THE AUDIOLOGIST'S ROLE IN THE GUIDANCE OF PARENTS OF HEARING-HANDICAPPED CHILDREN

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IN the past, deaf or partially deaf children, unlike children with more readily observable handicaps, were largely ignored and left to fend for themselves or were confined to segregated institutions where they received insufficient training and education. A few far-sighted persons attempted to educate the deaf, and some of these attempts were successful. In the eighteenth century, progressive schools for the education of the deaf were established in Germany, England, and France. In America, the first school for the education of the deaf was The American School for the Deaf, at Hartford, Connecticut. This school, founded on April 15, 1817, exists today.[1]

Since that early phase, most educators have followed the philosophy that the deaf should be trained in either one of two types of settings: homogeneous grouping of the deaf in a state school, or integration of the deaf in special classes in the public day schools. The best method of teaching the deaf has yet to be determined, and the pros and cons of integrated versus segregated programs are widely discussed by the various professional groups concerned with the education of the hearing-handicapped child. Programs evolve slowly, even as do advanced concepts of the over-all problems concerning the deaf child. For example, the term *deaf and dumb,* is still in use today, and is misinterpreted by the public as meaning deaf and mentally retarded, whereas the true meaning of the phrase is deaf and unable to use speech to communicate.

There has been no extensive formalized educational program for the general public concerning the deaf, and popular attitudes reflect misunderstandings and misconceptions. It is no wonder then that the parents of a deaf child have many problems and fears as they seek ways to help their child.

The audiologist is usually one of the first persons, professionally trained in rehabilitation and diagnostic testing, to be consulted by the parents of a deaf child. His tests and observations determine whether or not the child has a hearing loss. The purpose of this paper is to outline the needs of the parents, and to describe ways in which they can work with the physician and audiologist concerned with the hearing-handicapped child's future life.

The Parents

The parents' past experiences with deafness and the attitudes that have grown from these experiences have great bearing on the problem of their deaf child—whether or not they have a distorted concept of deafness. Furthermore, many per-

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sons who have attained parenthood have not been well trained for rearing children. Parents generally are unprepared to have their own child handicapped, and a baby with a hearing disability may not look different physically from the child who has normal hearing unless some other handicap is also present. It may be months before the parents discover that their child is neither developing speech nor responding to sound. When they begin to suspect that there is something amiss, they will watch the child to see whether or not he attends to sound; many times it appears that he does, and at other times that he does not. Parents are not aware of a child's attending to vibration, and they mistake it for a response to sound. When the parents become aware of the inconsistent response to environmental sounds, the appointment for a medical examination is made with the pediatrician or otolaryngologist. The pediatrician or otolaryngologist performs tests to determine the causes of the deafness, and roughly to estimate the extent of the child's hearing loss. If there is a hearing center in his community or in a nearby community the parents are directed to it for further tests of the child.

Some parents, though aware that something is wrong with their child's hearing or that there are perhaps other causes for lack of language development, still refuse to admit to other persons and sometimes even to themselves, the existence of the handicap—hoping desperately that there is nothing wrong with *their* child. Then suddenly their dreams for the child's future are shattered by the hard truth that their child indeed has a hearing impairment. They raise questions that urgently need to be answered, for example: How can I make my child understand me? How can I teach him what he should know? How will other people react to him?

The parents may become easy prey to unprincipled peddlers of cures for the deaf. They may grasp at every offer of cure in the hope that one will work. More than one mother has taken her child to a faith healer who put the mother and the child through some highly emotional and frustrating experiences. The failure of the healer only embittered the parents and made them reluctant to accept help from competent persons.

Learning of their child's deafness, the parents may resentfully attribute it to inheritance from paternal or maternal ancestors, and may thus strain their own marital relationship.

The parents hold the key to their child's future, and their child's success in life will depend upon them, to a great extent. Parents must adjust to their problems and help to lead their child along the right road. The longer it takes for them to adjust to their problems the less chance there is to help the child to attain the possible goals in his life.

Parents can be described in general as belonging to any of four major groups: (1) those who do not accept reality; (2) those who blame the child for being different from what he was expected to be; (3) those who, aware of the deafness, believe that a cure can be brought about; and (4) those who accept their child for what he is, with no thought of blame either to the child or to themselves for the deafness.

Parents of hearing-impaired children need guidance as to how to work with and for their child; professional advice is essential. Hearing-impaired children can grow up to be fully responsible, self-supporting, well-adjusted, and happy adults. Audiologists and medical specialists as well as other rehabilitation specialists, must see to it that the parents of these hearing-handicapped children receive the proper information that will help their child to fulfill his capabilities.

The Audiologist

The audiologist's responsibility lies in the area of differential diagnosis of hearing disorders in distinction from other possible handicaps that cause delayed speech and language development. With other specialists he plans and initiates therapeutic and educational training. The audiologist determines the degree of residual hearing, and recommends the type of hearing aids best suited for the child.[2]

The audiologist does not have the primary responsibility of diagnosis; this responsibility rests with the otologist and the pediatrician. The audiologist, however, must determine the extent of the hearing loss and whether or not other problems are causing the lack of language and speech development.

To test young children adequately, the audiologist must have a thorough knowledge of the normal development of a child, so that when the audiologist is aware of what should be happening developmentally, he will recognize deviations from the norm. The patterns of development of other senses aside from hearing are also important for him to understand.

When first discussing the amount of hearing loss with the parents the audiologist should state that the results of the auditory tests reflect the *present* threshold of hearing. He should then fully explain to the parents that a number of tests will be needed to determine a definite or close-to-definite threshold of their child's hearing. The audiologist does not depend solely on instruments or tests. He must observe the child fully to understand the problem. Each test that he can perform will add information that will result in a fairly accurate determination of the threshold of hearing.

The audiologist cooperates with other specialists who are concerned with the child's welfare. The findings of the otologist, the pediatrician, the neurologist, the psychologist, the speech pathologist, and the special-education teacher, are added to the audiologist's findings, to give a total appraisal as a basis for recommendations of the course to follow.

The case history is a basic tool of the audiologist; he must know how to elicit it from worried, possibly resentful parents. Much more information that will be of value will be gained if the parents are allowed to use their own words and feelings in describing their child.

The audiologist may be located in a community where he will have the sole responsibility not only of the auditory testing but also of referral to specialists. Therefore, he should be fully aware of all the resources that can be called upon to help the parents of children who have not developed language because of other conditions. He should know where parents can find medical help of a specialized nature if none is available in his own community.

The organizing of parent groups and the handling of parent conferences are part of the role of the audiologist. The parents of a deaf child are the first teachers, and in order for them to become competent in handling their child they must be well advised. Some parents may be capable of immediately accepting their child's problem, whereas, others may be only able to accept it gradually, and some not at all! The audiologist must determine the amount of the parents' insight of their child's handicap.

The audiologist in sharing his honest appraisal with parents gives them their greatest security. In this manner the parents will have a wholesome and realistic understanding of what lies ahead for their child.

The audiologist must be exceedingly careful in advising parents in "home teaching." Many parents become too concerned with teaching the child and are unaware of the child's limits in learning. Because there is an emotional involvement the parents may lose sight of their real objective of providing a wholesome home life so that the child will develop mentally and emotionally to a mature adult. A printed list of suggestions and information regarding the hearing-handicapped child is helpful to parents. The following material has been of value in this regard.

Suggestions

1. Do not minimize the extent of his hearing loss.
2. Help him to make the most of what hearing he has.
3. Guide him in his direct relations with other persons.
4. Remember that the child takes his attitude from yours.
5. Seek the best medical advice.
6. Know the exact nature of the hearing loss as early as possible.
7. Do everything you can to have him take part in home activities.
8. Give the child responsibility in the home, such as to: set the table, and help to clear away dishes after a meal; take care of a pet (dog, kitten, bird, fish, turtle); have his own indoor or outdoor garden or other work project.
9. Include the child in all family activities.
10. Assure your child of your love, even though words cannot be used; smiles, caresses, and looks of approval are reassuring.
11. Use the utmost patience with your child.
12. Encourage your child to share his experience with you.

13. Talk over his handicap frankly with carefully selected playmates and also parents of other children.
14. Do not ask for pity for your child, but for understanding of his handicap.
15. Capitalize to the fullest extent on all your child's interests and capabilities.
16. Stimulate his speech, but avoid too frequent corrections.
17. Treat him always as though you expected him to talk, assure him that you have the time for him to do so.
18. Be patient with unusual qualities of his voice or abrupt loudness and softness.
19. Find out at what pitch of your voice your child hears you best, and use that in speaking to him.
20. Always speak clearly and distinctly, but without exaggerated movements of your mouth.
21. Try to make your sentences short, and not to express involved thoughts.
22. Use music, simple songs, and selections both vocal and instrumental, as a valuable aid in developing speech; it gives a sense of rhythm plus changes in volume and pitch.
23. Prepare him ahead of time by explaining carefully exactly what you expect of him in an unfamiliar activity or situation.
24. Always stand so that light falls on *your* face while you are speaking to him; never stand with your back to a window.
25. Have your expression relate to the meaning of your words as closely as possible, it gives a clue to the meaning of your words.
26. Always get your child's attention before you speak to him, by gently touching him.

Information

Organizations. Organizations that will provide information for parents of deaf or hard-of-hearing children: *American Hearing Society,* Washington, D.C.; *The International Council of Exceptional Children,* National Education Association, Washington, D.C.; *The John Tracy Clinic,* Los Angeles, California; *The National Society for Crippled Children and Adults,* Chicago, Illinois; *The Volta Bureau,* Washington, D.C.

Periodicals. Hearing News: Official publication of the American Hearing Society; Washington, D.C. (monthly). *The Volta Review:* Official publication of The Volta Bureau; Washington, D.C. (monthly). *American Annals of the Deaf:* Published by Gallauder College; Washington, D.C. (5 issues a year).

Summary

The counseling of the parents regarding the hearing handicap of their child is of prime importance. When parents are obliged to try to solve the problems themselves the child may grow up without realization of his full capabilities. The audiologist is trained to counsel the parents, and to guide them in meeting the problems of their child, thereby making it possible to achieve more realistic goals than could be attained by the unassisted parents.

The deaf or hard-of-hearing child can become a productive, well-adjusted citizen, and he should have every opportunity to do so. The audiologist has the privilege and the responsibility of guiding this child and his parents toward the above-mentioned goal.

References

1. Bender, R.: The Conquest of Deafness. Cleveland: Western Reserve University Press, 1960, 181 p.; p. 126.

2. Newby, H. A.: Audiology. New York: Appleton-Century-Crofts, Inc., 1958, 342 p.; p. 3-5.