



I Mandikiki

For Guam Families with Children Birth To Eight



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Early Identification and Intervention of Hearing Loss Makes a Big Difference



(L-R): Guaifon Terlaje and Joe Tuquero

Guaifon Terlaje is your typical 12-year-old kid. He is a sixth grader at Jose Rios Middle School. He likes water sports such as swimming, snorkeling, and spearfishing. He plays baseball and soccer and loves to get into pick up basketball games in his neighborhood in the village of Agana Heights. He is the younger of two children in his loving and close-knit family and is kind of shy. His dimples show every time he smiles, which is just about all the time. Joe Tuquero, Guaifon's father said, "as soon as he was born, he smiled before his first cry."

Guaifon was one of the first children who was identified as having a hearing loss through the Guam Early Hearing Detection and Intervention (Guam EHDI) Project. This project is facilitated by the University of Guam CEDDERS, in collaboration with the Guam Early Intervention System (GEIS) under the Guam Department of Education, Division of Special Education, Guam Memorial Hospital Authority

Inside this issue:

- Early Identification and Intervention of Hearing Loss Makes a Big Difference1-2
- 2016 Neni Directory..... 2
- Did You Know? 3
- Will I Remember When I Grow Up?4-5
- Milestones of Normal Hearing..... 6
- Do you ever wonder if your child is developing just like other children his or her age? / Dental Health Fair 7
- Please Keep Your Baby's Appointments..... 8

Continued on next page

Early Identification and Intervention of Hearing Loss Makes a Big Difference *cont...*

(GMHA) and Sagua Mañagu Birthing Center. Guam EHDI promotes the implementation of universal newborn hearing screening. In practice and as mandated by Guam law, all newborns on Guam are required to have their hearing checked. The reasoning behind this law is that language is the foundation of all learning. Language typically develops through the hearing of speech, especially during the critical learning period from birth to three years. If a child has a hearing loss during this period, their language development is greatly impacted, unless other means of communication are modeled for the young child. For this reason, the sooner a hearing loss is identified, the sooner early intervention services can be provided.

Guaifon failed his initial screening for hearing at Sagua Mañagu Birthing Center and was referred to GEIS for further hearing evaluations. After the second screening and then a full audiological evaluation, it was determined that Guaifon had a mild to moderate hearing loss in both of his ears.

"Early intervention services kicked in once he was identified with this hearing loss," said Joe. "He underwent several assessments and evaluations and because he had some hearing, it was recommended that he not be placed in a sign language class, and that he be placed in a regular class room so that he will be able to adjust to a regular classroom environment. He was fitted with hearing aids that were provided by GEIS at an early age and visited by teachers and a speech therapist on a regular basis from infancy through kindergarten. He had these

services even when he went to day care. These service providers would work with him at the day care center and also model strategies for the caregivers there."

Guaifon then attended the Special Education Pre-School Program at LBJ Elementary School. He then attended kindergarten through fifth grade at Agana Heights Elementary. He was placed in regular classes and continued to receive speech therapy services through the Department of Education Special Education Program. According to his father, it was determined that Guaifon no longer needed speech therapy in fourth grade and "graduated from the program."

As a middle schooler, Guaifon is supported through his "504 Plan." This ensures that he has access to the regular curriculum through accommodations such as seating at the front of the class and repetition of directions. "When he has to take the standardized tests, he is placed in a small group and is allowed extra time," said his father. "And although he still needs to wear his hearing aids, sometimes he doesn't. You know kids this age. We go back and forth on this topic, but we always encourage him to wear them all the time."

One thing Joe stresses is his appreciation of early identification and the supports his son received from an early age. "I really want to thank the program and early intervention. Early identification really made a difference, especially at such a young age. I want to thank the audiologist, teachers, and speech therapists. Dangkulu na si Yu'os Ma'ase!"

**2016
Neni Directory**
now available online!
Go to www.guamcedders.org
to download a PDF copy!



This directory was produced through interagency collaboration between the University of Guam, Center for Excellence in Developmental Disabilities Education, Research, & Service (Guam CEDDERS) Project Tinituhon and Guam Early Hearing Detection & Intervention Project; Department of Public Health & Social Services (DPHSS)-Project Bisita I Familia, Project Kariñu, and Guam LAUNCH; and Department of Education (DOE) - Guam Early Intervention System, Early Childhood Special Education Preschool, and Head Start Program; and the Guam Early Learning Council. The University of Guam is an Equal Opportunity Provider and Employer.

Did you know?

50% of infants with hearing loss have no risk factors

Hearing can change at any time. Talk with your baby's primary care provider if anything on the list below applies to your baby now or in the future:

1

Either parent or other close family member had hearing loss as a child

5

Your child had/has a head injury

2

Your baby was in the Neonatal Intensive Care Unit (NICU) for more than five days

6

You don't think your child is hearing well

3

Your baby had an exchange transfusion

7

You don't think your child is talking well

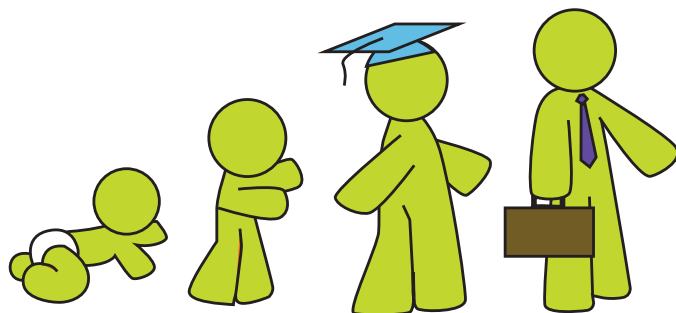
4

Your child had/has many ear infections

8

Your baby's behaviors differ from the HEARING MILESTONES (see page 6)

Will I Remember When I Grow Up?



There is a general belief that infants and toddlers are not very aware of activities or events, whether happy, sad, scary, or dangerous, that happen around them. They are too young to remember, so how can things they can't recall affect them?

Science is proving this way of thinking is not true. Babies ARE affected by the events that happen in their environment, even though they may not consciously be aware of what happens the same way older children and adults are.

New research is showing that traumatic events in a young child's life impacts their well-being throughout their life. Traumatic events-- events that are scary, dangerous, or sad -- have a way of affecting health and well-being in later life.

These traumatic events, also known as childhood trauma or maltreatment, affect brain development, the immune system, and hormonal systems. They increase the risk for seven out of ten of the leading causes of death in the United States.

According to the Centers for Disease Control and Prevention (CDC), childhood trauma, or maltreatment, is defined as "any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child (www.cdc.org). In other words, anything that hurts a child in words or actions is trauma.

In the 1990s, the Centers for Disease Control and Kaiser Permanente conducted a study on 17,500 adults about their history to adverse childhood experiences (ACEs), or childhood trauma. The ACEs include physical, emotional, or sexual abuse; physical or emotional neglect; parental mental illness, substance dependence, or incarceration; parental separation or divorce; or domestic violence. Each "yes" answer was given one point. The higher the score one receives, the greater the chances of poor health outcomes such as high blood pressure or stroke (www.cestudy.org).

Continued on next page

Child Maltreatment Referrals

CPS Referrals by Maltreatment Type	FY 2012	FY 2013	FY 2014
Physical Abuse	941	797	711
Sexual Abuse	524	423	302
Emotional Abuse	644	580	519
Neglect – Physical	295	260	222
Neglect – Medical	276	240	240
Neglect – Abandonment	126	102	144
Neglect – Educational	234	240	201
Neglect – Emotional	123	105	91
Neglect – Lack of Adult Supervision	460	443	411
Neglect – Deprivation of Necessities	3	23	73
Neglect Other			
Referrals Involving Teen Pregnancy	62	65	99
Referrals Involving Children At-risk Due to Drug Use by Caretakers	278	294	172
Referrals Involving Exposure to Family Violence	144	149	147
Referrals Involving Alcohol Abuse	218	124	107
Referrals Involving Teen Suicide	12	40	5
Other: (referrals involving run-away youths, custody, court-ordered risk assessments, expulsion of a child from home, children in need of services, lack of a guardian, etc.)	94	224	237
Maltreatment Total	4434	4109	3681

Source: Department of Public Health & Social Services, Bureau of Social Services Administration

Will I Remember When I Grow Up?

The study revealed a link between childhood trauma and chronic (long-lasting) diseases that develop in adults as well as social emotional problems. These include heart disease, lung cancer, diabetes and other autoimmune diseases, depression, violence, being a victim of violence, and suicide (cdc.gov).

ACEs span all ethnicities, socio-economic status, and education levels. A significant finding was that high ACEs scores were common with middle class, college educated individuals who had health insurance. ACEs don't discriminate.

While ACEs affect children who either are directly hurt or see the violence, children not present in the room but present in the home are also affected. Research conducted by Futures Without Violence found that among children exposed to family violence, the child in the other room experienced more trauma than the child who saw the violence first-hand (www.futureswithoutviolence.org).

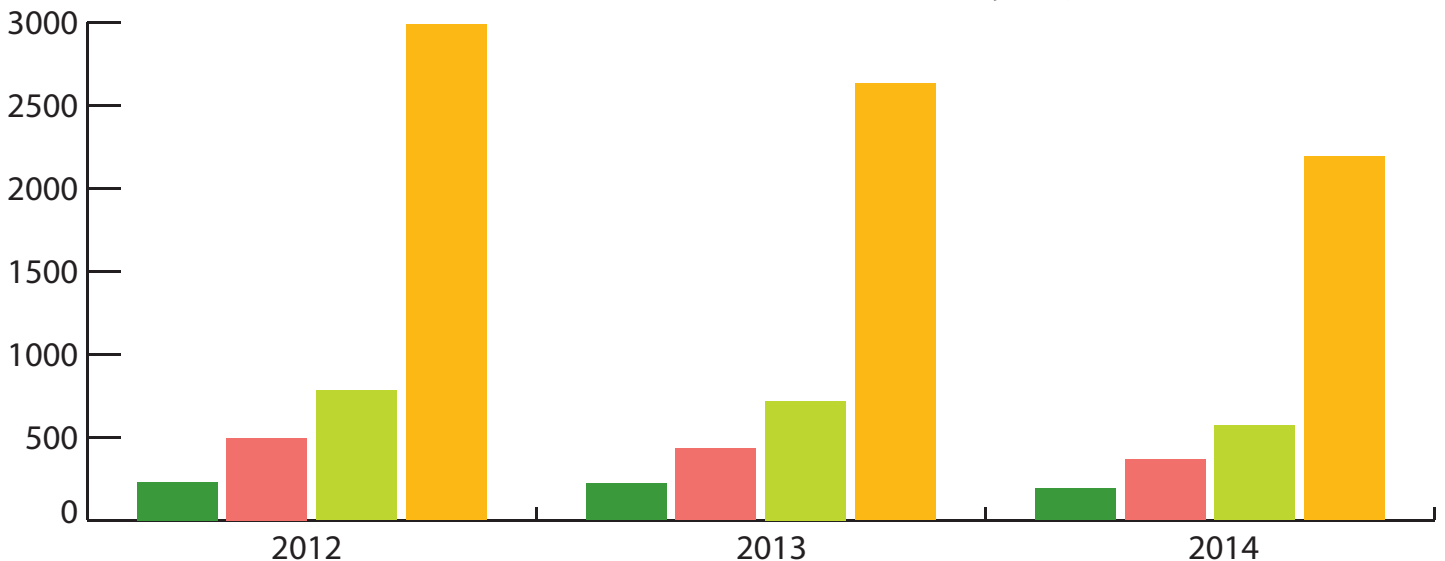
Why is that? We can assume that the child who saw it first-hand was given emotional support like counseling. The six-month-old in the other room was assumed to

not have been affected and was not given any emotional support.

Although no one on Guam participated in the studies that were conducted, we can still use this information to help spread the word about the effects of trauma. While the number of referrals to the Department of Public Health and Social Services, Bureau of Social Services Administration, Child Protective Services has been decreasing over the last three years, the numbers are still alarming. In 2014, CPS received 571 referrals for children birth to five years old. Of the 571 referrals, 366 were children birth to three years of age; 190 were children one year or less. CPS also reported that in 2014, 236 children were in foster care of which 33 were ages 0-3. (DPHSS, Bureau of Social Service Administration, Child Protective Services). (See tables.)

Have these referrals to CPS decreased because less children are being hurt or is it because of greater awareness? Whatever the case may be, let's continue to be aware, to know the signs, to encourage children to tell us when they are hurt. The more we talk about it and find ways to prevent childhood traumas from happening, the more likely we can begin to decrease our children's chances of developing long-lasting diseases.

Child Maltreatment Referrals by Age



	2012		2013		2014	
■ Birth to 1	230	7.70%	220	8.40%	190	8.70%
■ Birth to 3	495	16.60%	433	16.50%	366	16.70%
■ Birth to 5	783	26.20%	719	27.30%	571	26.00%
■ Total	2989		2633		2195	

Source: Department of Public Health & Social Services, Bureau of Social Services Administration

Milestones

of Normal Hearing and Speech Development

If you have any concern about your infant's hearing or speech development, early assessment is the first step in identifying and helping a child with hearing loss.

0 - 4 Months

- Stops movement or quiets in response to speech.
- Startles to loud sounds.
- Moves eyes toward sound source.
- Arouses from light sleep to sudden loud noises.

4 - 7 Months

- Begins head turn toward sounds and voices out of sight (4 months) and turns head directly toward the sound source (7 months)
- Smiles in response to speech.
- Looks in response to own name.
- Babbling begins.

7 - 9 Months

- Turns to find a sound source out of sight.
- Gurgles or coos to sounds out of sight.
- Uses intonation patterns heard in speech.
- Comprehends "No."
- Babbles in multiple syllables.

9 - 12 Months

- Acquires first true word.
- Imitates sounds.
- Looks at a common object when named.
- Responds to music.
- Understands simple commands.

13 - 18 Months

- Uses sentence-like intonation.
- Perceives emotions of others.
- Uses 3 - 20 words.
- Uses all vowels and consonants in jargon.

19 - 24 Months

- Uses more words than just jargon.
- Raises intonation at end of phrase to ask question.
- Comprehends about 300 words.
- Uses about 50 words.
- Produces animal sounds.
- Combines 2 words into phrases.
- Listens to simple stories.



Source: <http://www.hsd.org/News/Audiology/riskfactors.htm>

If you have a concern about the hearing or speech development of your infant, call the Guam Early Hearing Detection and Intervention Project (Guam EHDI) at



735-2466
or visit our website at
www.guamehdi.com



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Do you ever wonder if your child is developing just like other children his or her age?

When you take your child to his or her well child checkups at a medical clinic, does your child's pediatrician ask you if your child can do certain things? The pediatrician is monitoring your child's development. Developmental screening can also help you figure out the things your child can do at certain ages. The Ages and Stages Questionnaires Third Edition (ASQ 3) helps parents and other caregivers keep track of their child's growth and development. The ASQ 3 is easy to do and takes a few minutes to complete.



Please contact 735-2466 for more information on developmental screening.



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2016 National Children's Dental Health Month

DENTAL HEALTH FAIR

Date: Sunday ~ February 28, 2016

Time: 10 A.M. to 2 P.M.

Place: Micronesia Mall Center Court



Winners of the "SUGAR WARS" poster contest will be announced!

Dental and Orthodontic Screenings, Early Childhood Programs, Health Screening, Photobooth, Entertainment, Door Prizes, and MORE!



Sponsored by the Department of Public Health & Social Services
in collaboration with the Guam Dental Society.





**Please keep
your baby's
appointments
for hearing
testing.**

**Your baby's
future learning
depends on it.**

- Renee LG Koffend,
AuD., CCC-A
Audiologist

For a **FREE HEARING SCREENING**, please contact:

Guam Early Intervention System (GEIS)

Phone: 300-5776 / 5816

E-mail: geis@gdoe.net | www.gdoe.net/geis

For more information on the newborn hearing screening program and
infant hearing and speech development, contact the:

Guam Early Hearing Detection & Intervention Program

Phone: 735-2466

Website: www.guamehdi.org



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