

FACILITATING COMMUNICATION DEVELOPMENT IN HEARING IMPAIRED CHILDREN

THE DILEMMA OF CHOOSING THE MODE(S)

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“Whether a hearing impairment becomes a disability or a handicap depends on whether functional communication skills develop early enough”



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Children with hearing impairment are a diverse group in terms of degree, cause, type, age of onset and age at identification. Among the adverse effects of such a sensory impairment, the development of verbal communication skills seems to be the most crucial. Whether a hearing impairment becomes a disability or a handicap depends on whether functional communication skills develop early enough and whether these skills develop in a deviant manner.

Researchers, clinicians and educators have always been concerned in trying to minimise the drastic effects of hearing impairment. Speech therapists and educational audiologists in particular are currently putting their efforts in reducing factors that may lead to various types of communication disorders in the hearing impaired. One approach which is currently being practised in some countries is to try and meet the three crucial factors for verbal language acquisition in hearing impaired children. These being:

- early identification
- appropriate and consistent hearing aid fitting (when/where applicable)
- guidance and counselling to parents

Research data is now indicating that given that these factors are met, verbal language acquisition would develop along normal or slightly delayed patterns (e.g. Robinshaw, 1996; Cole, Oshima-Takane and Yaremko, 1994)

Early identification

Bench (1992) commented that it is universally agreed that for adequate verbal language acquisition it is important that a child be exposed to speech in his/her first two years of life. Ling (1988) indicated that progress tends to be more rapid if attention is given to the development of speech communication in early infancy. This puts a lot of pressure on early identification of hearing loss. Hence, the earlier a child is identified with a hearing impairment, the more

likely he/she is to develop verbal communication skills up to his/her maximum potential.

How early is early?

In this day and age, it is not unusual for an eight week old infant to be fitted with hearing aids. This is successful provided there is a good universal or selective neonatal screening service; and there is close professional monitoring. Though this was perhaps considered too idealistic in the past for the Maltese Islands, yet given the current resources available locally, a screening service and appropriate management following early identification can be implemented provided the available tools are put together to plan and implement an effective strategy.

Appropriate amplification

The aims for appropriate fitting of hearing aids include consistency of input, development of listening task and enhancing the development of the more natural mode of communication, that is the naturalistic verbal approach. (Incidentally this does not deprive the child from acquiring sign language as a second language.) However, it may prevent him/her from developing a handicap. Sign language acquisition as a first language could be limiting the child's opportunities for social interaction. Appropriate fitting and consistent use of hearing aids should not be considered as too idealistic locally. Qualified professionals are now available who are able to provide a good back up service for the local hearing impaired population.

Parental guidance and counselling

The professionals concerned are responsible in meeting the needs of the hearing impaired client and his/her immediate family. Hence they are responsible in helping parents of newly identified hearing impaired children to go through the grieving process without leaving negative repercussions. Empathy, unconditional positive regard and genuineness are among the professional skills that need to be practised with such clients and their respective carers.

The process of 'coming to terms' with the child's condition seems to be related to the quality and degree of input parents give to their hearing impaired children. Guidance and management may take different forms and may be required by different professionals at different stages of the hearing impaired child's development. For example, speech therapists are qualified to come up with an assessment of the communication skills of the hearing impaired child. They may help in planning intervention strategies on the child's:

Conclusion

Considering all the above factors, the only hearing impaired individuals who may seem to benefit from acquiring sign language as their first (native) language would be the few odd cases whose parent(s) are hearing impaired themselves.

Meanwhile, given today's technological progress and given local resources currently available (particularly qualified Maltese speech therapists, audiologists, teachers and psychologists) the best communication approach to enhance and facilitate language acquisition in hearing impaired children seems to be the spoken language mode.

This does not impede the possibility that sign language develops as a second language later.

Considering that research data is indicating that on meeting the above crucial factors hearing impaired children are suffering from less drastic delays/deviancies in their spoken language (e.g.; Robinshaw, 1996; Cole, Oshima-Takane and Yaremko, 1994) and considering that Maltese sign language is still in the process of developing, spoken language seems to be the more logical approach for most hearing impaired children.

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- ability to understand communication
- ability to put words together
- use of voice
- development of listening skills
- development of metaphonological/lip pattern awareness
- development of skills for interaction
- speech intelligibility (Steward, 1995)

The local Speech Therapy service has expanded in the past year by three hundred per cent. Considering this increase in service provision plus taking into account that there are currently twenty-eight other trainee speech therapists who would hopefully join the work force in the near future, the local Speech Therapy service should now meet the needs of a greater number of communication disordered which may include those with a hearing impairment.

Would an alternative mode of communication (such as sign language) be a better option to speech communication?

Mogford (1988) reports that only between four to ten per cent of the hearing impaired children have hearing impaired parent(s). The majority of the hearing impaired are therefore exposed to the spoken language. It is now clearly indicated through clinical research data that the input that the child receives is a strong determining factor in his/her success of developing effective communication skills.

- Consistency is important for language acquisition. Most hearing impaired children are consistently exposed to spoken language (via home environment; school environment). Hence introducing them to a sign language as their first language may not be providing enough consistency and opportunities for them to acquire language skills.

- It is widely known that hearing adults using sign language usually use this without mastery and consequently provide an incomplete input to hearing impaired children. Besides, their signing would be influenced by the structure of spoken language (Mogford, 1988). This may not be beneficial to the hearing impaired receiver.

- Besides, learning sign language will only begin after identification of the hearing impairment. So there will still be an initial delay in language acquisition.

- Spoken language is the language of society. Sign language users are automatically cut off from the hearing world.

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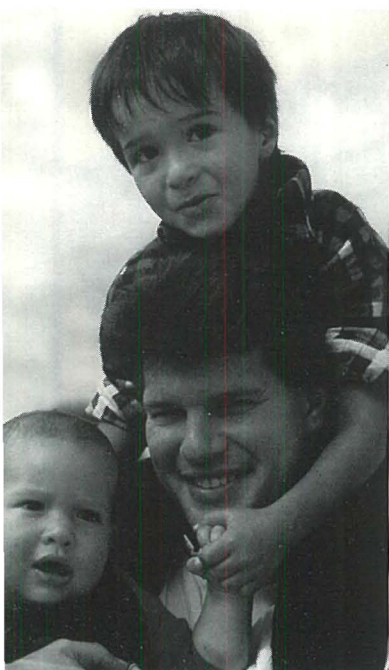


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