

Deaf-Blind Perspectives

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Early Identification of Infants who are Deaf-Blind: A Systematic Approach for Early Interventionists

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In an ideal world, all infants would receive screenings for their vision and hearing with coordinated follow-up services as needed. Indeed, universal infant screening for hearing loss has been recommended nationally (Mauk, Barringer, & Mauk, 1995; National Institutes of Health, 1993); however, few states have implemented this recommendation. Likewise, both the National Academy of Ophthalmology and the National Academy of Optometry have recommended a comprehensive visual examination for all infants (American Academy of Ophthalmology, 1992; American Optometric Association, 1994), but this is not common practice.

As a result, the professionals who work in early intervention programs either as direct service providers or as consultants, play an important role in the early identification of vision impairment and hearing loss. These professionals may include physical therapists, occupational therapists, nurses, speech and language therapists, audiologists, orientation and mobility specialists, psychologists, social workers, and teachers certified in the areas of early childhood special education, vision impairment, hearing loss, deaf-blindness, or severe disabilities, as well as other specialized consultants. An early interventionist is thus any professional who provides direct services to infants (birth through 36 months) with disabilities and their families. Unfortunately, national estimates indicate that more than 95% of states have shortages of **qualified** early intervention personnel particularly in specialization areas, and that approximately 80% of states anticipate that these shortages will continue to the year 2000 (Klein & Campbell, 1990). These statistics indicate that many programs serving infants with severe or multiple disabilities may not have easy access to educational professionals who know how to screen infant vision and hearing. Further, socioeconomic and other conditions may restrict a family's access to such medical services (Halpern, 1993; Lewit, 1992) as audiology, ophthalmology, or optometry. Given this lack, it is imperative that people who work with infants who have disabilities (a) are familiar with the high risk factors and signs associated with vision and/or hearing loss, (b) are skilled in gathering information about the status of an infant's vision and hearing, (c) are familiar with procedures for making referrals to audiologists and ophthalmologists or optometrists, and (d) know how to access the services of consultants or teachers certified in vision impairment, hearing loss, or deaf-blindness.

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Identification of High Risk Factors

Many high risk factors are associated with **both** a visual impairment and a hearing loss as shown in Figure 1. Vision and hearing are such primary avenues for learning that infants who have vision impairments combined with hearing losses should receive specific supports to promote development. In most cases, visual impairment is identified first, so the hearing of these infants must be tested and monitored closely. Because language is developed during infancy, even a slight, transient, or unilateral hearing loss can distort speech input and impede the speech discrimination and comprehension abilities of infants (Kile, Schaffmeyer, & Kuba, 1994; Nozza, 1994). Early interventionists working with infants who have severe disabilities, infants who are visually impaired, and

