

Getting Along & Feelings of Fitting In: Prerequisites for Advocacy

Karen L. Anderson, PhD Summer Institute – Day 2 Morning DHH School-Age

Objectives of this session:

- Discuss social skill expectations and strategies for improvement and tracking social performance.
- Discuss elements contributing to communication confidence and strategies to promote early development of communication confidence.
- Discuss materials and strategies to address student feelings of fitting into the mainstream classroom.

Percent of total student population with hearing loss by number at each school: 19% are the only DHH student in their school, 27% have 2-3 students at the same school, 41% have a cluster of more than 3 DHH students at the same school. Mitchell, R., & Karchmer, M. (2006). Demographics of deaf education: more students in more places. *American Annals Of The Deaf*, 151(2), 95-104.

Hearing Aid Data Logging Study Findings (Phonak 2010): 8 months – almost 5000 children (infants through age 18). Findings: 40% of children use their hearing aids less than 4 hours per day; only 10% achieve full time hearing aid wear (12-14 hours/day). Average wear time for age 0-4 years: 5 hours (2 in noise); 5-8 years: 5.5 hours and age 9-18: 6 hours (both had 3 hours in noise).

Hearing aid wear for ALL waking hours - Provides consistent auditory input; 'Hearing the child (and family) can count on'; 'Bond' with the hearing aids; Concerns about loss, damage CAN be addressed (Ear Gear, clips, hats, etc).

What do we know about social competence and children with HL? Children with hearing loss were found to make more social initiations in a regular preschool program than a SpEd preschool setting. Weisel, Most, & Efron, (2005). Initiations of Social Interactions by Young Hearing Impaired Preschoolers. *Journal of Deaf Studies and Deaf Education*. 10:2, 161-170.

- Social competence with typically hearing peers was greater for a single DHH child integrated into a standard preschool classroom and lower for children placed with a group of DHH. Social competence with DHH peers was greater in a classroom with a small group of DHH children integrated into a standard preschool. Most, Ingber, and Heled-Ariam, (2012). Social Competence, Sense of Loneliness, and Speech Intelligibility of Young Children with Hearing Loss in Individual Inclusion and Group Inclusion. *Journal of Deaf Studies and Deaf Education*. 17:2, 259-272.
- Poorer speech intelligibility was related to a higher perceived sense of loneliness by the single DHH children in a standard preschool. Authors recommended emphasis on speech intelligibility when single students with hearing loss are placed in a standard preschool setting. Most, Ingber, and Heled-Ariam, (2012). Social Competence, Sense of Loneliness, and Speech Intelligibility of Young Children with Hearing Loss in Individual Inclusion and Group Inclusion. *Journal of Deaf Studies and Deaf Education*. 17:2, 259-272.
- Adolescents: Spoken English increased class participation and emotional security with hearing peers. Mainstreamed students were better adjusted with typically hearing students. Partially integrated students were better adjusted with DHH peers. Segregated students had lowest level of social adjustment. Perceived social competence for mainstreamed students was predicted by adjustment with both deaf and hearing peers. Musselman, Mootital, & MacKay (1996). The Social Adjustment of Deaf Adolescents in Segregated, Partially Integrated, and Mainstreamed Settings. *Journal of Deaf Studies and Deaf Education*. 1:1 Winter, 57-62.

Social language: Being 'Cool': Students want to be a part of the group but do not know how to break in, often because they do not understand the current vocabulary. Using the colloquial (hip) terms is important for acceptance within the peer group. This language is learned through exposure too. Teen slang – highlight as vocabulary. Test Your Teen Slang Knowledge -

<http://www.goodhousekeeping.com/family/parenting-tips/test-teen-slang-quiz#qtop>

How do we benefit from social groups? Element of identity – who you believe you are is defined by what groups you are a member of (family, grade, class); adds to our self-esteem. Cooperation – by being in a group we learn to cooperate and work in teams within the group, all of which is facilitated by language use. Developing friendships, varied levels of relationships. Learning from others, pleasure from helping others, meaningfully empathizing with others. All contribute to more positive feelings about school and eagerness to engage in classroom activities. **Early rejection by peers is associated with persistent academic & social difficulties**

Social skills include:

- Rules of conversation
- Responding to social cues
- Saying hello and goodbye
- Cooperating by taking turns
- Responding appropriately to questions
- Being sensitive to the feelings of others
- Making eye contact
- Smiling
- Being polite
- Social Skill Expectations
- Problem solving
- Supporting others by giving them attention and helping
- Having interesting things to say
- Reinforcing and acknowledging other's comments
- Controlling aggression and other inappropriate behaviors

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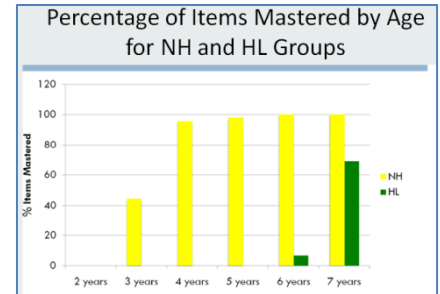
Socialization – more than making friends. In his theory of cognitive socialization, Vygotsky believed that cognitive development and learning was dependent on sharing through language and continual cooperation among learners. Communication problems and differences in modes of communication often adversely impact the ability of students who are deaf or hard of hearing to develop friendships (Luckner, Schauermaun & Robb, 1994).

Pragmatics = Social Language: changing language according to the needs of a listener or situation; following rules for conversation or storytelling. The most popular standardized oral language test batteries for school-age children do NOT include norm-referenced, reliable and valid pragmatics measures. CELF-4 provides an *informal* measure. Comprehensive Assmt of Spoken Language (CASL) has a standard measure but it is of knowledge of social language, not actual use.

Why are pragmatics especially important? Pragmatic difficulties increase risk for social and emotional deficits (Ketelaars, et. al 2009) and for victimization (Contii-Ramsden & Botting, 2004). Children who are deaf or hard of hearing use more directive and less informative communicative functions than their normally hearing age-matched peers (Day, 1986; Nicholas, 2000; Nicholas & Geers, 1997)

New information on Pragmatics: Study by Christi Yoshinaga-Itano et al., supported by US Dept of Education (EHDI conference, 2012) Administered The Pragmatic Checklist (Goberis, 1999) to 109 children with normal hearing; 126 children with hearing loss of all degrees. All children cognitively normal, English-speaking. 45 items completed by parents who judged if skills are: Not present; Preverbal; 1-3 words; Complex language. 45 Pragmatics questions on the PRAGMATICS CHECKLIST. Research found children who are deaf or hard of hearing are significantly older when demonstrating skill with complex language than their normal hearing peers. Children in age groups were determined to have “mastered” a skill with use of complex language when 75% of age group achieved skill. Children with normal hearing: **44%** (20 of 45) of the items were mastered using complex language by **3 years of age**; **95.5%** (43 of 45) of the items by **4 years of age**; **98%** by 5 years; **100%** by 6 years. Children with hearing loss: **6.6%** (3 of 45) of the items were mastered using complex language by **3 years of age**; **69%** (31 of 45) of the items by **7 years of age**.

http://ehdimeeting.org/2012/Users/Uploads/pdfs/sps_17ChristineYoshinaga-Itano.pdf



Items not Mastered by age 7

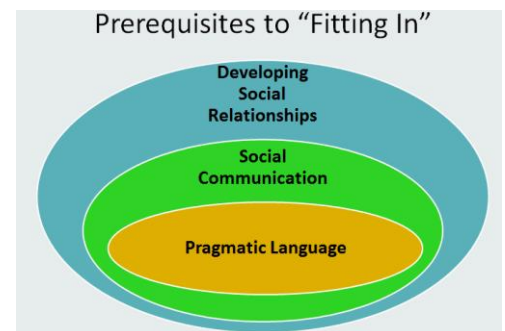
- Provides information on request
- Repairs incomplete sentences
- Ends conversations
- Interjects
- Apologies
- Request clarification
- Makes promises
- Ask questions to problem solve
- Asks questions to make predictions
- Retells a story
- Tells 4-6 picture story in right order
- Creates original story
- Explains relationships between objects-action-situations
- Compares and contrasts
- Identifies Feelings

We need to teach children with hearing loss vocabulary for varying emotions beyond happy, mad, sad! What the emotion looks like on the face. What the emotion and facial expression or posture tell us about how others are feeling. Or how others are pleased/displeased with our behavior.

Think a minute..... What emotions/emotional situations or social situations have you noticed are issues for your students? **Quick share**

Interpreting the Results of the Pragmatics Checklist

- Checklist is intended for age 3-5 but for DHH it could be used through age 7.
- Since typically developing children are using complex language on 95% of the items by the age of 4, we need to pay particular attention to any item in which the child is NOT using complex language beyond the age of 3.
- Normative results on Interpretation form can establish existence of delays.
- If you haven't assessed pragmatics with students who are DHH you have overlooked important areas of need!



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Turn-and-Talk

A student with hearing aids is starting kindergarten. He seems very active and is able to communicate with other kids. The language testing you have indicates that he is within the average range for receptive/expressive language. You've requested that the family complete the Starting School LIFE (page 1, with the CHILD) and THE PRAGMATICS CHECKLIST. Results: Parents score child on the Pragmatics Checklist as using complex language in 36 of the 45 skill areas. He uses 1-3 words on #: 6, 7, 10, 15, 17, 19, 21, 22, 25. Refer to *THE PRAGMATICS CHECKLIST INTERPRETATION*. How would you use this information with the team to discuss eligibility?

Which type of 'social'? Social cognition – being able to read feedback from people's faces to help you know if you should regulate your behavior. Social skills – doing things that are socially acceptable, being a friend to others, etc. Tell the difference in child behavior through observation during social interaction. Children with hearing loss are typically delayed in BOTH skill areas. Different skill sets needed for each area.

- ▶ Children who are deaf depend more heavily on spatial cues than temporal-sequencing. Consequence: deaf adolescents were found to rely on facial expressions and contextual cues to gain information about what was happening. Hearing students needed auditory cues as well as the visual information to gain understanding of the speaker's intent.

HEARING + SEEING TO ACCESS CUES Rhys-Jones & Ellis, (2000). Theory of Mind: Deaf and Hearing Children's Comprehension of Picture Stories and Judgments of Social Situations. *Journal of Deaf Studies and Deaf Education*.

Your turn to share....

- What materials do you use to help students learn about emotions and the posture + expression + eye contact = feeling connection?

Questions to ask about each student: How does the student compare with class/age peers in his/her ability to: 1. Apologize; 2. Negotiate with peers; 3. Avoid problems with others; 4. Face up to the influence of a group; 5. Cooperate/share in a group. Children with hearing loss typically have acquisition deficits versus performance deficits in social skills. *Immaturity!*

- Social Skills Checklists
- Social Skills Rating System (PS – gr 12, 5 scales, \$)
- Self-Awareness Assessment (gr 9-12)
- Child & Family Profile (parents)
- Identification of Social Difficulties (parents)
- Teacher Impression Scale (teacher observation)
- Components of Social Competence Checklist (recording during observation)
- Self-concept checklist for adolescents = Think About It! Quiz <https://successforkidswithhearingloss.com/self-concept-adolescents>

All from Self-Awareness Assessment. 2002 by Hammill Institute on Disabilities. In Promoting Social Competence

Pragmatic Language Observation Scale

- Teacher rating scale
- Items specific to spoken language behaviors seen in classrooms
- 5-point scale; 5-10 min.
- 25 items, norm-referenced; ages 8+
- Normed on 994 kids
- Correlates well with oral language test results – can be used to augment this information

Language Use Inventory – ECh Only

- Standardized parent-report questionnaire
- Assesses pragmatic language development
- Ages 18-47 months; Assessment – not screening
- 14 subscales assess communication use in various settings and functions
- Normed on 3500+ children

Social/Pragmatic skills training is needed Hearing students have been found to be more socially mature than students with hearing loss in public schools*Children with hearing loss especially need training. They cannot/do not pick up socially appropriate behavior as well/at the same rate as hearing peers. They miss out on environmental cues that inform hearing children and help them regulate their behavior (incidental learning). Kluwin, Stinson, Colarossi, 2002, Social Processes and Outcomes of In-School Contact Between Deaf and Hearing Peers. *Journal of Deaf Studies and Deaf Education*.

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Intervention Strategies to Improve Social Communication/Pragmatics

Refer to The Missing Link handout (after Pragmatics Checklist). Have the child give directions to others. Describe a sequence of making something. Learning how to play a game. Teach perspective taking. Teach about choices and consequences. Play 20 questions. Children with typical hearing learn how to play this game without being taught. DHH often need to be taught. Older kids – encourage storytelling!

How can we shape social skills? MODEL – Use good social skills yourself, role-play with the child, provide the words for what he’s feeling. TEACH – Explain what the child should do, be aware of, wait for, think about – don’t assume he knows! WATCH AND SUPPORT: Reinforce good social behaviors – be specific about what s/he did well!

What specifically do we teach? Cognitive problem solving: Train students to ask themselves questions when confronted with a problem. Interpersonal problem solving: Train students to distinguish and identify different emotions (use drawings, photos, facial expressions). Exploring possible causes of different feelings: Train students to propose alternative solutions to interpersonal problems; employ consequential thinking. Emphasize attention, self-control, self-instruction. Evaluate possible solutions to interpersonal problems. Suarez (2000). Promoting Social Competence in Deaf Students: Effects of an Intervention Program

There is value in teaching problem solving skills BUT it has little impact on everyday social behavior.

The Need to Focus on Prosocial Skills

Cooperation

- Finishes assignments
- Uses time appropriately
- Attends to instruction
- Easily makes transitions
- Produces correct work
- Ignores peer distractions
- Follows directions
- Puts work away
- Uses free time acceptably
- Keeps desk clean

Self-Control

- Controls temper with peers
- Compromises in conflict
- Responds appropriate when hit (harassed)
- **Responds to teasing appropriately**
- Controls temper with adults
- Receives criticism well
- Accepts peer’s ideas
- **Responds to peer pressure**

Assertion

- **Initiates conversations**
- **Introduces self**
- Questions unfair rules
- **Invites others to join**
- Tells when treated unfairly
- **Makes friends**
- **Gives compliments to peers**
- **Says nice things about self**
- Volunteers to help peers
- Joins ongoing activity
- Techniques

Direct Teaching:

- Instruction in learning a new target behavior.
- Define and explain the topic.
- Demonstrate; provide opportunities to practice.
- Give feedback about the performance.

Address: -discerning a speaker’s true meaning/intention; -knowing when to speak, listen, maintaining appropriate eye contact; taking the perspective of the listener; don’t use just declarative statements: request, comment, describe, clarify, share information, disagree, express beliefs; changing what you say based on who the speaker is (sibling, teacher, principal, grandparent, etc.

Techniques: Role-play - Provides the structure necessary to decrease anxiety in conversational speech. Promotes appropriate use of language in interpersonal language. Examples: Being teased about hearing aids/FM/speech, etc. Feeling left out (how to make friends). Be sure to switch roles so you can demonstrate!

Child Role-Play Measure <http://www.childandfamilypolicy.duke.edu/pdfs/TOPS-Child-Role-Play-Measure.pdf> or new reformatted scorable version will be found on *Supporting Success* in the fall. Provides 15 scenarios; developed for children with low social competence. For ages 7-11. Can be done with 1:1 with teacher; better with 2-3 students. Response key is great at providing a hierarchy of responses at different levels of appropriateness.

If you had to focus on just a couple of things....Research: Children with language impairment learned to increase the production of:

- Validating comments (That’s cool!); Making positive statements (I love your shoes!); Asking peers questions about themselves (Do you like Iron Man?). Teachers reported improvement in sociable behavior. Fujiki et al, (2013). A social communication intervention to increase validating comments by children with language impairment. *Language, Speech, Hearing Services in Schools*, Vol 44(3), pp 3-19

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In Summary, to improve social competence: Specifically teach how to recognize and interpret different emotional states in others; Develop pragmatic language skills; Actively address social skill development.

Belonging in the Classroom: Addressing Emotional Issues Related to having a Hearing Loss

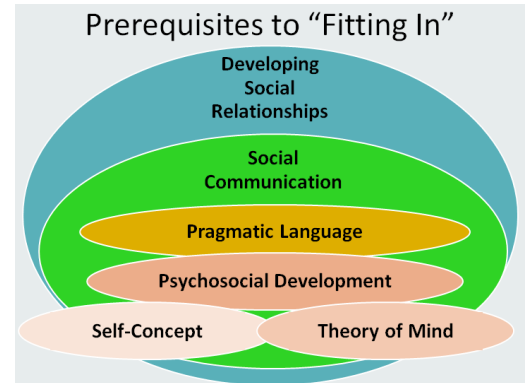
Theory of Mind

- Awareness that a situation may not look the same to another person AND
- The ability to view the scene from someone else’s viewpoint (take another person’s perspective)
- Consider other’s feelings before your own
- Thinking about consequences of actions

Critical for READING COMPREHENSION SOCIALIZATION

Behavior that requires TOM

- Intentionally communicating with others
- Communication repair
- Teaching others
- Intentionally persuading others
- Intentionally deceiving others
- Building shared plans and goals



- Intentionally sharing a focus or topic of attention
- Pretending

TOM & Children with Hearing Loss

Even when they have good language skills, many children who are DHH lag several years behind hearing children in their **ability to grasp the beliefs of others** ('walk in another person’s shoes). Research with 12 year olds comparing NH to DHH (deaf). DHH: TOM skills similar to age 6 years. Correlation between language level and understanding false beliefs. Due to diminished exposure to interactive conversations from a young age. For an overview go to: <http://jidsde.oxfordjournals.org/content/1/4/217.2.full.pdf>

TOM is Developmental: 3 levels of TOM refer to The Theory of Mind Test information

- Assessment: The Theory of Mind (TOM) Test; 1999; developed in the Netherlands; 9 different picture and/or story items
- Questions for each item, identified as TOM 1, 2, or 3. Ages 5-12, takes about a half-hour; Compare to typically developing children.
- **Enhance Theory of Mind via:**
- Talking about misunderstandings; Why jokes are funny; Engaging in rich pretend play; Talking about people’s thoughts, wants, feelings and WHY they act the way they do; Reading stories with surprises, mistakes, secrets; invite children to see things from a different point of view. **Vocabulary:** Emotions! Thinking words (suppose, think, imagine...) <http://www.child-encyclopedia.com/documents/Astington-EdwardANGxp.pdf>

Turn-and-Talk

- Have you intentionally been working to develop your students theory of mind?
- With the information just presented, what do you think you may do different?

What is self-concept? Self-Concept is how children ‘feel about themselves’. Do I like myself? Do I trust myself? Do I believe I can accomplish what I started to do? A filtering and coloring mechanism for children’s daily experiences. Self-Concept is Learned. Self-Concept is Organized. Self-concept is Dynamic.

Effects of self-concept:

- A child’s achievement
- A child’s relationship with others, especially making friends and getting along with others
- Quality of family life, members who support one another rather than criticizing. This helps them feel close to each other, more likely to communicate, leads to higher satisfaction

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Developing Self-Concept

Preschool (age 3-4)

- *Proud to demonstrate skills and share 'who they are'.* Celebrate what he can do with immediate reinforcement (visual “thumbs up” and verbal “great job!”). Self-worth is developed as a result of interactions with those who are important to him. Early positive messages can set a positive self-concept for life.

Preschool (age 5-6)

- *Will they like me?* Need to be able to “talk out” their feelings and problems. Working to see how they fit into the group – defining themselves as a member. Self-concept grows into self-respect; learning he is not a lonely fish in a big pool. He is one of many different fish working together to create a harmoniously flowing sea of friends.

4 Ways to Encourage Positive Self-Concept

1. Help children set reasonable goals and evaluate realistically

- Help child set the goal for himself; provide choices to help them decide on a goal
- Build on areas of strength; set reasonable goals that are reachable improvements
- Make sure the child can see day-to-day progress and how they are progressing toward their goal
 - Small steps toward goal (charts, stickers)
 - Teach them to compare their performance to their prior performance, not how others did

2. Encourage children to praise themselves

- **Self-praise is AT THE CENTER of self-concept**
- When YOU praise children you make them dependent on you and your judgments
- Help him to realistically look at what he did and make his own judgment on value
- Use statements like “I bet you feel good about doing such a good job picking up your toys”
- Help them distinguish between bragging and self-praise

3. Adults, praise yourselves!

- **Children learn to praise by imitating adults**
- By praising yourself you are showing the child how to feel good about himself and that it’s all right to self-praise.
- Say positive things out loud, so you provide a positive role model for your children
- Tell yourself EXACTLY what you did well and what was good about it. “I really feel good about the colors I used in my picture.”
- Begin with specific acts (making dessert) and move on to more personal qualities (seeing the happy side of challenges)
- Praising yourself: Modeling Self-Praise Not Bragging

Bragging

- Compares behavior to others.
- Uses superlatives (like best, fastest, most understanding) in comparison to others.
- Tends to belittle others, or bestow praise on one's self at the expense of others.
- Sounds improbable, easy to argue with.
- Listener may not take statements seriously.
- Easy to be phony.

Examples:

- * I am the fastest runner on the block.
- * I make a better chocolate cake than anyone I know.

Self-Praise

- Compares behavior to own past performance.
- Uses comparatives (like better, faster, more understanding) in evaluating against one's own past behavior.
- Tends to enhance others or be mutually supportive.
- Sounds believable. Stresses speaker's feelings, therefore, difficult to argue with.
- Listener takes statements seriously, shares feelings with speaker.
- Requires self-disclosure.

Examples:

- *I can run a mile a whole minute faster this year than last year.
- *I feel very confident about my chocolate just as I like it. cake. It usually turns out moist and light--just as I like it. just as I like it.

4. Teach children to praise others **Praise multiplies**

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Psychosocial Development

- Each stage has 2 forces that cause a psychosocial conflict. An individual needs to reconcile these forces to go on to the next stage, but mastery is not required. The stages: 1. **Hopes:** Trust vs. Mistrust (Oral-sensory, Birth-2 years); 2. **Will:** Autonomy vs. Shame & Doubt (Muscular-Anal, 2-4 years); 3. **Purpose:** Initiative vs. Guilt (Locomotor-Genital, Preschool, 4-5 years); 4. **Competence:** Industry vs. Inferiority (Latency, 5-12 years); 5. **Fidelity:** Identity vs. Role Confusion (Adolescence, 13-19 years) http://en.wikipedia.org/wiki/Erikson's_stages_of_psychosocial_development

Age 0-1: Trust vs Mistrust: Inconsistency teaches that the world is undependable, unpredictable, dangerous. Need to 'bond' with hearing aids now. Consistent, effective communication at home

Age 2-3: Seeking autonomy: develop a sense of being able to handle many problems on their own. Support independence (Me do!). Expect them to 'speak for themselves'. Work toward being able to put on devices.

Age 4-6: Begin completing tasks for a purpose and may feel guilt or frustration if they do not produce the desired result. Sense of judgment develops. Typically Theory of Mind is developed within this period and child has the perspective to recognize that not everyone wears hearing technology and misses information due to hearing loss.

Acknowledging Difference: There will be a time when the child realizes not everyone is wearing hearing aids or CI. In preschool this difference often doesn't matter at their stage of social awareness. If the child is mainstreamed without any other children with hearing devices at the school, then this may feel like a big difference. For children with a strong self-concept and an identity that includes recognizing that they have a hearing loss- it may not be a big deal.

Age 7-11: Eager to complete tasks and accomplish more complex skills. If they are not meeting adult/class expectations they may feel inferior ("I can't"). If a child feels inferior they may procrastinate, struggle to start work or give up, knowing "it won't be good."

Age 12-19: Concerned with how they appear and trying to reconcile who they think they are with who they believe society/their group wants them to be. When the adolescent has balanced the perspective of "What have I got?" with "What am I going to do with it?" he has established his identity. Wanting to be 'normal' is...normal!

The stages of facing loss

- **Denial** – I don't need hearing aids
- **Anger** – I hate my hearing aids, hate people coming around because I have a hearing loss
- **Bargaining** – If I pretend I don't have a hearing loss and hide my hearing aids then I will be the same as my peers
- **Depression** – Just leave me alone

Sometimes students who continue to use devices go through depression in response to feeling left out by their peer group or "weird", discontinuing use is a strategy to resolve these issues. **Stages are an emotional response that isn't rectified by rational arguments. Students KNOW they do better with their devices.**

PREVENTION IS THE KEY

- Practice responses to "What are those things?" Ongoing conversations from school entry!!! Empower students – they are the "boss of their hearing loss" High expectations for responsibility/advocacy.

Self -identity and having a hearing loss

- Study of hard of hearing teens ages 11, 13, 15 compared to peers. 56% did not identify themselves as having a disability. May identify themselves as having 'a hearing problem' but not disability. Those who identify themselves as having a hearing disability are more likely to report feeling lonely or alone than those who do not self-identify. There is a necessity for individuals who are hard of hearing to establish an identity distinct from those who are culturally Deaf but also accommodates their particular needs. Research supports the need for networks to promote the identity of mainstreamed young people with hearing loss Kent, B. (2003). Identity issues for hard of hearing adolescents aged 11, 13 and 15 in mainstream setting. Journal of Deaf Studies and Deaf Education 8(3), 315-324

Develop a sense of 'group'

- Bring students together to talk about their hearing loss, challenges and feelings. They can 'teach' each other about their hearing loss and share/support challenges with peers/school. Ask "What do you think other kids with hearing aids do/feel/try?" Get questions written down, share them with older students and bring replies back to younger students. Talk about how other students you serve are challenged, how they handle it.

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If a student identifies himself as part of a group of individuals with similar 'differences' who are managing to do okay in MS/HS then there is less emotional need to be like everybody else in the immediate peer group. The student can identify with the 'doing okay and feeling good about themselves' DHH group. Real connections with older DHH students are important in this transition! Also critical to involve non-DHH friends as the student develops an understanding of who they are in their peer group.

Have conversations that support growth in identity by better understanding "What have I got?" with "What am I going to do with it?"

Active conversations about perceptions and feelings!

- Discussion suggestion: Your tricky hearing loss = Pretend your hearing loss is in the chair next to you: How big is it? What does it look like? If it were someone you knew, how would you describe this person? Will it ever go away? A great way to develop insights and for students to view the perceptions of other students with hearing loss!

Empowerment! Being the "boss of your hearing loss"

- Adolescents are more likely to reject if they feel something is "being done to them" rather than being an active participant
- Students should assume the role of 'direct consumer' with the audiologist, asking questions, making choices, etc.; EARLY. Color of earmolds/hearing aid case – 1st step
- Make connections between computers, fancy cell phones and hearing devices – learning how technology works is cool!
- Cool ways to answer questions about hearing devices – practice!
- Start talking about middle school in Gr 4. "When kids get to middle school they want to be like everyone else. Why could that be hard for you?" "Kids in middle school and high school also want to be seen as special individuals who are cool. How do you see yourself as special?" "Do you believe other kids think you are cool?" "What do you think 'cool' is?" This is a crucial discussion for navigating "What have I got?" and "What does society/the group want me to be?"

HOW TO BE COOL! Developed by kids! Here is a sample: Don't care so much what others think of you. Be aware of how you come off to others. Don't be afraid of being different, whether that means standing up for yourself, defending someone else, or taking interest in something that no one else does. Be a good conversationalist. Feel good about yourself. Speak up. Be yourself.

Conversations & Connections

If a student identifies himself as part of a group of individuals with similar 'differences' who are managing to do okay in MS/HS then there is less emotional need to be like everybody else in the immediate peer group. Student can identify with the '*doing okay and feeling good about themselves*' DHH group. Real connections with older DHH students are important in this transition! Also critical to involve non-DHH friends as the student develops an understanding of who they are in their peer group. Support growth in identity by understanding "What have I got?" & "What am I going to do with it?"

Sharing - What do you do to get students connected? Similar ages / gender? A bit older (role model)?

Aim to connect on emotional issues, especially grades 4-6

- Have conversations with tweens that support growth in identity by better understanding "What have I got?" with "What am I going to do with it?" Continue to integrate 'cool' values into your **discussions with the student**. "When you get to middle school it might be harder for you when you want to be like everybody else. "Your hearing friends may see you differently than you see yourself. Let's see what a friend says."

SAC-A and SOAC-A at <https://successforkidswithhearingloss.com/tests/tests-by-other-authors>

Teen Brain ≠ Adult Brain: Teens have **different decision-making strategies** than adults - **linked to brain anatomy** and physiology different from adults. Adults cannot force teens to make adult-like decisions. **Emotional responses often override reason** Behavioral contracts to wear amplification may be successful in the short term, but **does not help the teen work through feelings of being different** and reconciling how to belong, be liked, find their place in the world and ultimately make appropriate management decisions regarding their hearing loss.

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Karen L. Anderson, PhD Summer Institute – Day 2 Morning DHH School-Age

Students often tell us that they feel more confident in the ability to hear and understand their teachers than they do their peers.

Common themes expressed SAC-A:

1. **Inherent isolation** of hearing loss: feeling left out of conversations; others just can't understand what it's like to have a hearing loss; futility of talking about it with friends as frustration still occurs
2. **Identity and self-concept**: difficulty being the only one in school with hearing devices; preference for being with other students with hearing loss and support staff because they understand; challenges finding a social niche; easier to be viewed as deaf but missing information sometimes rather than hearing 'perfectly'
3. **Cosmetics** and other hearing device issues: hate having to explain to people; seen as being different
4. **Problem solving**: classroom can be easier than social situations; need for assistive devices; challenge of rapid speech, whispering, person turning away, background noise
5. **Self-acceptance**: blaming others for communication difficulties; desire for normal hearing; downplaying need for accommodations when challenged by teachers ("just forget it"); something just to deal with; being unique.

Talk about these issues; brainstorm ways to deal; provide language and practice!!!

- Supporting the student's sense of belonging can include...
- Strong theory of mind, self-concept, pragmatics!
- Acknowledging psychosocial development
- Recognizing possible feelings of loss
- Involving the student in a group of successful students with hearing loss
- Discussing perceptions and feelings of having a hearing loss; brainstorming challenges
 - Student alone
 - With DHH peers
 - With hearing peers

Case Study: Sally and Socialization (age 12)

- **Language**: expressive 1.5-2 years delayed; receptive 1-1.5 years delayed;
- **DHH peers**: One other peer (boy) with lesser degree of hearing loss in same grade, but not same class. Only 1 friend who knows she has hearing aids. Speaks with few other peers.
- Psychosocial development – issues?
- Assessment?
 - Pragmatics
 - Social interactions
 - Self-concept
 - Theory of mind