

Promoting Healthy Social and Emotional Development in Your Pediatric Patients



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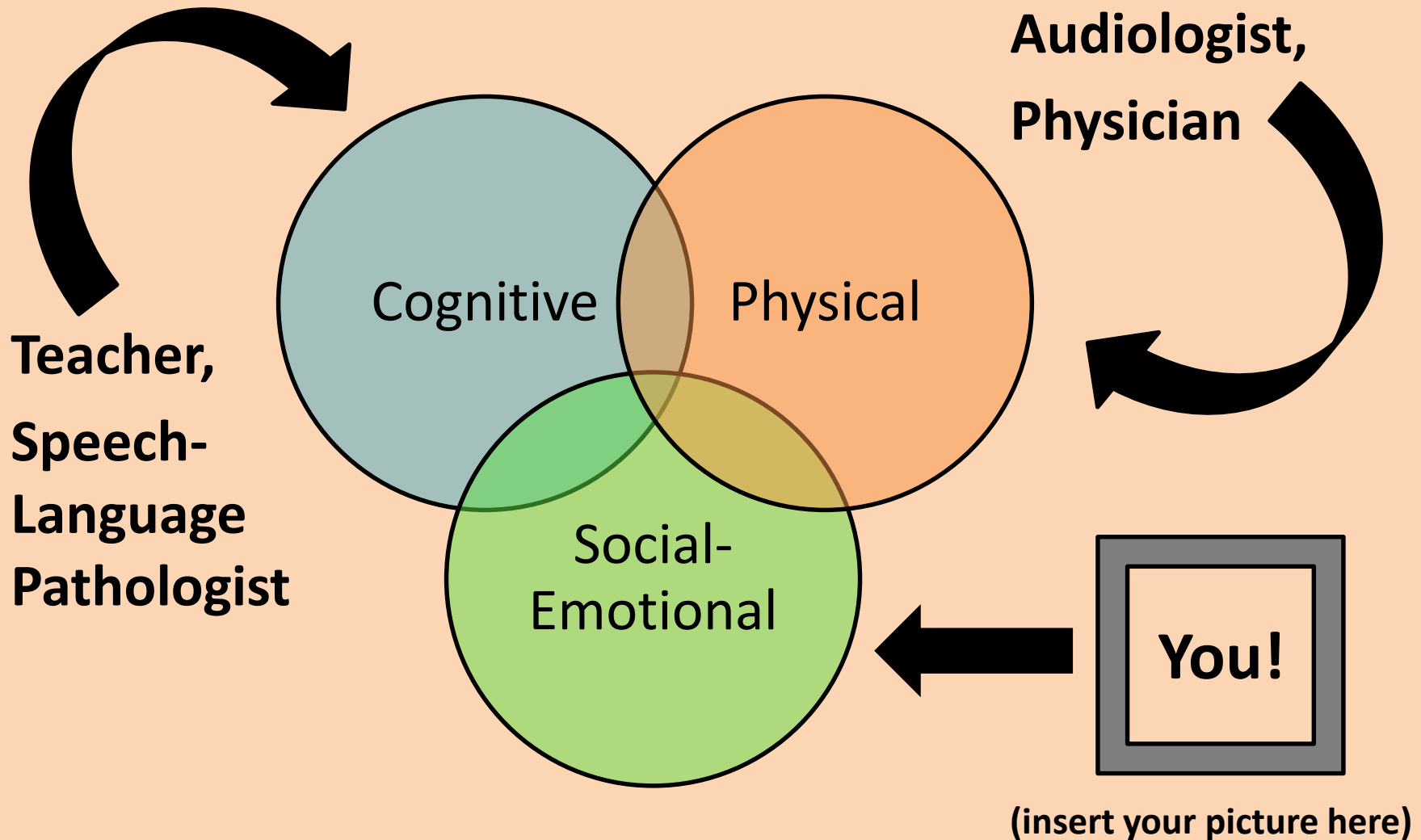
**Children's Hospital
of Philadelphia®**

Center for Childhood Communication

Session Topics

- Helpful developmental concepts to teach families and patients over childhood
- Typical development of self-concept and strategies for overcoming challenges due to hearing differences
- Strategies to support healthy emotional adjustment to the child's hearing difference over childhood
- Typical social and emotional development

Child Development Model



Goal: Promote Healthy Development Throughout Childhood

- Discussing these topics only when concerns are evident or longstanding



- **Failure model**

- Child and family may be burned out, may need more than information only

- Providing “Anticipatory Guidance” over childhood



- Promotes **healthy development** for your patient and their family
 - Gives family tools for effectively guiding child’s development throughout childhood

Pediatric Counseling Guidelines

Pediatric Audiology Counseling Guidelines: Birth – Adolescence

Guidelines for Working with Families and Caregivers	
At diagnosis:	
<ul style="list-style-type: none"> Allow families to "tell their story". Show kindness and empathy. Be honest. Express hope and confidence. 	<ul style="list-style-type: none"> Parents should leave with: <ul style="list-style-type: none"> Written information (i.e. information packet) A plan A phone number (to call whenever clarification is needed) The next appointment scheduled ASAP (in writing)
Within 4-6 months of diagnosis:	
<ul style="list-style-type: none"> Recognize and acknowledge the emotional responses. Facilitate healthy attachment between child and caregivers. Acknowledge imbalance and support work toward re-establishing a healthy family system. Actively involve family in intervention choices. Support involvement of extended family (i.e. siblings and grandparents) direct contact with audiologist with parental consent. Connect to other families with children of same age/similar hearing loss and to veteran families. 	

Guidelines for Working with Children and Families Birth to Three Years of Age	
Erickson's Stages:	
<ul style="list-style-type: none"> Trust vs. Mistrust: Babies learn to trust their world if they are kept well-fed, warm, dry and receive regular human touch. Mistrust develops if they are left hungry, cold, wet and unattended. Autonomy vs. Shame and Doubt: Toddlers want to rule their own actions and bodies. With success they develop autonomy but with failure they can develop shame and doubt in their own abilities. 	
Self-Concept:	
<ul style="list-style-type: none"> Birth to 14 months: Babies have no sense of self. They view themselves as an extension of their parent/caregiver. 15 months to 2 years: Self-awareness emerges 2 to 3 years: Child identifies themselves concretely "Boy," "Girl," "Baby," "Big Girl/Boy" 	
During these stages, the audiologist should:	
<ul style="list-style-type: none"> Evaluate the child's accessibility to <ul style="list-style-type: none"> Alerting devices (i.e. telephone ring, doorbell/knock, microwave signal) Entertainment and education (i.e. recorded audio, television, noise makers/musical toys, telephone) Include the child in conversations about hearing and hearing loss. Provide opportunities for interaction with other children and adults with hearing loss. Model good, effective communication behaviors. Have the child participate in the care of hearing instruments and related equipment. 	

Guidelines for Working with Children and Families Three through Six Years of Age	
<p>Children have an increased awareness of self and the world outside the family. They attempt new tasks and play activities. Successful attempts help children develop self-confidence and self-controlling. When attempts result in failure or criticism, the child becomes frustrated and helpless.</p>	
<p>During these stages, the audiologist should:</p> <ul style="list-style-type: none"> Encourage the child's independent thinking and problem-solving skills. Model good, effective communication behaviors in and out of educational settings (i.e. school, home, church, etc.). Encourage the child's accessibility to <ul style="list-style-type: none"> Alerting devices (i.e. telephone ring, doorbell/knock, microwave signal) Entertainment and education (i.e. recorded audio, television, noise makers/musical toys, telephone) Include the child in conversations about hearing and hearing loss. Provide opportunities for interaction with other children and adults with hearing loss. Model good, effective communication behaviors. Have the child participate in the care of hearing instruments and related equipment. 	

Guidelines for Working with Children and Families Six through Eleven Years of Age	
<p>During these stages, the audiologist should:</p> <ul style="list-style-type: none"> Encourage the child's independent thinking and problem-solving skills. Model good, effective communication behaviors in and out of educational settings (i.e. school, home, church, etc.). Encourage the child's accessibility to <ul style="list-style-type: none"> Alerting devices (i.e. telephone ring, doorbell/knock, microwave signal) Entertainment and education (i.e. recorded audio, television, noise makers/musical toys, telephone) Include the child in conversations about hearing and hearing loss. Provide opportunities for interaction with other children and adults with hearing loss. Model good, effective communication behaviors. Have the child participate in the care of hearing instruments and related equipment. 	

Guidelines for Working with Children and Families Eleven Years of Age through Adolescence	
<p>During these stages, the audiologist should:</p> <ul style="list-style-type: none"> Encourage the child's independent thinking and problem-solving skills. Model good, effective communication behaviors in and out of educational settings (i.e. school, home, church, etc.). Encourage the child's accessibility to <ul style="list-style-type: none"> Alerting devices (i.e. telephone ring, doorbell/knock, microwave signal) Entertainment and education (i.e. recorded audio, television, noise makers/musical toys, telephone) Include the child in conversations about hearing and hearing loss. Provide opportunities for interaction with other children and adults with hearing loss. Model good, effective communication behaviors. Have the child participate in the care of hearing instruments and related equipment. 	



**HELPFUL CONCEPTS TO TEACH FAMILY
AND PATIENT OVER CHILDHOOD**

What can you do?

- Inform parents
- Be a sounding board
 - Listen
 - Coach
 - Acknowledge
 - Brainstorm
 - Support
 - Model strategies
- Refer to behavioral health professionals when needed



Use Language of Resilience

Consider saying

- Hearing difference
- Typical hearing
- Hearing level
- Listening ear and other ear
(for children with unilateral hearing differences)
- Different and typical ear
- Date of identification


Instead of saying

- Hearing loss
- Normal hearing
- Hearing Impairment
- Hearing severity
- Atresic/Microtic/Bad ear
- Date of diagnosis

From the Time of Identification of the Child's Hearing Difference

- Introduce and “normalize” talking about family's and child's emotional adjustment to child's hearing difference as a routine part of each audiological visit.
- Identify parent emotional adjustment to their child's hearing difference as a major ingredient of the child's own emotional adjustment to their hearing difference.





Healthy adjustment to Hearing difference is
a MOVING TARGET throughout childhood.



Helps if you plant the idea...

Adjustment to hearing difference is a moving target throughout childhood

- Different developmental stages of childhood have different demands
- Different grades, levels of school have different demands (including each new school year)
- Different environments have different demands
- Child and others in their lives have different needs for new or different skills as the child ages

Inform Caregivers About When Children Typically Grieve Their Differences

- 7 – 9 years: Typically developing children with hearing differences, who use speaking, listening and hearing technology
- 13 – 15 years: Typically developing Deaf children who use sign language, who go to school with other signing Deaf children
- 20's – 40's: Children with intellectual disabilities or autism
- Child may need permission to grieve – can take up to 1 year if child is lucky – or can last a lifetime – not good 😞

Inform Caregivers About Helping Children Reach Healthy Acceptance of Their Differences

- At least 1 caregiver achieving healthy acceptance of the child's hearing difference before the child reaches this point
- By age 4, child and family has regular contact with peers, older children, and young adults with hearing differences, annually throughout their childhood until the child moves out of their family home
- Regular contact starts out as 4x/year, then at least monthly, including several summer camps with deaf/hard of hearing peers throughout childhood

Healthy Acceptance/Adaptation for Parents/Caregivers

1. Acknowledge their preference that their child not be deaf/hard of hearing
2. Accept the permanence of the child's hearing difference
3. Understand and have entire family ***take consistent action*** to make necessary changes to create accessible/effective communication environment for deaf/hard of hearing child



Needs to be defined for parents so they know their goal, and when they have achieved it.

Useful Information to Motivate Caregivers Through Grief

- Neuroplasticity
- Effective communication
- Additional skills needed
by children with hearing
differences



Neuroplasticity: In Early Childhood

- Two critical periods for brain development for language:
 - ❖ Birth to 3 years
 - ❖ 3 to 5 years
- Get 70% of language by 5 years of age
- Language is used to teach reading and writing
- Set target: 5 year old language by 5 years of age



Inform Families



A child's healthy social, emotional and behavioral development is built upon
*the foundation of
a childhood full of
effective communication.*

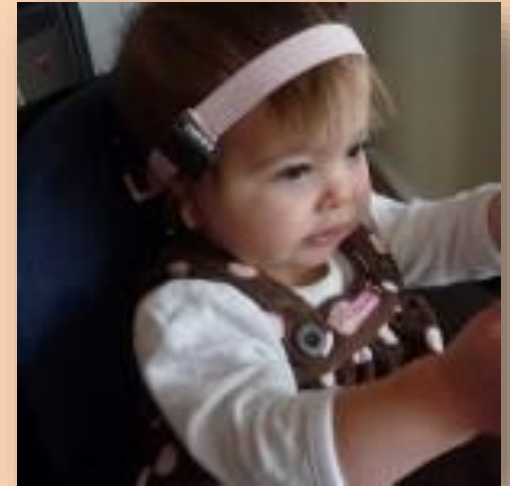
Help All Key People Understand That . . .

- Hearing \neq Understanding
- Understanding is not equal in all situations



Inform Families about Additional Skills Children with Hearing Differences Need

- Effective communication, self-advocacy, communication repair, good-bad communication environments, communication get arounds, use of interpreters, assistive and hearing technology
- Assess and promote age-appropriate social skills with peers and adults
- Monitor development of typical peer friendships (ask for names and whether child has best friend)





**AUDIOLOGISTS PROMOTING
WELL BEING**

At Each Visit Assess Family and Child's Consistent Use of Effective Communication

For child who uses speaking, listening and technology:

- Does the child wear the technology every where all the time?
- Do several family members and all settings support technology use?
- Do all caring adults in child's life and eventually child know how to work/trouble shoot equipment?



At Each Visit Assess Family and Child's Consistent Use of Effective Communication

For child who uses sign language:

- Are all adults who care for the child keeping their sign language skills ahead of the child?
- Signing with and around the child at all times?
- Does the family understand the connection between access to language outside of school to academic achievement and social, emotional and behavioral skills?



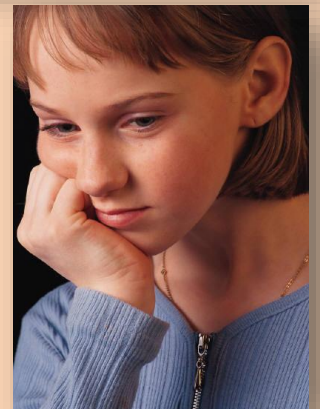
At Each Visit Assess Family and Child's **Consistent Use of Effective Communication**

- Frequent understanding checks
- Age-appropriate self advocacy skills so we are teaching independence along typical development pathways for all children
- Age-appropriate assistive technology, alerting devices
- Consistent connection to peers and adults with similar deafness/hearing difference



Monitor and Refer Child for Behavioral Health Concerns/Problems

- Concerns with social, emotional, behavioral development
- Poor emotional adjustment to hearing difference by either family or child
- Suspected abuse and neglect – mandatory reporters
- Bullying – victim and/or offender
- Suspected or serious BH problems:
 - ADHD
 - Autism
 - Global Delays (ID)
 - Depression
 - Anxiety
 - Communication neglect and/or social isolation



Warm Handoff to Behavioral Health Therapist

- Speech at conversational levels in quiet
- Speech at soft levels in quiet
- Conversational speech in noise (+5 SNR)
- Unaided and Aided conditions
- Share results with child, family, school, and behavioral health therapist

Self Esteem Building is **OUT** Teaching Self-Compassion is **IN**

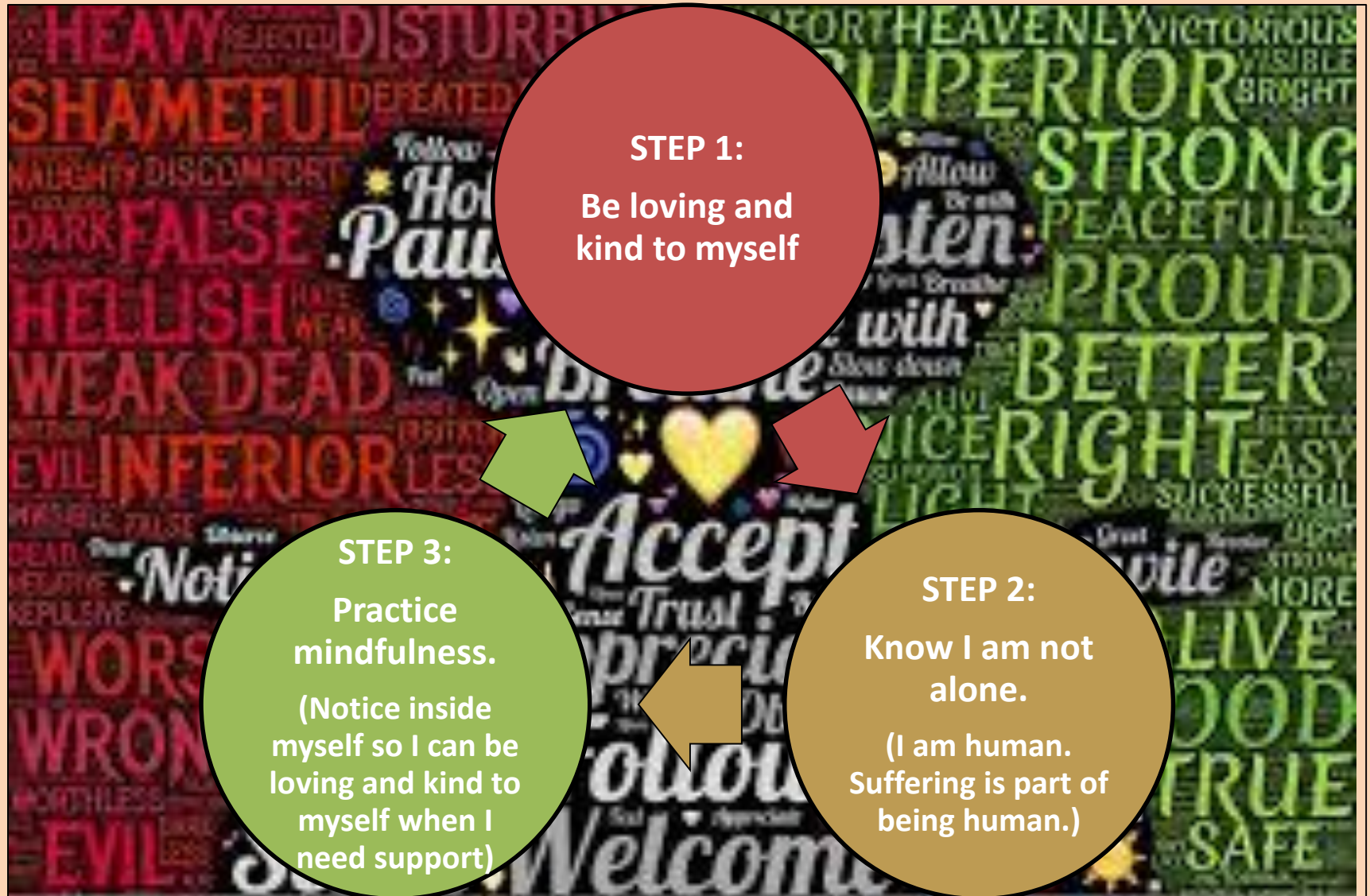
Self Esteem Building

- Self-evaluation
- Comparing self to others
- Some student has to be better than other students
- Some students have to be worse/less
- No tools for self-care

Teaching Self Compassion

- Being loving and kind to self daily
- Tool/skill to use in any situation/place
- Value of practicing mindfulness everyday

Three Steps of Self-Compassion



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Guidelines for Working with Children and Families Birth to Three Years of Age	
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Guidelines for Working with Children and Families Three through Six Years of Age	
<p>Children have an increased awareness of self and the world outside the family attempt new tasks and play activities. Successful attempts help children develop self-confidence and self-controlling. When attempts result in failure or criticism, the child becomes frustrated and helpless.</p>	
<p>Abstract thinking begins to emerge.</p>	
During these stages, the audiologist should:	
<ul style="list-style-type: none"> Model, effective communication behaviors in and out of educational settings (i.e. on from parent). Ensure accessibility to <ul style="list-style-type: none"> Extracurricular activities and religious services Transportation (i.e. bicycle riding) 	
<p>Many deaf and hard of hearing children are delayed in their emotional and social development. This delay often occurs due to diminished or lack of incidental learning by appropriate and inappropriate social skills and behaviors of others. Deaf and hard of hearing children often need specific training on basic, intermediate and advanced social skills and responsibilities for care of hearing instruments and related equipment.</p>	

Guidelines for Working with Children and Families Six through Eleven Years of Age	
<p>Priority: Children are ready to learn formal skills needed for adulthood. Children develop positive self-image, competence and self-esteem. Children who are deaf and hard of hearing may develop feelings of inadequacy, incompetence and poor self-esteem.</p>	
<p>During these stages, children are comparative. Children are influenced by peer pressure.</p>	
During these stages, the audiologist should:	
<ul style="list-style-type: none"> Ensure awareness of the permanence of hearing loss and develop a plan with the child to cope with and resolve grief. Work with the child for informational counseling. Look for emotional reactions to hearing loss. Help the child explain new skills/information to parent through coaching and feedback. Practice stating communication needs and creating good communication environments for themselves across settings. Help the child develop good friends and play regularly with friends. Help the child develop a plan to deal with bullying and discuss strategies for managing bullying behaviors. 	

Guidelines for Working with Children and Families Eleven Years of Age through Adolescence	
<p>During these stages, children develop familiarity and skill with variety of assistive technologies and communication methods (i.e. instant messaging, texting, telephone amplification, telephone/video relay service). Children can independently care for hearing instruments and related equipment. Children begin to independently and safely respond to alerting signals (i.e. alarm clock, doorbell/knock, telephone ring). Children develop interests and motivations for sport activities. Children develop a sense of privacy in the home. Children ensure family information is accessible to all and specifically available to the child.</p>	

Guidelines for Working with Children and Families Eleven Years of Age through Adolescence	
<p>During these stages, the audiologist should:</p> <ul style="list-style-type: none"> Ensure effectiveness of communication as perceived by the teen and significant others (i.e. siblings, close friends). Work primarily with adolescent using informational counseling on full gamut of hearing loss and with parents in early stages (i.e. hearing loss, hearing aids, assistive device). Act as backup to adolescent. Parent is a "secondary consumer". Ensure self-advocacy and assertiveness skills for effective listening/communication across settings. Ensure accessibility of chosen communication method and/or amplification system at home and in school. Consideration of the teen's demonstrated English comprehension as well as the teen's age and communication skills. The teen/family may want to consider adding communication methods (i.e. taking up sign language as a family, cueing to enhance English development, etc) as alternatives for unaided times (i.e. nighttime, intermediate social settings (i.e. communicating over long distances, outside). Ensure accessibility of assistive devices, supports for classroom and extracurricular activities (i.e. C-amp microphone to teen, oral or sign interpreter, notetaker). Ensure accessibility to vocational rehabilitation services and Post-secondary education programs. 	

Pediatric Audiology Counseling Guidelines: Birth – Adolescence

Guidelines for Working with Families and Caregivers

At diagnosis:

- | | |
|--|---|
| <ul style="list-style-type: none">❑ Allow families to “tell their story”.❑ Show kindness and empathy.❑ Be honest.❑ Express hope and confidence. | <ul style="list-style-type: none">❑ Parents should leave with:<ul style="list-style-type: none">▪ Written information (i.e. information packet)▪ A plan▪ A phone number (to call whenever clarification is needed)▪ The next appointment scheduled ASAP (in writing) |
|--|---|

Within 4-6 months of diagnosis:

- ❑ Recognize and acknowledge the emotional responses.
- ❑ Facilitate healthy attachment between child and caregivers.
- ❑ Acknowledge imbalance and support work toward re-establishing a healthy family system.
- ❑ Actively involve family in intervention choices.
- ❑ Support involvement of extended family (i.e. siblings and grandparents) direct contact with audiologist with parental consent.
- ❑ Connect to other families with children of same age/similar hearing loss and to veteran families.

Developmental Time Periods

- **Birth to Three years**
- Three to Six years
- Six to Eleven years
- Eleven through Adolescence



Erikson's Stages

Trust versus Mistrust

(birth – 18 months)

Babies learn to:

- *Trust* their world if they are kept well-fed, warm, dry, and receive regular human touch
- *Mistrust* their world if they are left hungry, cold, wet, and unattended.

Self-Concept

Birth – 14 months

- No sense of self
- Child views themselves as extension of their parent/caregiver



Erikson's Stages

Autonomy versus Shame and Doubt

(18 months – 2 years)

- Toddlers want to rule their own actions and bodies.
- With success, toddlers develop **Autonomy**
- With failure, toddlers develop **Shame and Doubt** in their own abilities

Self-Concept

15 months – 2 years

- Self awareness emerges
- Recognize self in a mirror



Self-Concept

2 - 3 years

- Self concept emerges
- Child identifies themselves as:
 - A “girl” or “boy”
 - A “baby” or “big boy/girl”
 - A “brother” or “sister” or only child
 - By religious affiliation
 - By ability





What can you do?

- Evaluate and support access to alerting devices
- Include the child in positive conversations about their hearing difference
- Support families in developing relationships with other families with children with hearing loss and with Deaf and hard of hearing adults and older children

Guidelines for Working with Children and Families Birth to Three Years of Age

Erickson's Stages:

- ❑ **Trust vs. Mistrust:** Babies learn to trust their world if they are kept well-fed, warm, dry and receive regular human touch. Mistrust develops if they are left hungry, cold, wet and unattended.
- ❑ **Autonomy vs. Shame and Doubt:** Toddlers want to rule their own actions and bodies. With success they develop autonomy but with failure they can develop shame and doubt in their own abilities.

Self-Concept:

- ❑ **Birth to 14 months:** Babies have no sense of self. They view themselves as an extension of their parent/caregiver.
- ❑ **15 months to 2 years:** Self-awareness emerges
- ❑ **2 to 3 years:** Child identifies themselves concretely *"Boy," "Girl," "Baby," "Big Girl/Boy"*

During these stages, the audiologist should:

- ❑ Evaluate the child's accessibility to
 - Alerting devices (i.e. telephone ring, doorbell/knock, microwave signal)
 - Entertainment and education (i.e. recorded audio, television, noise makers/musical toys, telephone)
- ❑ Include the child in conversations about hearing and hearing loss.
- ❑ Provide opportunities for interaction with other children and adults with hearing loss.
- ❑ Model good, effective communication behaviors.
- ❑ Have the child participate in the care of hearing instruments and related equipment.

Pediatric Counseling Guidelines

- Birth to Three years
- **Three to Six years**
- Six to Eleven years
- Eleven through Adolescence



Erickson's Stages

Initiative versus Guilt (*3 – 6 years*)

- Views themselves as the center of the world. Their world *IS* the world.
- Magical thinking years
- Eagerly attempts new tasks, play activities
- Repetition of new tasks allows children to master skills which becomes self-reinforcing
- Self-regulation improves seeking adult approval

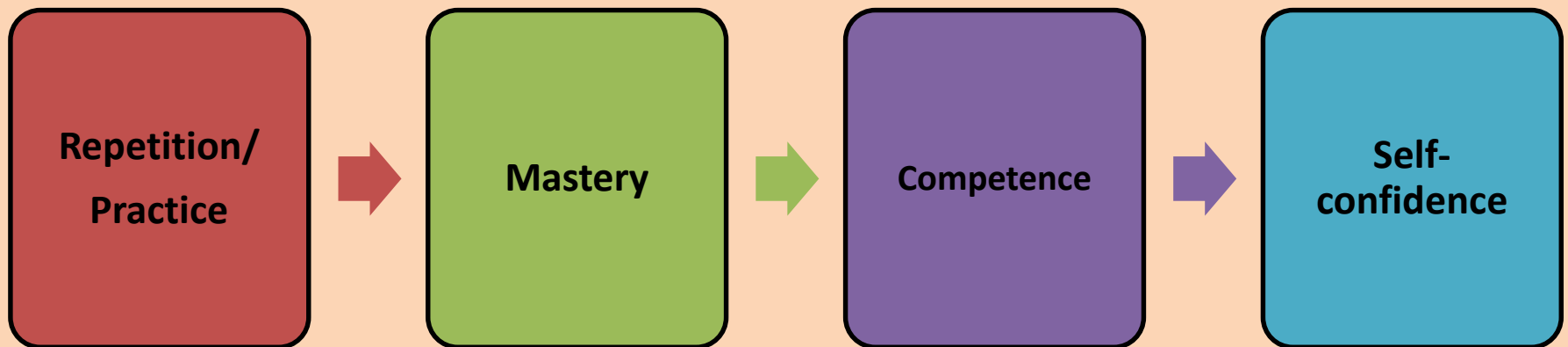


Self-Concept

3 - 6 years



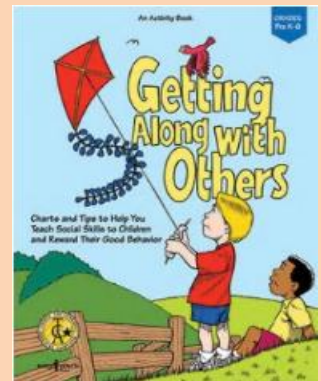
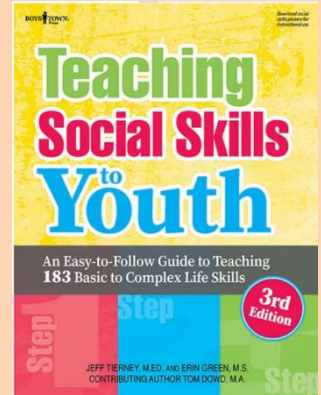
- Ego-centric thinking
- “I am the world and the world is just like me!”



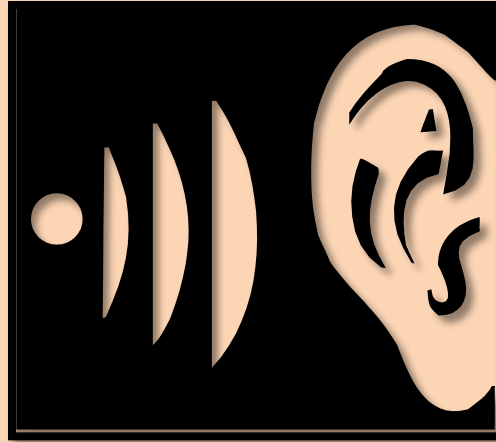
Development of Social Skills/Interaction

Provide caregivers with information regarding:

- Lack of incidental learning due to hearing loss
- Deaf/hard of hearing children often need specific training on basic and advanced social skills
- Use of social skills books
<https://www.boystownpress.org/>
- Discriminating between “Can’t Do” or “Won’t Do” behavior problems Gresham (1995)



Teaching Effective Communication



Teaching Effective Communication

[illegible]



What can you do?

- Continue to model effective communication behaviors – in and out of educational settings
- Accessibility to:
 - Community, extracurricular, and religious activities
 - Computers
 - Safe outdoor play (bicycle riding)
 - Telephone
- Provide information to caregivers on social skill development

Guidelines for Working with Children and Families Three through Six Years of Age

Erickson's Stages:

- ❑ **Initiative vs. Guilt:** Children have an increased awareness of self and the world outside the home. They eagerly attempt new tasks and play activities. Successful attempts help children become self-reinforcing and self-controlling. When attempts result in failure or criticism, the child can feel guilty, incompetent and helpless.

Self-Concept:

- ❑ Children use ego-centric thinking.
- ❑ Self-esteem begins to emerge.

During these stages, the audiologist should:

- ❑ Continue to model good, effective communication behaviors in and out of educational settings (i.e. allow some separation from parent).
- ❑ Evaluate the child's accessibility to
 - Community events, extracurricular activities and religious services
 - Safe outdoor play (i.e. bicycle riding)
 - Computers
- ❑ Inform parents that many deaf and hard of hearing children are delayed in their emotional and social skills development. This delay often occurs due to diminished or lack of incidental learning by "overhearing" the appropriate and inappropriate social skills and behaviors of others. Deaf and hard of hearing children often need specific training on basic, intermediate and advanced social skills
- ❑ Increase the child's responsibilities for care of hearing instruments and related equipment.

Developmental Time Periods

- Birth to Three years
- Three to Six years
- **Six to Eleven years**
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Erikson's Stages

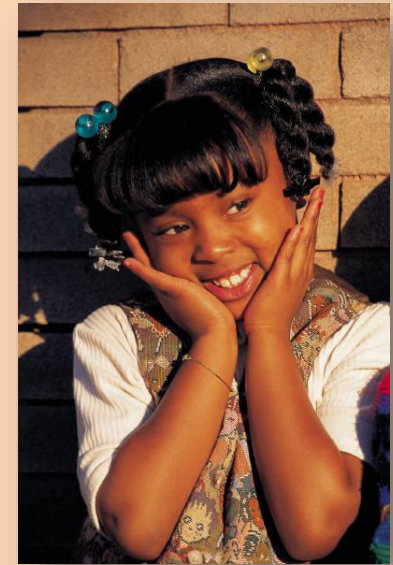
Industry vs. Inferiority (6 – 11 Years)

- Child is ready to learn formal skills needed for adulthood
- Successful learners develop positive self-image, competence and self-compassion
- Children who struggle with learning develop feelings of inadequacy, incompetence and poor self-compassion



Self-Concept

6 - 11 years



- **Comparative period: 7 – 9 years**
“I’m not like the rest of the world (or my parents, siblings, friends). I’m unique. I’m different. I’m a freak.”
- **Peer pressure years: 9 – 13 years**
“I want to be, dress, look, sound exactly like my friends. I want to fit in (blend in).”

Self-Concept

6 - 11 years

- Child often experiences grief over hearing loss for the first time
- Child understands:
 - He/she is different from her family and peers
 - Their hearing difference is permanent
 - Child feels inferior, embarrassed. Attributes problems to themselves personally, not their hearing difference

Areas to Probe

- How many close friends does your child have?
- How often is your child playing with friends at home? At school?
- How often is your child invited to play with or at parties of friends?
- How does your child's hearing difference impact the family?
- How do your child's parents (siblings, grandparents) make adjustments to enhance communication at home?
- Does your child participate in family conversations?
- Does your child know what his/her sibling's favorite interests are? Friends are?



Friends



- When a child begins attending school, they should be able to name several children with whom they are friends
- They should identify 1 or 2 friends as best friends and tell you a little about what they enjoy doing with their friend(s)
- Not a good sign if they don't know the names of their friends, or don't have a best friend
- They should know other children with hearing differences by first name and meet regularly



What can you do?

- Monitor child's grief and develop plan with parent to help child resolve grief
- See child alone for some time for informational counseling and emotional reactions to diagnosis
- Empower child to explain new skills/information to parent (Audiologist coaches and gives feedback)
- Child practices stating communication needs, creating good listening/communication environments for themselves across settings



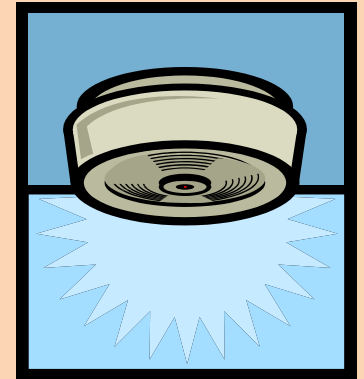
What can you do?

- Assess child's experience with friends/friendships
- Introduce child to variety of assistive technology and accessible communication (email, instant messaging, fax, amplification for telephone, telephone or video relay service)
- Child cares independently for equipment
- Review accommodations for sport activities



What Can You Do?

- Begins to independently and safely respond to alerting signals
 - Alarm clock
 - Smoke alarm – fire drill
 - Door bell
 - Phone



- System for privacy in the home
- System to ensure family information is accessible to all and available to child with hearing loss

Guidelines for Working with Children and Families Six through Eleven Years of Age

Erickson's Stages:

- ❑ **Industry vs. Inferiority:** Children are ready to learn formal skills needed for adulthood. Successful learners develop positive self-image, competence and self-esteem. Children who struggle with learning may develop feelings of inadequacy, incompetence and poor self-esteem.

Self-Concept:

- ❑ From age 7 to 9 years, children are comparative.
- ❑ From age 9 to 13 years, children are influenced by peer pressure.

During these stages, the audiologist should:

- ❑ Monitor the child's awareness of the permanence of hearing loss and develop a plan with the parent for helping the child cope with and resolve grief.
- ❑ Have some time alone with the child for informational counseling. Look for emotional reactions to the diagnosis.
- ❑ Empower the child to explain new skills/information to parent through coaching and feedback.
- ❑ Assist the child in practicing stating communication needs and creating good listening/communication environments for themselves across settings.
- ❑ Encourage the child to develop good friends and play regularly with friends.
- ❑ Inquire about knowledge of bullying and discuss strategies for managing bullying behaviors.
- ❑ Help the child develop familiarity and skill with variety of assistive technologies and communication tools (i.e. email, instant messaging, texting, telephone amplification, telephone/video relay service)
- ❑ Confirm that the child can independently care for hearing instruments and related equipment.
- ❑ Assure that the child begins to independently and safely respond to alerting signals (i.e. alarm clock, smoke alarm, doorbell/knock, telephone ring).
- ❑ Evaluate accommodations for sport activities.
- ❑ Ensure system for privacy in the home.
- ❑ Create a system to ensure family information is accessible to all and specifically available to the child with hearing loss



**Children's Hospital
of Philadelphia™**

Center for Childhood Communication

Developed by: Eileen Rall, Au.D. and Louise A. Montoya, MA, LPC, CSC (March 2004, Revised May 2019)

Developmental Time Periods

- Birth to Three years
- Three to Six years
- Six to Eleven years



- **Eleven through Adolescence**

Erikson's Stages

Identity versus Role Confusion (*11 years – Adolescence*)

- Teen becomes independent from family and establishes role in society
- Teen uses parents as first role model
- Conflict often directed towards same sex parent
- Teen's identity
 - can be influenced by adults outside the family
 - is developed through life experience
- Self-image becomes more well-rounded or inadequacies become magnified

Self-Concept

11 years - Adolescence

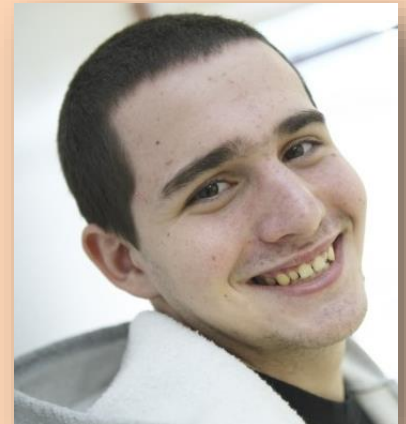
- Settings that teens go into can significantly increase communication challenges
- For some teens this can create the first time in their life when they have to confront their hearing loss



Self-Concept

14 years - Adolescence

- Individuation Period: Time for teens to discover who they are, what they want to be
- Establish:
 - Emotional independence from parents
 - Meaningful and stable identity
 - Commitment to work
 - A personal value system
 - Capacity for lasting relationships





What can you do?

- Assess teen's and their significant others' (parent, siblings, close friends) perceptions of communication effectiveness using published surveys
- Provide informational counseling directly and primarily to teen for all topics (hearing loss, aids, ALD options)
- Interact with parent as backup to teen and as the secondary consumer



What can you do?

- Refine teen's self-advocacy and assertiveness skills for effective listening/communication environments/strategies (English, 1997)
- Re-evaluate need for other assistive devices, supports for classroom and extracurricular activities (*C-print, give FM system microphone to teen, oral or sign interpreter, note taker, smart cell phone*)
- *Share free Book online – Hard of Hearing Students in Postsecondary Settings: A Guide for Service Providers (2007). See Chapter 3 on "Adjusting to Hearing Loss during High School: Preparing Students for Successful Transition to Postsecondary Education or Training"*

<https://dcmp.org/learn/568-hard-of-hearing-students-in-postsecondary-settings-a-guide-for-service-providers>



What can you do?

- Vocational rehabilitation services
- National Deaf Center
<https://www.nationaldeafcenter.org/>
 - Specifically for Deaf/hard of hearing teens, parents and post-secondary Institutions serving Deaf/hard of hearing Teens
 - Transition and financial aid information
 - Excellent training/info for accommodating Deaf/hard of hearing post-secondary students

Guidelines for Working with Children and Families Eleven Years of Age through Adolescence

Erickson's Stages:

- ❑ **Identity vs. Role Confusion:** Teens become independent from family and establish their role in society. With success, a teen's self-image becomes more well-rounded. Inadequacies can become magnified with failures.

Self-Concept:

- ❑ From age 14 years through adolescence, the individuation period, teens discover "who they are" and "what they want to be".

During these stages, the audiologist should:

- ❑ Use tools that assess effectiveness of communication as perceived by the teen and significant others (i.e. parent, siblings, close friends).
- ❑ Interact directly and primarily with adolescent using informational counseling on full gamut of information covered with parents in early stages (i.e. hearing loss, hearing aids, assistive device options).
- ❑ Interact with parent as backup to adolescent. Parent is a "secondary consumer".
- ❑ Fine tune the teen's self-advocacy and assertiveness skills for effective listening/communication environments/strategies.
- ❑ Re-evaluate adequacy of chosen communication method and/or amplification system at home and school. Take into consideration the teen's demonstrated English comprehension as well as the teen and parents' language and communication skills. The teen/family may want to consider adding additional communication methods (i.e. taking up sign language as a family, cueing to enhance speechreading/English development, etc) as alternatives for unaided times (i.e. nighttime, swimming), or for alternate social settings (i.e. communicating over long distances, outside).
- ❑ Reconsider other assistive devices, supports for classroom and extracurricular activities (i.e. C-print, give RM system microphone to teen, oral or sign interpreter, notetaker)
- ❑ Introduce the teen to vocational rehabilitation services and Post-secondary education programs network (PEPNet) www.nationaldeafcenter.org

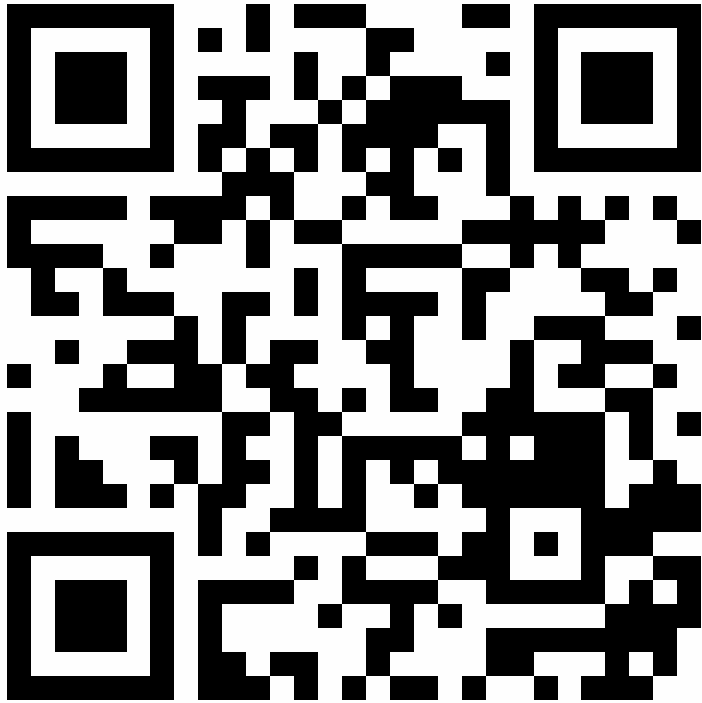


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THANK YOU!

Louise A. Montoya, MA, LPC, ACS, ACS

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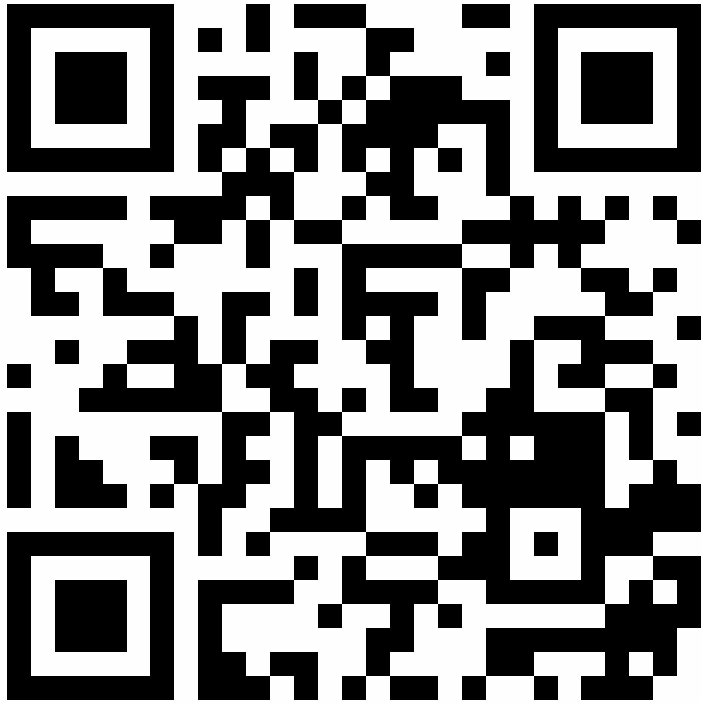
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