Advice to Parents

- Mild bilateral HL identified through newborn hearing screening; confirmed at 2 months - cookie bite configuration
- Progressive nature of HL - unexpected
- Feelings about changes in hearing: Concerned about losing ability to communicate; expressed interest in cochlear implants and learning sign language
- Middle brother (3<sup>rd</sup> child) also has similar hearing loss and parents are seeking referral for genetic testing (2<sup>nd</sup> child, girl, no HL)
- Youngest is now 4 (4<sup>th</sup> child); will be tested soon
- Educational audiologist tests boys every 6 months

## Case 2: Hearing History

# Case 2: Social-Emotional/Educational Status

## Social/Emotional

- Lost confidence in academic abilities often saying “I just don’t get it”
- Extreme auditory fatigue
- Hearing aids provided amplification that allowed him to hear the sounds he had heard previously even as his hearing decreased
- As an avid musician, educational audiologist recommended a music program to his hearing aids; was a life changing moment that allowed him to better enjoy and play music

## Academic

- No early intervention or support until 2<sup>nd</sup> grade; sometimes he seemed inattentive or didn't grasp the directions; we were clueless thinking, "he hears as you or me”
- 2<sup>nd</sup> grade: evaluated for an IEP based upon learning problems in school; grades too high for special education but classroom teacher thought he might qualify because he was hard-of-hearing and wore hearing aids

- Educational services—vocabulary support with ToD and SLP
- Classroom accommodations (flexible seating, check for understanding, repeat/rephrase remarks in classroom prior to responding, FM)
  - Captioning of all materials
  - Extended time on tests and quizzes for processing information
  - Reduced assignments when necessary (related to fatigue and processing time)
- Attended annual school-sponsored social event for families and their deaf and hard of hearing children in the metro area ; otherwise did not connect with other hard of hearing students
- TOD coached him to self-advocate, specifically about FM; outside of school parents encourage him to speak for himself and to communicate when he has difficulty hearing or understanding.

## Case 2: Educational and Social Supports at 6th Grade

- Team up with H&V chapter to garner materials relevant to children with HL.
- Learn all you can about effects of HL: especially auditory fatigue and how it affects incidental learning; vocabulary; social-emotional impacts particularly in adolescence
- Be familiar with common supports and services
- Take stock of what benefits your child – don't settle for “they're getting great grades, they don't need an IEP”
- Collaborate with your school team to build relationships and to determine what else might be available to help your child, including accommodations in the classroom
- Help your child take responsibility for his/her hearing needs

## Case 2: Advice to Other Parents

- Referred from newborn screening, audiological evaluation at 2 weeks; mom reviewed report later:
  - “had almost no OAEs but he did show a wave on the ABR, so the audiologist passed him.”
- Mom self referred to Child Find due to concerns that language had plateaued and he was beginning to exhibit frustration via “tantrums” and other “difficult behaviors.”
- Diagnosed at 3.5 yrs: RE severe, LE moderate-severe
- Etiology: Cx 26
- Suspected progressive HL since he had learned most speech sounds prior to his identification; has had sudden drops intermittently
- Current Hearing Status: RE: profound; LE: severe to profound; Hearing aids bilaterally.

## Case 3: Hearing History

# Case 3: Social-Emotional/Educational Status

## Social-Emotional

- During preschool years, had access to deaf/hard of hearing peers because he attended a signing Deaf school; however later he wanted to go to a hearing school.
- Change and increased difficulty takes some time to absorb.
- Prefers to use hearing aids and talk to sign language, but when speech recognition dropped, we talked about how changes to access language (either through captioning or interpreting) - was very sobering for him.

## Educational

- Always struggled to engage in school because he is “wicked smart”
- When hearing levels dropped he was very checked out and getting into trouble because he didn't have access to the auditory environment even with an FM.
- School wanted to address the behavior in isolation but mom stressed it was a matter of access.
  - a “notetaker” provided for visual access to real time instruction.
  - Parents changed schools (Highly Gifted and Talented magnet school) and added an educational sign language interpreter. This has helped immensely. He also uses a Roger Touchscreen at school.

- From a very early age, we have talked about the fact that he is the only one that knows what he hears; he is in charge of how he gets information, whether that be visually or auditorially.
- He has participated in his IEPs for 6th and 7th grade, and we talk about what works for him. What is it like hearing with hearing aids? We talk about how he needs to introduce himself and that he needs to tell the interpreters what kind of signing he wants.
- We talk about these things at home, modeled it for him when he was younger, and slowly have turned the reigns over to him. He is pretty self aware, so that helps alot! He also has a very good vocabulary, so he is able to articulate his wants, needs, and frustrations.

## Case 3: Educational and Social Supports



As a mom, each drop in hearing felt almost like a whole new diagnosis.

- It impacted how he accessed information and the world around him
- It led to us re-evaluating access (auditory/visual methods)
- It led to new behavior patterns in our home (adding in more sign language, more visual attention getting, more repetitions, more attention to backlighting and being sure he could see my face)
- It was a re-evaluation of the decisions we made leading up to that point
- Progressive hearing loss requires an agile, adaptive approach to access....and identity.

## Case 3: Educational/Social-Emotional Status

- Have teachers put everything they can in writing.
- Be sure to ask for closed captioning.
- Show up at school and observe to see if the appropriate accommodations being used, and if they seem to be effective. If things aren't effective, go back and re-evaluate and try something different.
- Know your rights.
- Ask Deaf folks and other parents what accommodations they have tried and what has worked for them.
- Listen to your kid - if they don't like an accommodation, ask them why and try to figure out how to overcome that barrier.

## Case 3: Advice to Other Parents

Social Emotional and Educational  
Consequences when things go  
Awry: Late Identified Single-Sided  
Deafness

# Case 4: Kevin

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## Early History

- 12 year old male (now 13), has lived with grandparents since age 4, adopted at age 6 along with a younger sister, now referred to as mother and father
- Prenatal, birth, and developmental history mostly unknown except biological mother reported to have bipolar disorder and history of drug use
- Attended community preschool
- At school entry for kindergarten, no reported significant learning or medical issues



# Kevin: Hearing History

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## Kindergarten

- passed hearing screening
- Teacher noted difficulties with “listening comprehension”
- Summer:
  - Mother consulted pediatrician: Diagnosed ADHD and referred to ENT
  - ENT Audiologist: Diagnosis of SSD- Right Ear

# Kevin: Educational History

## First grade

- Fall: Mother refers Kevin for special education
  - Multidisciplinary Education Team (MET) assessments: Speech-Language, Audiology (ENT audiology evaluation), Occupational therapy
  - Findings:
    - Audiology – Right sided deafness as per ENT audiology report, 100% speech discrimination
    - Receptive Language – low average; Expressive Language moderate delay range; normal intellectual functioning, academics estimated to be in average range
    - Social-Emotional – concerns related to hyperactivity, conduct problems, atypicality, withdrawal, attention problems; Functional Behavior Analysis indicated behavior was attention seeking

# Kevin: Educational History

## First grade

- Eligibility- Primary: Other Health Impairment; Secondary: Speech & Language Impairment
  - Neither district audiologist nor teacher of the deaf/hard of hearing is invited or present at eligibility or IEP meetings
  - Mother tells IEP team that Kevin “is easily frustrated...can be bossy...lacks social skills...problems interacting with other children...tends to give up easily when learning something new...temper tantrums”
  - SLP responds to mother saying “lots of kids that age are like Kevin”
- IEP
  - No recognition of hearing loss, no accommodations to address hearing loss

# Kevin: Educational History

## ■ Second Grade

- August- Surgery for bone anchored hearing instrument (Ponto)
- Fall IEP Annual Review – “hearing aid” discussed but **no audiologist or TOD involved; no adjustments to IEP based on hearing status**
- March– processor activated

## ■ Third Grade - No change; met standards on state tests

## ■ Fourth Grade

- Beginning of school year: Three year eligibility evaluation
  - No additional testing completed
  - Staffed out of special education because goals met, declared “model student”
  - MET noted ADHD disability still present but does not require special designed instruction
  - Grades: mostly B’s & C’s but D in math (F - 4<sup>th</sup> qrtr)
  - State Tests: Minimally proficient (Math) to Partially Proficient (ELA)



# Kevin: Educational History

## ■ Fifth Grade

- Grades: Math- C (D Qtr 3), Reading– C- (D (Qtr 2)
- State Tests: Partially Proficient

## ■ Sixth Grade

- Discipline issues: 3 reports in 1 month (inappropriate language, threw an object at a student) resulting in in-school suspension
- Mother requests special education evaluation noting decline in grades, **behavior issues**, and hearing concerns
  - **MET does not include the educational audiologist or TOD but notes in audiology report that he has failed hearing screening annually**
  - MET determines additional assessments are needed to determine eligibility: general intelligence, academics, communication, social/emotional, and motor/sensory plus FBA to determine function of Kevin's argumentative behavior/noncompliance.

# Kevin: Educational History

- Special Education Eligibility Meeting
  - MET present results and determines eligibility- again  
Other Health Impaired (ADHD)
  - MET states that Kevin's current difficulties are not primarily the result of adverse impact of "deafness in the right ear"
  - Mother asks for evaluations related to audiology and hearing impairment and that eligibility include hearing impairment: **Denied**
  - Mother asks for Independent Educational Evaluation (IEE) at school expense
    - District denies because they did not conduct audiology or speech/language evaluations that included receptive and expressive language)
    - District grants IEE for psychoeducational and OT evaluations
  - Mother files a due process complaint
  - IEP meeting is scheduled, mother notifies school she is bringing attorney; **district invites educational audiologist** to attend

# Kevin: Educational History

## ■ IEP Meeting

- Psychologist Summary: Kevin struggles with controlling symptoms related to his diagnosis of ADHD...symptoms include difficulties with focus and attention...poor listening skills, and being in trouble for not paying attention... is extremely self-conscious about his hearing aid implant which also impacts his mood.
- ADOS Evaluation Team Summary: no evidenced of characteristics consistent with Autism Spectrum Disorder
- Speech/Language Summary: Kevin has ability to understand and use appropriate social language...may need occasional guidance with interpreting situations and body language of others.
- Occupational Therapy Summary: Kevin has overall typical sensory processing abilities; non-sensory concerns with social participation.

# Kevin: Educational History

## ■ IEP Meeting

- Audiologist Summary: Kevin has previously documented right single-sided deafness; he currently wears a PONTO bone anchored hearing aid on the right side. Recent audiological testing at XXX indicates he demonstrates excellent aided benefit in quiet situations.
- Needs:
  - Kevin can increase his communication ability through the provision of assistive technology including a classroom or personal FM amplification device.
- Not Needed:
  - Special Considerations: Statement of the Language Needs, Opportunities for Direct Communication with Peers in the Child's Language and Communication Mode

# Kevin: Educational History

Accommodations	Type	Location
Giving advance notice for changes in routine and schedule (privately if possible)	3	A
Use preferential seating to be near speaking individual away from any background noise (i.e. heating/cooling vents, doorway, etc.)	3	A
Written schedule and copy of school map	3	A
Provide an internet disabled tablet or ipad with word processing program and speech to text functionality	3	A
Allow provisions for physical movement (distribute materials, run errands, etc.)	3	A
Make certain the student understands the directions	3	A
Use manipulatives	3	A
Frequent immediate positive praise for task initiation and completion	3	A
Allow scribing or speech to text for writing assignments	3	A
Break down assignments into smaller parts giving interim due dates	3	A
Frequently monitor independent work	3	A
Provide close captioning for movies/videos/media when appropriate for curriculum	3	A
Shortened assignments for writing	3	A
Provide notes prior to instruction	3	A

Legend for Type and Location Fields				
<b>Type:</b> 1 - Class work/assignments    2 = Assessments/tests    3 = Both class work/assignments/assessments.				
<b>Location:</b>				
A = All Subjects	B = Language Arts/English	C = Reading	D = Spelling	E = Math
F = Science	G = Social Studies	H = Health	I = Electives	J = Physical Education
K = Lunch	L = Transition/Vocation	M = Library	N = Title 1	O = Special/Exploratory

# Kevin: Educational History

## ■ IEP Services

- **Behavior Support** in the general education classroom to include disability awareness training and self-advocacy skills; provided by special education teacher
- **Audiology** – annual audiogram may be provided by the district audiologist or parent's private audiologist through private insurance
- **Speech to Text training**- assistive technology to support initiation and writing activities; provided by para/teacher/staff
- **FM training for student**- audiological support (FM system) while in the general education setting; provided by the audiologist, 1 hour/semester
- **Supports for school personnel**- speech to text training and FM system training will incorporate universal application across the campus; provided by teacher/staff and audiologist
- **Behavior Intervention Plan**

# Kevin: Due Process Proceedings

## What went wrong?

Failure to rescreen hearing when kindergarten teacher expressed concern

- District is required to ensure all children with disabilities are identified, located, and evaluated (Child Find, (§300.111)).

Failure to conduct assessment according to IDEA requirements.(Denial of FAPE)

- *A full evaluation in all areas of suspected disability meaning a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent (§300.304(a)(1)).*

Failure to recognize the possible implications of single-sided deafness.

Failure to identify hearing impairment as a disability category.

Failure to address the special factors (communication considerations for children who are deaf or hard of hearing) (§300.324(2)(iv)).

Failure to offer a 504 Plan once staff out of special education even though the district stated that Kevin still had a disability of ADHD.

# Kevin: IEE

## Speech/Language Evaluation

### CELF-5

- Significant difference in understanding language and ability to express himself
- Significant difference between semantic knowledge and ability to apply memory to language tasks

Summary: Difficulty with the metalinguistic skills needed to interpret and utilize complex language; as a result, we would expect difficulties with both processing and production of language to have a significant negative impact on the performance of the complex academic tasks required of adolescents.

Language Indexes	Standard Score*	Percentile Rank
Core Language	107	68
Receptive Language	105*	63
Expressive Language	89*	23
Language Content	116**	86
Language Memory	83**	13

Mean = 100, with standard deviation of +/-15

\*Statistically significant difference

\*\* Statistically significant difference



# Kevin: Test Effort

Struggled to create sentences: frustration, banging his chin on the table and actually crying.

Productions characterized by false starts, stopping, restarting, and very long pauses while he reformulated his sentences mentally; frequently made multiple self-corrections including after an item had passed.

“In a classroom, if Kevin is rethinking things, the rest of the class is moving ahead, and he is likely to be frequently “lost” throughout his school day. Overall, Kevin’s scores may appear to be better than his actual functioning, as a great deal of effort and self-correction was noted, and in a rapidly-paced classroom, he does not have the luxury of time that the testing environment affords.”

# Kevin: IEE

## Functional Listening Evaluation

### Averaged Results: Common Phrases vs Nonsense Phrases

#### Common Phrases (able to use linguistic knowledge to fill in the blanks)

- Effect of Noise – quiet 99%, noise 96%
- Effect of Distance – close 99%, distant 96%
- Effect of Visual Input – auditory + visual 98%, auditory only 98%

#### Nonsense Phrases (ability to understand words without topic knowledge)

- Effect of Noise – quiet 74%, noise 51%
- Effect of Distance – close 66%, distant 59%
- Effect of Visual Input – auditory + visual 66%, auditory only 59%

SPEECH UNDERSTANDING NONSENSE PHRASES	Close/quiet	Close/noise Effect of noise	Distant/quiet Effect of distance	Distant/noise Effect of noise + distance
Auditory and visual	70%	65%	75%	50%
Auditory only Effect of loss of visual input	70%	60%	80%	30%

# Kevin: IEE Classroom Participation Questionnaire

1 - Almost Never

Desirable ratings are in the 3.5-4 range.

2 - Seldom

3 - Often

4 - Almost Always

Subscale	Question Number	Questions	Ratings			
			1	2	3	4
Understanding Teacher (4)	1	I understand my teacher.				
	9	I understand my teacher when she gives me homework assignments.				
	10	I understand my teacher when she answers other students' questions.				
	11	I understand my teacher when she tells me what to study for a test.				
<b>Mean of the Subtotal</b>			<b>11</b>	<b>/ 4 =</b>	<b>2.75</b>	
Understanding Student (4)	2	I understand the other students in class.				
	3	I join in class discussions.				
	12	I understand other students during group discussions.				
	13	I understand other students when they answer my teacher's questions.				
<b>Mean of the Subtotal</b>			<b>14</b>	<b>/ 4 =</b>	<b>2.5</b>	
Positive Affect (4)	4	I feel good about how I communicate in class.				
	8	I feel relaxed when I talk to my teacher.				
	14	I feel happy in group discussions in class.				
	15	I feel good in group discussions in class.				
<b>Mean of the Subtotal</b>			<b>5</b>	<b>/ 4 =</b>	<b>1.25</b>	
<b>Desirable ratings are in the 1-2 range.</b>						
Negative Affect (4)	5	I feel frustrated because it is difficult for me to communicate with other students.				
	6	I get upset because other students cannot understand me.				
	7	I get upset because my teacher cannot understand me.				
	16	I feel unhappy in group discussions in class.				
<b>Mean of the Subtotal</b>			<b>10</b>	<b>/ 4 =</b>	<b>2.5</b>	

Stinson, Long, Reed, Kreimeyer, Sabers, Antia (2006).

Desirable Ratings: 3.5-4.0, Negative Affect 1.0-2.0

Available from [www.adevantage.com](http://www.adevantage.com)

# Kevin: Implications

- Identity as a person
- Identity as a person with hearing loss
- Without accommodations and support, Kevin's behavior and school performance spiraled
- School never recognized hearing loss as a factor; focus on behavior misplaced the support for his challenges
- Special Considerations were not applied, FAPE not provided

“An unawareness of the effects that SSD can have on a child's academic performance can lead to a reactive or “failure-based” approach towards intervention. By recognizing the significant effect of Kevin's hearing loss, support and intervention efforts can be proactive and can lead to successful academic and social functioning”. (Carla Zimmerman, SLP)



# Kevin: Due Process Outcomes

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## Mediation Settlement

- Private school placement
- Compensatory services

Kevin in private school placement focusing on students with unique learning needs – 3 other students there with MMUSSD



# Kevin: Reflections

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Identity and social-emotional development considerations are paramount

- Implications when hearing status is not recognized or factored into how a child functions

Counseling at diagnosis and ongoing support

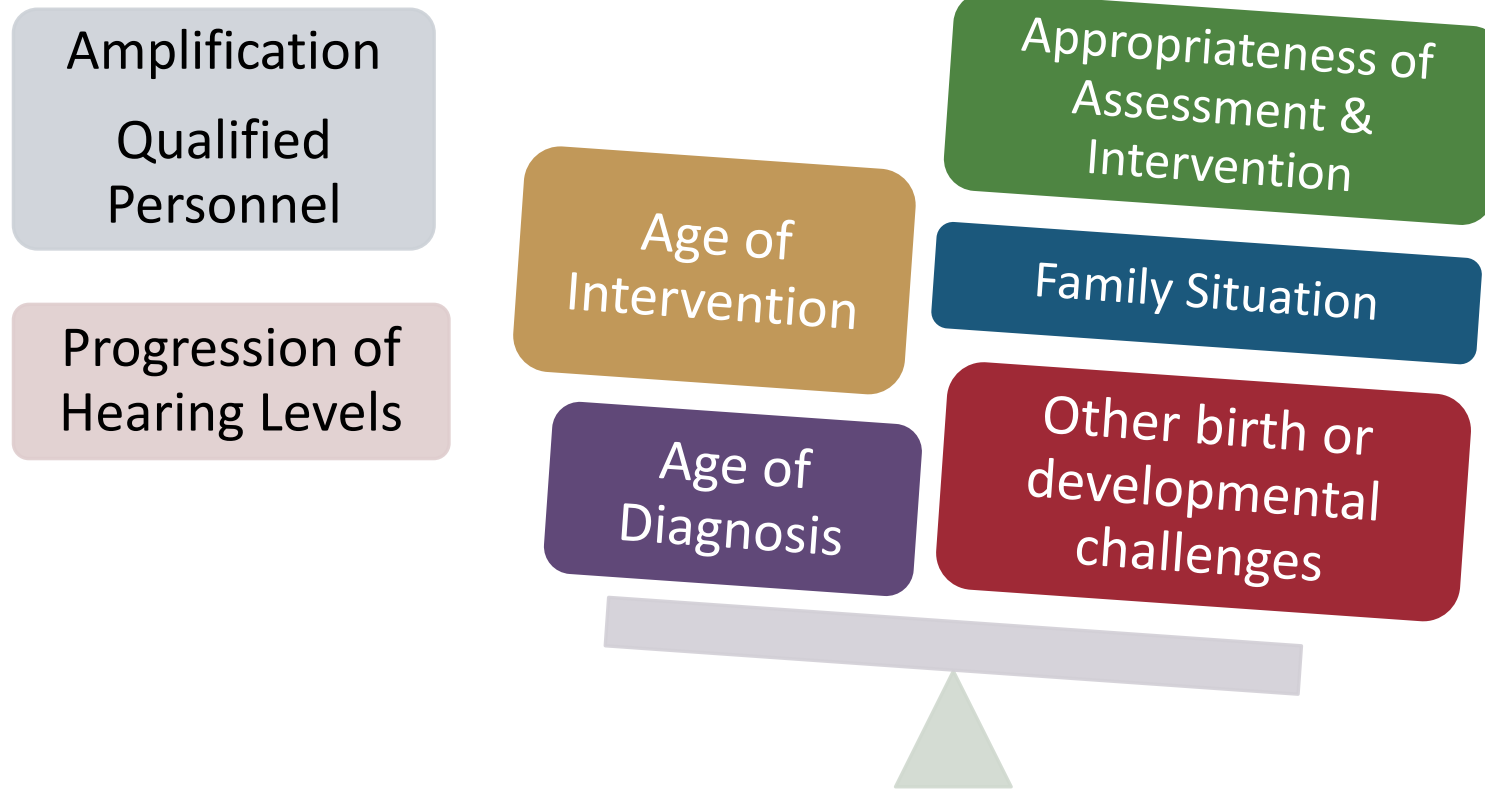
- Prior to and in conjunction with amplification

Peer opportunities for shared experiences and acceptance

Administrator biases

# Risk Factor Approach

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# S.P. v East Whittier City School District

Ninth Circuit Court of Appeals  
(June 2018)

Hard of hearing preschool child

Decision:

- Inappropriate disability label precluding “Special Considerations” as a child who is deaf or hard of hearing
- Insufficient hearing evaluation

<https://law.justia.com/cases/federal/appellate-courts/ca9/16-56549/16-56549-2018-06-01.html>



# Decision Implications

## Eligibility label is critical for FAPE

- Primary, secondary, tertiary
- Any child with reduced hearing regardless of other disabilities


Evaluation: Audiology/Hearing evaluation needs to be more than an audiogram (range, nature, & degree) and observation

*34 C.F.R. § 300.304(b)(1) Conduct of evaluation.*

In conducting the evaluation, the public agency must—

(1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining—

# Recommendations

A close-up photograph of a woman with dark hair and green eyes looking through a magnifying glass. Her face is framed by the lens, and her expression is one of intense focus. The background is bright and out of focus.

**What are my strengths?  
What are my challenges?  
What are my barriers?  
Who will aid me in overcoming my barriers?  
How do I interact with others?**

## Research to Monitor

**Outcomes of Children with Hearing Loss (OCHL);** Boys Town National Research Hospital (Merry Spratford, Ryan McCreery, Sophie Ambrose) U of Iowa (Elizabeth Walker, Lenore Holte), UNC Chapel Hill <https://ochlstudy.org/>

- Audibility matters
- Hearing aids, when fit appropriately, matter
- Data logging as a tool

**Fatigue in Children with Hearing Loss,** Fred Bess, Hilary Davis, Benjamin Hornsby, Stephen Camarata (Vanderbilt) <https://my.vanderbilt.edu/listeninglearninglab/current-studies/>

- Listening effort and fatigue

### **Unilateral HL in Children**

- Phonak conference (2017) Proceedings
- <https://www.phonakpro.com/us/en/training-events/events/past-events/2017/uhl-in-children-conference-philadelphia.html>

- Re-think frequency of audiological evaluations after 3 years of age
- Teach parents to do daily Ling 6 sound checks as a monitoring tool and to refer at the first sign of progression of hearing loss
- Praise or compliment children during testing for how well they are listening – they don't want to hear the word “worse”
- Explain to parents any changes so that they can adapt their communication-
  - seek a balance to ensure parents are receiving the right information at the right time
  - Alleviate any guilt they may feel for “missing” the change
- Connect to the child: feelings may be overlooked when there is a long to do list to catch up (amplification, educational support)
- Involve child when describing the audiogram – don't leave it up to the parents; set the stage for further counseling and self-advocacy expectations

## Progressive Hearing Loss: Recommendations for Audiologists

- Counsel parents how to observe changes in hearing status and to schedule testing with any concerns
- Changes in the child's hearing levels may require modification of the amplification settings
- Frequent audiological evaluations should occur in early childhood
- Minimize reactions to change so that child is not unduly fearful
- Talk with parents about how to make the testing situation positive
- Be open and flexible about communication modes
- Connect families to other families and to role models or peers

## Recommendations for Parents

# References

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