

Social & Emotional Development: Stepping Stones to Positive Behavioral Health



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Learning Objectives

1

Discuss the most common social and emotional difficulties experienced by children with hearing loss

2

Identify when families should be referred for further evaluation

3

List screening tools to assess social and emotional functioning



Social and Emotional Milestones

Early Childhood



2 Months

- Begin to smile at people
- Briefly calm themselves
- Tries to look at parent

4 Months

- Smiles spontaneously
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions (smiling, frowning)

6 Months


- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy

9 Months

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

Milestones are from CDC.gov

Early Childhood



12 Months

- Shy or nervous with strangers/situations
- Cries when parent leaves
- Repeats sounds or actions to get attention
- Plays games, such as "peek-a-boo"

18 Months

- Temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- May cling to caregivers in new situations
- Plays simple pretend games

2 Years


- Copies others
- Shows more independence
- Shows defiant behavior
- Plays mainly beside other children

3 Years

- Takes turns in games
- Shows a wide range of emotions
- May get upset with major changes in routine
- Separates easily from parents
- Shows affection for friends without prompting

Milestones are from CDC.gov

Early Childhood



4 Years


- Enjoys doing new things
- More creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what they like

5 Years

- More likely to agree with rules
- Likes to sing, dance, and act
- Is aware of gender
- Can tell what's real and what's make-believe
- Shows more independence
- Is sometimes demanding and sometimes very cooperative
- Wants to be like friends

Milestones are from CDC.gov

School-Age



6-8 years old


- Shows more independence from parents and family
- Starts to think about the future
- Understands more about his/her place in the world
- Pays more attention to friendships and teamwork
- Wants to be liked and accepted by friends

9-11 years old

- Starts to form stronger, more complex friendships and peer relationships
- Experiences more peer pressure
- Becomes more aware of his/her body as puberty approaches
- Body image and eating problems sometimes start around this age

Milestones are from CDC.gov

Adolescence (12-14)



- Shows more concern about body image, looks, and clothes
- Focuses on themselves; going back and forth between high expectations and lack of confidence
- Experiences more moodiness
- Shows more interest in and influence by peer group
- Expresses less affection toward parents; sometimes might seem rude or short-tempered
- Feels stress from more challenging school work

Milestones are from CDC.gov

Adolescence (15-17)



- Has more interest in romantic relationships and sexuality
- Goes through less conflict with parents
- Shows more independence from parents
- Has a deeper capacity for caring and sharing and for developing more intimate relationships
- Spends less time with parents and more time with friends
- Feels a lot of sadness

Milestones are from CDC.gov



Social Skills in Children with Hearing Loss



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Social Competency

- Social competence has been defined as a construct with several sub-domains
 - Social adjustment
 - Social skills
 - Social performance



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Social Skills in Children with Hearing Loss

- School-age children with hearing loss have lower social competence than hearing peers
 - Wong, C.L. et al, 2017; Hoffman, M.F., Cejas, I., & Quittner, A.L., 2016; Hoffman, M.F., Quittner, A.L., & Cejas, I. 2015
- Children who are teased, isolated or maltreated are at a higher risk of depression
 - DHH children who are unable to make themselves understood are also at a higher risk of depression (Fellinger et al., 2009)



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Brief Interventions for Improving Social Skills



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Improving Social Skills

• Making Friends

- Ask questions
- Give compliments
- Introduce yourself
- Listen
- Start a conversation

• Cooperating With Peers

- Follow rules
- Join in
- Share
- Suggest activities
- Take turns



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Group Activity: Making a New Friend



- 1) Look at the other person
- 2) Say "Hi" or "Hello"
- 3) Tell the person your name
- 4) Ask for that person's name
- 5) Ask the person to play



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Improving Social Skills

• Responding Positively to Peers

- Accept compliments
- Help peers in trouble
- Offer help
- Show concern for peers
- Stand up for peers

• Communicating Needs

- Ask for help
- Ask to borrow others' property
- Expressing negative feelings: "I feel __ because __"
- Expressing positive feelings
- Getting attention appropriately



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Improving Self-Esteem

5 THINGS THAT I LIKE ABOUT MYSELF...

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



- Focus on strengths
- Don't draw comparisons
- Give children choices
- Let child do certain tasks by themselves



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Social Stories

Playing



Sometimes I like to play with other kids.



I can ask them, "Do you want to play with me?"



If they say "yes", I can play with them. I will have fun.



If they say "no", it's ok.



I can ask someone else or play by myself.

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Screening Measures for Social Skills



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Social Skills Improvement System (SSIS)

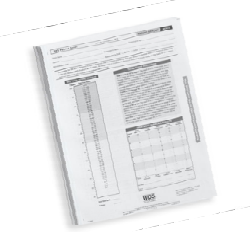


- Measures social skills, competing problem behaviors and academic competence
- Parent/Teacher Forms
 - Ages: 3-18
- Student forms
 - Ages: 8-12
 - Ages: 13-18
- Available in Spanish and English
- Completion time: 10-25 minutes



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Social Responsiveness Scale (SRS)



- Measures severity of autism spectrum symptoms as they occur in social settings
- Ages: 4-18
- Parent/Teacher Forms
- Completion Time: 15-20 minutes



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Meadow/Kendall Social-Emotional Assessment Inventory for Deaf Students



- Completed by teachers or other educational personnel
- Pre-School (3-6)
 - Sociable, communicative behaviors
 - Impulsive, dominating behaviors
 - Developmental lags
 - Anxious, compulsive behaviors
- School-Age (7-21)
 - Social Adjustment
 - Self-Image
 - Emotional Adjustment



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Behavior Problems

- Externalizing & internalizing behavior problems are consistent risk factors for future behavior, school and social difficulties
- Prevalence of Internalizing behavior problems:
 - Children with hearing loss: 24.6% to 38%
 - Hearing Children: 2 to 17%
- Prevalence of Externalizing behavior problems:
 - Children with hearing loss: 11.6% to 44%
 - Hearing Children: 3 to 18%
- Strong evidence that behavior problems, language and cognitive abilities are related

Barker, et al., 2009; Mitchell & Quittner, 1996; Van Eldik, et al., 2004



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Emotional Functioning in Children with Hearing Loss



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Common Internalizing Disorders



ANXIETY



DEPRESSION



BIPOLAR

Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD) Symptoms



Generalized Anxiety Disorder



Average onset at 8.5



More common in girls



Other Types of Anxiety Disorders



Separation Anxiety

Being very afraid when away from parents
Most commonly diagnosed between ages 7 and 9



Phobias

Having extreme fear about a specific thing or situation
Average age of onset depends on phobia
•Animal: 7, Blood: 9, Dental: 12



Social Anxiety

Being very afraid of school and other places where there are people
Likely starts before adolescence



Panic Disorder

Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty
Observable before 14 years of age, but prevalence is very low. Rates gradually increase throughout puberty. Women are 2x more likely to experience panic disorder

Anxiety Disorder

Normal Hearing

17-24%

Hearing Loss

17-24%

*When broken up into Cochlear Implant (CI) vs. Hearing Aid (HA), children with a CI have similar anxiety to normal hearing peers, however children with a HA have more social anxiety

Theunissen, S. C. P. M., Rieffe, C., Kouwenberg, M., De Raeve, L., Soede, W., Briare, J. J. and Frijns, J. H. M. (2012). Anxiety in children with hearing aids or cochlear implants compared to normally hearing controls. *The Laryngoscope*, 122: 654–659. doi:10.1002/lary.22502



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What is Depression?



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Depression: Manifestation



Depression typically starts to manifest around adolescence or later into adulthood



Depression is more common in females

Before puberty, males and females have similar levels of depression



Children who have been teased, isolated or maltreated are more likely to be depressed

FELLINGER, J., HOLZINGER, D., SATTEL, H., LAUCHT, M. and GOLDBERG, D. (2009)

Depression

	Normal Hearing	Hearing Loss
Lifetime Diagnosis	13.6%	26.3%
Current Clinical Diagnosis	5.7%	7.4%



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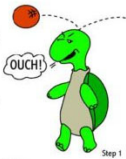
What is Depression?



Brief Interventions for Anxiety/Emotional Difficulties

Turtle Technique

Recognize
that you
feel angry.



Go into shell:
Take 3
deep
breathes.
And think
calm,
coping
thoughts

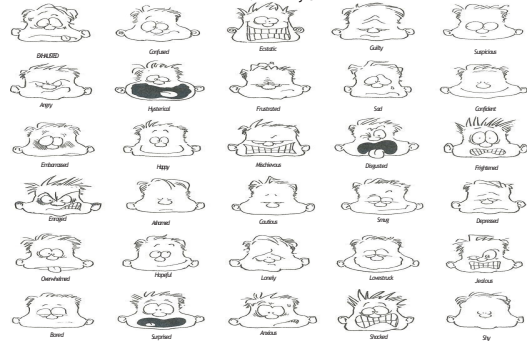


"Think"
Stop.



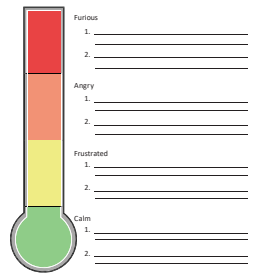
Come out of
shell
when
calm and
thinking
of a
solution.

Emotions Vocabulary Chart



Anger Thermometer Name: _____

Write 2 things or situations that make you feel each of the emotions listed below.



Furious

1. _____

2. _____

Angry

1. _____

2. _____

Frustrated

1. _____

2. _____

Calm

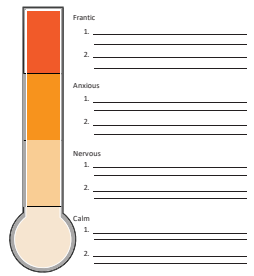
1. _____

2. _____

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Anxiety Thermometer Name: _____

Write 2 things or situations that make you feel each of the emotions listed below.



Frazzled

1. _____

2. _____

Anxious

1. _____

2. _____

Nervous

1. _____

2. _____

Calm

1. _____

2. _____

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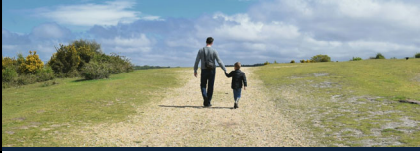
Flower/Candle Technique



Coping Strategies


- Guided Imagery
 - Close your eyes and think of your favorite activity or favorite place
- Positive Self Talk
 - Think to yourself over and over, "I am okay; I feel calm."
- Use a relaxation script







Distraction

- Go for a walk
- Have a drink of water
- Listening to music
- Sing
- Plan a fun activity
- Watch TV
- Blow up a balloon
- Have a lollipop
- Write a letter
- Draw

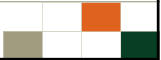




Screening Measures for Emotional Concerns



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Generalized Anxiety Disorder 7 (GAD-7)


- Measures anxiety on a 4-point Likert scale
- 7 Questions

GAD-7				
Over the last 2 weeks, how often have you been bothered by the following problems? (Use "a" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T ____ = ____ + ____ + ____)



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Personal Health Questionnaire-8 (PHQ 8)


- Measures depression on a 4-point Likert scale
- 8 Questions

PHQ-8 BFRSS conversion	Not at all 0 - 1 day	Several days 2 - 6 days	More than half the days 7 - 11 days	Nearly every day 12 - 14 days
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

Interpretation of Total Score/Total Score Depression Severity: 0-4 None, 5-9 Mild depression, 10-14 Moderate depression, 15-19 moderately severe depression, 20-24 severe depression.



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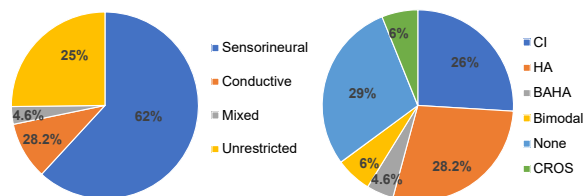
Depression and Anxiety in University of Miami's Hearing Loss Program

Demographics

N = 131

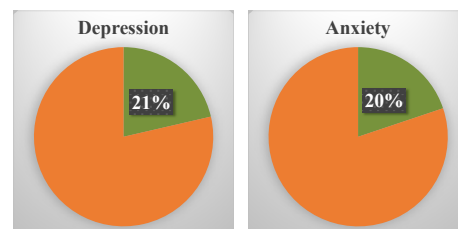
Characteristic	M (range)	N (%)
Age (years)	25.85 (10-79)	
Gender (% female)		76 (58)
Ethnicity (% Hispanic)		64 (48.9)
Race (% White)		100 (76.3%)

Audiological Characteristics



Results

- 28% of patients reported elevated anxiety or depression symptoms
- 14% of patients reported *BOTH* depressive and anxiety symptoms
- 7 patients reported difficulty with depression or anxiety even though they did not meet the cut-off



Method

Step 1

- All adolescents (12-18 years) scheduled at the UM Ear Institute were given the mental health screener prior to or following their appointment by their provider (i.e., audiologist, therapist) or a member of the family support team (i.e., psychologist, social worker)

Step 2

- Adolescents independently completed the PHQ-8 and GAD-7 on a iPad via Qualtrics

Step 3

- Scores were reviewed by the provider who administered the screener
- If 10 or above on either PHQ or GAD, or reported difficulty a referral for mental health was provided



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Conclusion



- Higher rates of depression and anxiety were reported for adolescents with hearing loss when compared to the general population (23% vs 13%, 21% vs 18% respectively).
- The high prevalence of depressive and anxiety symptoms in this population highlights the need for integrated mental health care for this population.
- Further evaluation of the prevalence of these disorders in the d/Dhh population is warranted, as well as implementation of evidenced-based interventions.
- It is recommended that pediatric audiology practices implement mental health screeners and include psychology and social work as part of their multidisciplinary teams to help address these concerns.



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Behavior Problems in Children with Hearing Loss



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Common Externalizing Disorders



OPPOSITIONAL DEFIANT DISORDER (ODD)/
CONDUCT DISORDER (CD)



ATTENTION DEFICIT/HYPERACTIVITY DISORDER
(ADHD)

ODD

- Child must have a pattern of at least four of the following criteria for at least 6 months and exhibit behavior during interaction with at least one individual with at least one individual who is not a sibling
 - Angry/Irritable Mood
 - Often loses temper
 - Is often touchy or easily annoyed
 - Is often angry and resentful
 - Argumentative/Defiant Behavior
 - Often argues with authority figures or, for children and adolescents, with adults
 - Often actively defies or refuses to comply with requests from authority figures or with rules
 - Often deliberately annoys others
 - Often blames others for his or her mistakes or misbehavior
 - Vindictiveness
 - Has been spiteful or vindictive at least twice within the past 6 months
- Diagnostic Criteria is from DSM-5



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Conduct Disorder

- A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following criteria in the past 12 months from any of the categories, with at least one criterion present in the past 6 months.
- **Aggression to People and Animals**
 - Often bullies, threatens, or intimidates others
 - Often initiates physical fights
 - Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
 - Has been physically cruel to people and/or animals
 - Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
 - Has forced someone into sexual activity
 - **Destruction of Property**
 - Has deliberately engaged in fire setting with the intention of causing serious damage and/or as deliberately destroyed others' property
 - **Deceitfulness or Theft**
 - Has broken into someone else's house, building, or car
 - Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
 - Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)
 - **Serious Violations of Rules**
 - Often stays out at night despite parental prohibitions, beginning before age 13 years
 - Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period
 - Is often truant from school, beginning before age 13 years
- Diagnostic Criteria is from DSM-5



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ODD/CD

- | ODD | CD |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Angry/Irritable mood • Argumentative/defiant behavior • Vindictiveness • Higher rates in boys (3.2%) than girls (1.8%) prior to adolescence <ul style="list-style-type: none"> – Boys: Peak prevalence around ages 7 and 14-15 for diagnosis • Preschool prevalence: 9-12% | <ul style="list-style-type: none"> • Aggression to people and animals • Destruction of property • Deceitfulness or theft • Serious violations of rules • ~8% of children and adolescents will be diagnosed with CD • Usually symptoms start in middle childhood or adolescence • More common in males |



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Oppositional Defiant Disorder (ODD)/ Conduct Disorder (CD)

Normal Hearing

Hearing Loss

Lifetime Diagnosis ODD: 10.2%

Lifetime Diagnosis CD: 9.5%


Unknown

Many studies have shown that children with hearing loss exhibit more externalizing behavior problems



(Barker et al., 2009; Mitchell, Quittner, 1996)




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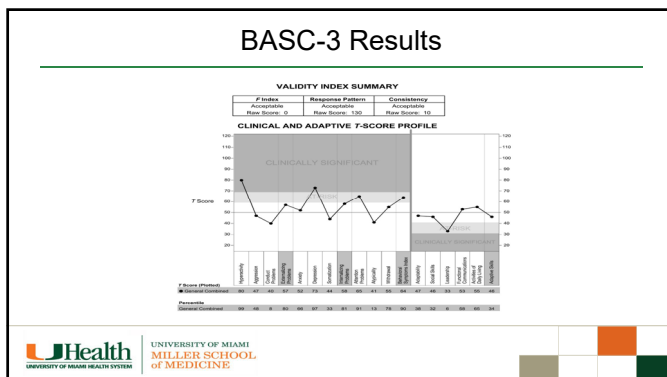
Screening Measures for Behavior Concerns


Behavior Assessment System for Children, 3rd Edition





- Self-Report
 - Ages 6-college age
- Parent & Teacher Report
 - Ages 2-21:11 months
- Student Observation System
 - School-based setting
- Assesses internalizing and externalizing behavior problems and adaptive skills
- Multiple languages available

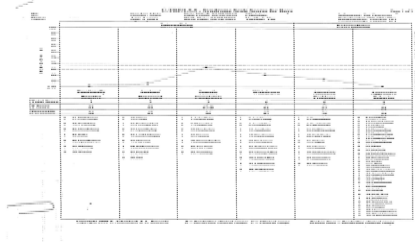
Child Behavior Checklist



- Preschool checklist
 - 18 months to 5 years
 - 100 questions
- School-age version
 - 6 to 18 years
 - 120 questions
- Likert scale
 - 0 = Not True
 - 1 = Somewhat or Sometimes True
 - 2 = Very True or Often True

CBCL- Scoring

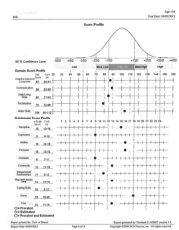


Vineland Adaptive Behavior Scales- Second Edition

- Birth to age 90
- Survey Interview, Expanded Interview, Parent/Caregiver Rating Form and Teacher Rating Form (3 to 21 years, 11 months)
- Validated in the following populations:
 - Intellectual & Developmental Disabilities
 - Autism spectrum disorders (ASDs)
 - ADHD
 - Hearing Loss

Domains & Index	Subdomain
Communication	Receptive Expressive Vocabulary
Daily Living Skills	Personal Domestic Community
Socialization	Interpersonal Relationships Play and Leisure Time Coping Skills
Motor Skills	Fine Gross
Maladaptive Behavior Index (Optional)	Internalizing Externalizing Other

Vineland Adaptive Behavior Scales- Second Edition



Brief Interventions for Behavior

Behavior Management Techniques



Structuring the Environment



Distraction/Redirection

- Steer the child's attention to another part of the room
- Give the child something else to play with
- Enthusiastically describe the new activity and child's positive behavior
- Engage in play to warm child up to engaging in new activity
 - Cooking dinner and your child is in the kitchen



Labeled Praise

- Praise increases the behavior
- Define problem behaviors. Define the opposite behavior and then praise it
- Problem Behavior- Child Whines
 - Opposite Behaviors- talks with indoor voice, talks nicely, asks nicely, patient, quiet

Behavior Chart

- A system of reinforcement of behaviors you want to increase
- Reinforcement for increasing a behavior
- Common tokens- poker chips, points, stickers, smiley faces, play money

My Weekly Reward Chart

MON	TUE	WED	THUR	FRI	SAT	SUN
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★
★	★	★	★	★	★	★

My Goal: _____ Start: _____ My Reward: _____

5 ★ = _____ 4 ★ = _____ 3 ★ = _____

Selective Ignoring

- The purpose of the behavior should be to elicit attention – “To press parents’ buttons”
- Should not be reinforcing on it’s own – sneaking a cookie
- Should NOT be dangerous or destructive
- Must ignore until the behavior stops – even if momentarily
- First make sure the child knows the rule
- Ignore can be complete or selective



What happens when you ignore a behavior?

- **EXTINCTION BURST!**
- The behavior escalates
- It worked before, it should work now!
- Parents must be PREPARED for the escalation or they may get discouraged and give in

Natural & Logical Consequence

- Natural Consequences just happen
 - Example: Child who refuses to eat, gets hungry later.
 - Child touches something hot.
- Parents create Logical Consequences
 - Example: Child hits parent with toy mop. Child’s mop is removed for a while.

When...Then...

- Gentle limit setting
- Defines expectation for behavior that needs to occur prior to providing permission for subsequent behavior
 - “When you finish eating, then you can go outside and play.”

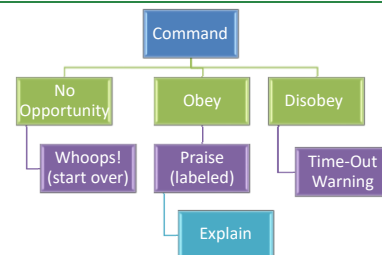
Improving the Effectiveness of Discipline

- Clear definitions of the rules
- Label the negative behavior not the child
- Developmentally appropriate expectations
- Effective limit setting
- Consistency
- Pick your battles
- Let go
- Friendly yet firm
- Consequences should be immediate

Giving Effective Commands

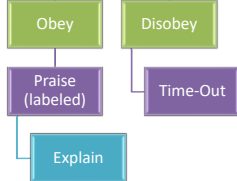
- Move close to the child
- Have a stern facial expression
- Say his/her name
- Get and maintain eye contact
- Use a firm tone of voice
- Give a direct, simple and clear command
- Direct (telling, not asking)
- Positive (what to DO, not stop doing)
- Back up your command

The Command



The Warning

If you don't (original command) then you will have to go to the time-out chair



Common Time-Out Mistakes

- Time out is too long
- Parents talk to the child while in the chair
- Time out location/position is physically uncomfortable/painful (books, wall)
- Time out location is reinforcing (bedroom, living room)

For Time-Out to be Effective

- It must NOT be a way for the child to avoid compliance. Always return to the original direction.
- Parents should IGNORE attention-seeking behavior in the chair.
- Explaining is good, but AFTER the discipline process

Oppositional Defiant Disorder (ODD)/ Conduct Disorder (CD)

- Children with normal hearing have about a 6.1% prevalence of ODD/CD
- Children with hearing loss are more likely to have ODD and CD
- Children with hearing aids who attend special schools for the deaf have a higher risk of behavior problems (Theunissen et al., 2014)

ADHD

Inattention

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time.
- Often loses things necessary for tasks and activities.
- Is often easily distracted.
- Is often forgetful in daily activities.

Hyperactivity

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)



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ADHD: Manifestation



Age of onset

Before 7: 50%
Before 12: 95%
Before 16: 99%



ADHD is more
commonly seen in
males than females

2.28 (males):
1 (female)

Attention Deficit Hyperactivity Disorder (ADHD)

Normal Hearing

~5%

Hearing Loss

3.4%-6.8%

Children with hearing loss have a higher risk of attention problems
(Cejas et al., 2015)



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Attention Difficulties in Children With Hearing Loss

- Visual Attention
 - Despite the visual system developing normally, children with hearing loss still experience problems with their visual attention
 - Younger children with CI's tend to "catch up" to their hearing peers
- Joint Engagement
 - By 36 months and older, normal hearing children spent about 93% of their time in symbol-infused joint engagement
 - Deaf children only spent about 34% of time in this state


Quittner, A.L., Cejas, I., Barnard, J., & Niparko, J.K. (2016). Benefits of Cochlear Implantation on the Whole Child: Longitudinal Changes in Cognition, Behavior, Parenting and Health-Related Quality of Life. In N. Young and K. Iler Kirk, *Pediatric Cochlear Implantation: Learning and the Brain*. New York: Springer-Verlag.



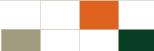
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Strategies to Improve Attention




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Improving Attention

- Break long tasks into small steps, and check off after each one is completed
- Use directions that are brief and clear
- Make use of concrete reminders such as alarms, clocks, kitchen timers, and visual schedules
- Use areas of strong interest in order to focus/sustain attention




Improving Attention


- Give frequent feedback regarding assignment accuracy and progress
- Use physical proximity (e.g., a tap on the desk) to refocus
- Provide a variety of modalities to present materials (i.e., use both visual and verbal cues)




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When should a child be referred to a psychologist?



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When to refer to a psychologist?

- At-risk or clinically significant concerns reported on parent report measures
- Lack of progress – auditory or speech & language
 - Aid in ruling out other developmental or learning disorders contributing to child's development
- Poor adherence to amplification or recommended interventions
- Concerns about abuse/neglect



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Thank



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