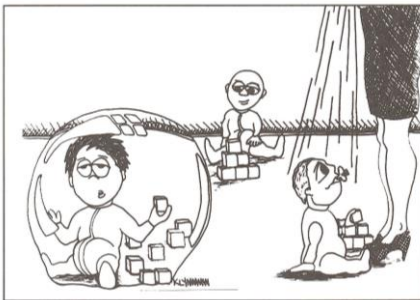


Welcoming the Child with Hearing Loss into Child Care

Children are children first, even when they have a disability – including the many who are regularly in a childcare setting. The Americans with Disabilities Act specifies that a child care center cannot choose to deny admission of a child with a disability if the center provides care to children of the same age and reasonable accommodations can be made. Many infants, toddlers, preschoolers, and school-age children with hearing loss attend child care centers, home daycare, or spend the days with family while Mom and Dad are working. The purpose of this information is to help the person providing child care to better understand the challenges and special needs of the child with hearing loss.

Most hear quite a lot, but not everything

Just because a child has a hearing loss doesn't mean the child is deaf. For every child that is completely deaf there are at least 10 children with partial hearing who eventually speak, develop language, and learn in school using their hearing rather than sign language.



The “Listening Bubble”

Hearing is a distance sense. It allows people who care for children to monitor child activities without having to really watch everything the children are doing (i.e., if two children are not getting along together). We can think of this as our listening bubble, being within ear-shot. The size of the bubble will change for quiet, whispers, or in noise. For people with typical hearing, communicating in an active child care setting may mean needing to be within 3-6 feet to really understand all of what is being said. If it is quiet, you may be able to listen in on conversations even when you are in an adjoining room preparing a snack. Our listening bubble depends on how much

noise there is in the background. A child that is hard of hearing will have a listening bubble that is much smaller than the listening bubble of a person with normal hearing. Just like people without hearing loss, these children will be better able to understand speech when it is quiet. In noise, they may get all or most meaning from your expression, gestures, or from parts of words they can hear.

How much hearing loss? What does that mean?

Names for the degree of hearing loss are deceiving. If you place your fingers firmly in your ears, you have just given yourself a borderline-normal, or minimal hearing loss. You will find that you can still hear with this amount of hearing loss but conversation sounds indistinct, muffled, and is hard to understand. Persons who wear hearing aids or cochlear implants rarely ever hear better than this level of hearing loss. Hearing devices DO NOT restore normal hearing like glasses restore normal vision. Children with a “mild” degree of hearing loss may have an 8 foot wide listening bubble in quiet that causes them to miss 25-40% of the speech signal. Even a small amount of background noise will make understanding difficult so that 50% or more of the content of what is said to the child is not heard clearly. A child with a moderate or severe hearing loss will have even a smaller listening bubble, sometimes only inches from the ear. Distance is critical to understanding and to learning new words.

Language is Caught, Not Taught!

Children learn language by listening to others using language in normal situations, rather than having someone teach them the meaning of words. We learn new names by hearing them said a few times as we interact with others. Because of the hearing loss, the child may not know most or all of the other children's names. They may seem “out of it” or disconnected from the group, even during a familiar, fun activity. For children with hearing loss, the ability to learn language is linked directly to how much hearing loss they have, and how long they have been wearing hearing aids



all day every day. Children whose hearing loss is discovered shortly after birth, who get hearing aids by the age of 6 months and wear them all waking hours can have normal language development, although they will still have difficulty understanding in background noise. In contrast, a child with hearing loss that is not diagnosed until age 2, even if it is a mild hearing loss, will typically have few words and very frustrated behavior.

Even children with hearing loss in only one ear will miss subtle ways in which some words are emphasized and cues for taking turns while socializing in normal play. Surprisingly, the subtle effects of hearing in only one ear accumulate so that these children are at 10 times the risk for school failure than children with normal hearing. Learning language and socialization starts very young, is very complex, and needs the best possible hearing in both ears.

How will we communicate him? How will he communicate with us?

The question of how well a child will be able to talk depends on his or her amount of hearing loss and how consistently he wears hearing devices.

**Talk, talk, talk.
Closer, watch me, quieter.**

Caregivers need to remember to talk, talk, talk and interact with the child as much as possible. Because children with hearing loss miss parts of words and conversations, they sometimes do not answer when asked a question. The typical response by adults and children when this happens is to drop the issue and not ask the child as many questions. We may not intend to talk to the child less, but it is a natural reaction to this miscommunication. Caregivers need to constantly resist this natural tendency. Instead, these breakdowns in communication should be taken as a strong signal – a red flare going up – that this child needs to have the talker move closer into their listening bubble.

Allow the child to see the talker's face, and if possible, decrease the background noise by moving away from the activity or reminding other children to keep the noise level low. If this reminder is heeded and these tactics are

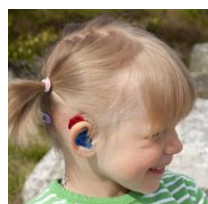
taught to the child's playmates, the listening and learning gap may never develop or can begin to close.

Why does he talk that way?

You can think of how clearly a child speaks as being a mirror of how clearly he hears the speech sounds. Sure, many children will have problems saying words with s, r, th, until they are in kindergarten or older. The child with hearing loss usually has these same speech problems and more. Typically the higher pitch consonants like s, f, th, t, and sh are omitted or mispronounced because the child does not hear them at all or only hears them when it is quiet and they are close to the person speaking. A child who received hearing aids after 6-12 months of age or who has not worn them every day for all waking hours will likely have speech that is more "different sounding" than the child who has heard their best consistently from infancy. Some people call this a "deaf accent." It is very difficult to develop normal speech sounds and voice quality unless optimal consistent hearing is provided from a young age.



Hearing aids need to become an all-day everyday part of the child



Hearing aids are marvelous little ear computers – like a high quality stereo and karaoke system built into a unit the size of your pinky

finger. As marvelous as they are, they only do one thing – make sounds louder. Hearing aids cannot be selective and only amplify people's voices - they make other sounds and noise louder too. They run on batteries that go dead after only 1-2 weeks. They have parts that wear out, that are outgrown, and that do not like any kind of moisture. It takes real commitment and belief in the value of the hearing aids to maintain them and keep them working.

For all their weaknesses, hearing aids make a huge difference in the listening, learning, and socializing abilities of a child who is hard of hearing. Children with a severe degree of hearing loss may be missing too much speech for the hearing aids to overcome. The missed sounds are

usually the high pitch consonants like s, f, th, t, p and sh. Like listening to a telephone conversation that is cutting in and out, the child must try to "put the pieces together" which is very hard if you are just learning language. Again, a caregiver must talk, talk, talk – especially about what the child likes - to help the child get the complete message and to learn that they can depend on their hearing and language ability to communicate.

He can hear without his hearing aids on. He doesn't really NEED them does he?

A person who wears glasses all of the time can still SEE when they take the glasses off, but they don't see CLEARLY. It takes much more concentration and effort (getting in direct light, getting just the right distance from the object or page before it comes into focus better, but even then it is fuzzy) to differentiate the details of what they want to see. A child who is hard of hearing can still typically HEAR something when he or she is not wearing hearing aids. If you were to call the child's name from a few feet away he may turn. If you are doing routine activities he may seem to really hear well, when in reality he may have heard part of what you said, and then guessed the rest based on routine and experience. But for the child to hear the speech sounds as CLEARLY as possible, wearing hearing devices during all waking hours is necessary.



CARE AND FEEDING OF HEARING AIDS

As the child's daily caregiver, and a very important person in that child's development of early skills, you need to understand more about the child's link to the hearing world - his hearing devices.

Is there insurance on hearing aids?

Hearing aids are VERY EXPENSIVE, typically costing between \$1500 - \$3000 or more for each ear. Hearing aids can get lost on play equipment, flushed down toilets, and get fed to the dog. Hearing aid insurance can be obtained at the time the hearing aids are purchased. Sometimes



homeowners insurance will partially cover lost or destroyed hearing aids. Find out how to handle lost or damaged hearing aids BEFORE something has a chance to happen. Better yet, be sure the young child is always wearing a hearing retention accessory, like Ear Gear or a cap, especially active toddlers! <http://successforkidswithhearingloss.com/hearing-aids-on>.

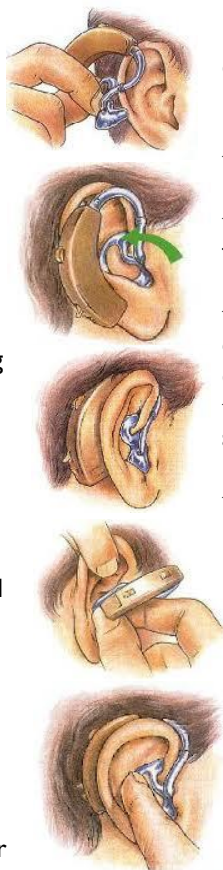
How often do the hearing aid batteries need to be changed?

These very expensive hearing aids can be of absolutely no benefit without working batteries. Insist on having at least 2 spare batteries at all times. Unlike watches, hearing aids require a lot of power and the batteries only last 1-2 weeks when used all waking hours every day. The batteries come with a small sticker that is on the top of each battery. Once the sticker is removed, air "activates" the battery and the lifetime of the battery starts. Until the sticker is removed batteries can be kept fresh for 2 years. Some parents put the stickers on the family calendar so they know what day the batteries were changed. Just like other batteries, it is possible to get a bad batch that does not last as long. And just like all batteries, they work only if placed in the hearing aid a certain way. Batteries have a smooth, shiny side and a dull, rounded side. The smooth shiny side always faces up when a battery is inserted in the compartment or the hearing aid will not be getting power.

As a caregiver it is vital that you understand that hearing aid **BATTERIES ARE POISONOUS** if swallowed. The extra batteries should be kept locked away from young children just as you would lock away medicine. For toddlers and young children it is vital that the hearing aids have locking battery drawers so that curious fingers won't open the battery compartment. A locking battery drawer usually requires a small screwdriver to open. They are available from the child's audiologist and you and the parent should each have one. If you think a child has swallowed a battery the situation should be treated just as you would if any other poison was ingested – call the doctor, poison center (**Poison Center 800-222-1222**) and/or get to the hospital emergency room. Thankfully there have been few serious incidents involving batteries being swallowed.

How do I help the child put on the hearing aids?

Most children who have worn hearing aids from infancy can put on their hearing aids properly by the time they are about 3-4 years old. Until then, they may need help from an adult. There is a certain knack to getting the earmold to fit in the child's ear. To place the earmold most easily, it is best to use a front-to-back screwing motion. First, grip the earmold between your thumb and forefinger as close as possible to the earmold



itself. Next, hold the earmold so that the top of the hearing aid is pointed toward the child's nose. Tuck the canal portion into the ear opening and rotate the earmold until the tip at the top fits into the fold of skin above the canal. This "locks" the earmold in place and keeps it from slipping out of the ear canal as the child moves his or her jaw while talking or chewing.

Children with hearing aids may go through periods when the aids whistle because they outgrow the earmold. Remember, earmolds are custom-made to fit each ear. As the child's head grows, so do the dimensions of their ears. Infants can require new earmolds to be made every month when they are first fit with hearing aids. It isn't uncommon for new earmolds to be needed every 3-4 months for toddlers and at least twice a year for preschoolers. It takes about 2 weeks for the earmolds to be custom-made once the impressions are taken. New earmolds fit very snugly and can be a challenge to insert. A little earmold gel, available from the audiologist, or a product like KY Jelly (not petroleum jelly) on the canal portion helps tremendously!

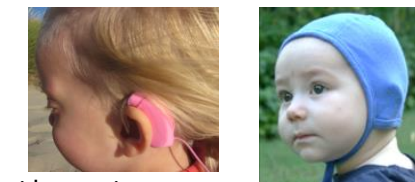
Never turn down the volume of the hearing aid as it reduces the amount of speech a child will hear. If the child is reacting to the level of the noise, it is the noise level that should be decreased.

How do I get the earmolds out of the child's ears?

It is important to remove the earmolds correctly, otherwise there may be some repair problems. First, flip the hearing aid from behind the child's ear so that is flopping loosely in front of the ear. Next, push the side of the child's ear towards his or her head and try to get a fingernail under the soft plastic earmold. Do not pull on the earmold tube. The tubes are typically glued in and will pull out of place if used to remove the earmolds. If the tube does come out, try to push it back into the earmold as firmly as possible. A call to the audiologist is needed, probably followed by a visit there to have the tube replaced.

What should I do when he keeps taking off the hearing aids?

If a child first starts wearing hearing aids as a toddler, he or she may try to take them off. Toddlers rarely like shoes on their feet, much less hearing aids in their ears! One key issue is to be sure that the child realizes that adults (you) are in control of putting the aids on and taking them off. This can be done by providing scheduled hearing aid "breaks" that you initiate (5-10 minutes). Replacing the hearing aids on the child is then paired with something pleasurable (Let's put on your hearing aids so we can hear the timer go off for the cookies!). Hearing



aid retention accessories can help to get through the periods when the child wants to take off the hearing devices. By age 2 ½ the child should begin to learn how to put on his hearing aids. BEFORE something has a chance to happen, be sure the young child is always wearing a hearing retention accessory, like Ear Gear or a cap, especially active toddlers!

(<http://successforkidswithhearingloss.com/hearing-aids-on> for more strategies).

ADULTS are in control of when hearing aids are taken out

How do I know if the hearing aids are working?

There are two ways to test hearing aids. The first is to have a stethoscope and actually listen to the hearing aids every day to be sure they are clearly and consistently amplifying sound the same way day-to-day. Mom or Dad or you should be doing this each morning. The second way will be to have the child help you, either by repeating sounds you say, or by raising his or her hand when you say the sounds. For the "6 sound test" you will stand behind the child and say: oo, ah, ee, sh, s, m. Each time the child should point to his ear or repeat the sound you made. Even 6 month olds can do this test if trained (Google search for videos using '6 month old two year ling sound test'). A child should be



able to repeat all of these sounds when you are 3 feet away and it is relatively

quiet. Develop the same attitude about doing the hearing aid check as you would if a child needed daily medication. Do the 6 sound test every day, especially if you think the child is not hearing you as well as usual. Children whose hearing aids are malfunctioning will often have difficulty picking up the s sound or telling the difference between oo and ee, or s and sh. Just saying the child's name and watching for him or her to turn is not a sensitive way to check if hearing aids are working properly. Done regularly, the 6 sound test takes 30 seconds or less with a well trained child and you can be much more confident of the results!

Are there times when the hearing aids shouldn't be worn?

Some children will take a nap with their hearing aids in their ears and the hearing aid power switch turned off. This is not a good idea for a young child who may choose to take apart the hearing aids, just when you thought he had fallen asleep! It helps to have a case or a "hearing aid house" kept in an out of the way place. Train the child to put the hearing aids in the hearing aid house if they are not in his ears.

Hearing aids hold up under most play activities with one exception – **WATER!** Although there are some moisture resistant hearing devices, most are not!



Playing in the sprinkler or pool shouldn't be done with hearing aids. If a drop of moisture enters the hearing aid microphone port the aid will not work until it dries out! If thoroughly drenched or if the aids are exposed to moisture often enough, internal parts will break down, causing costly repairs. Never try to dry the hearing aids with a hair dryer, oven, or microwave (parts can melt!!!). The audiologist can provide a Dri-aid pouch that has special crystals that absorb moisture. Children who produce a lot of sweat or live in damp, rainy climates, should use Ear Gear to protect the aids from moisture and have a Dri-aid pouch as a "hearing aid house" to remove moisture in the hearing aids while the child is sleeping.

GETTING ALONG WITH OTHERS

Children with hearing loss have a variety of different personalities, just like all children. And just like all children, making new friends and maintaining friendships is very important. A child with a hearing loss is at risk for being misunderstood and teased by other children.

How can I help the child be accepted by other children?

Children are curious. Most children are very interested in what hearing aids are and how they work. Talk to the children and describe what it is like to have a hearing loss. Even preschoolers can develop empathy for the challenges of listening with hearing aids. Also get across how "cool" the "ear computers" are; like a special cell phone just for hearing better but it can **ONLY** be used when someone has a hearing loss.

An activity for 4-6 year olds:

Gather the children in a circle. The child with the hearing loss can be there as the "expert" but doesn't have to participate in the activity. Have 8 or more toys or common items in the center of the circle. Have everyone put their fingers in their ears. While using a quiet voice, say each of the items and have the children repeat the names of the items. This is to show the size of their listening bubble. Then move farther away from the

circle. This time say a child's name and a common item (John please pick up the fire hat. Sue pick up the kitty please). Some children will do better than others on this task.

Now turn on a radio softly in the background, another voice talking is best. Ask a child to give one of the toys to another child (Joshua, get the kitty and give it to Sue). This maybe quite difficult for the children to do. Encourage the children to watch your face as you give them the direction. Have them ask you to repeat yourself, again and again. Ask what they think you should do? Turning off the radio and moving closer to the group should be suggestions that are made. Follow these suggestions until everyone is watching your face as you give a direction, it is quiet, and you are close. Have them



unplug their ears and talk about: (1) how difficult it was to understand all of what was said, (2) how frustrating it was to have to ask someone to repeat, (3) how much effort it takes to really listen, (4) how not understanding made you feel dumb, but you really weren't dumb – you just couldn't hear the direction. Add two or more sets of sound protection earmuffs to the dress-up area available for children's play. Talk frequently about the "listening bubble." If you have a difficult time hearing a child from across the room, explain that they weren't in your listening bubble so you don't know everything that they said.

Help the child with hearing aids develop assertiveness with peers. Encourage him or her to ask their playmates to be close (in the listening bubble), away from noise or to please be less noisy. These are lifelong skills that will help build self esteem. If teasing occurs use the sound protection earmuffs to encourage understanding and empathy.

Finally, help the child with hearing loss learn the "social ropes" of getting along. The subtle cues of turn taking during conversation, making eye contact, and listening to others and commenting on what they just said, are all valuable skills that are typically learned without teaching when heard consistently by a child with normal hearing.

Another area of difficulty is jokes and absurd humor. For example, the child with hearing loss may not understand why another 4 year old would think a slip of the tongue such as "I don't stink so"

rather than "I don't think so" would be funny. They may not hear the s or the th sound - completely missing the humor. Take the time to get close to the child, repeat the two phrases while he watches your face, and talk about the differences in meaning. Although this may seem minor, shared humor is a strong basis of feeling like part of the group.

Children with hearing loss are at great risk for being socially immature because it takes them so much longer to learn the social ropes. In the mean time, other children see them as different, not so much because of speech and hearing aids, but because they don't join in the group humor and social rules naturally. They also may have difficulty with idioms, such as "slow as molasses" or "talking a blue streak." Use idioms naturally, but take time to explain that saying it that way really means _____, but it is just another way to say it.

Use rich vocabulary, like "shades of purple," but take the time to explain that shades of purple means there are different kinds of colors that are almost the same and are all a kind of purple. Each of the shades has a different name too. Once a child with hearing loss becomes aware that he or she can learn these new words, they will be more confident language users and learn to use context to figure out new words more confidently.



It takes a village to raise any child

The child with hearing loss is an eager learner, a language sponge, and has his or her own little personality, just like all children. Constantly remembering "talk, talk, talk – closer, watch me, quieter" will help the child with hearing loss develop language as normally as possible. Intervening in social situations, especially when the child is young will go a long way to develop healthy self-esteem and social savvy. You are in a partnership with the child's family and community members to raise this special individual to be all that he or she can be. What an enriching and fulfilling experience it can be for you and the child with hearing loss!

© 2001 revised 2014.. Karen L. Anderson, PhD is Director of Supporting Success for Children with Hearing Loss that provides online resources for professionals and parents of children who are deaf or hard of hearing.

<http://successforkidswithhearingloss.com>