

## Online Session 6

Aural Hab:  
Child



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Supporting Success for Children with  
Hearing Loss

### This Week's Learning Objectives You will be able to ...

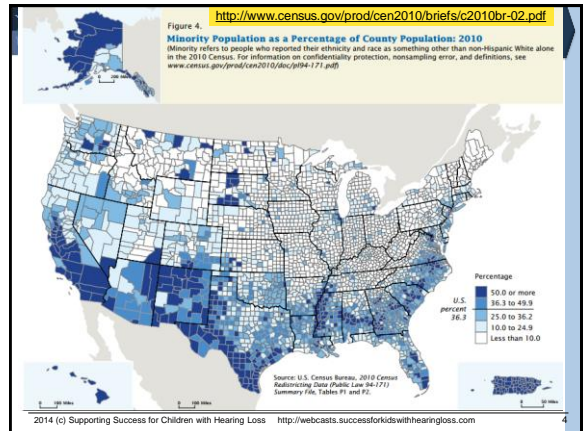
- 1 Describe the impact of multicultural influences on working with families of children with hearing loss
- 2 Describe strategies for working with families of children with hearing loss
- 3 Describe appropriate expectations for and use of language translators and sign language interpreters

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### The Future .... Is Now

- Of the households that have a child with hearing loss, 11.5% of families are Spanish speaking, 2.8% speak other languages, and 9.5% of families speak multiple languages (Gallaudet , 2003)
- More than half of the growth in US population from 2000-2010 was due to increase in Hispanic population
- The Asian population grew faster than any other major race group between 2000 and 2010
- Race in 2010 - 64% percent of the population = White
- TX, CA, DC, HI, NM – more ethnic than white persons
- About 50% ethnic –AZ, FL, GA, MD, NV
- In 1/10 of all counties, ethnic population is >50%
- 'Children of color' are the fastest growing segment of US

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### Shifts in Viewpoint

20<sup>th</sup> century = melting pot of cultures make up America  
21<sup>st</sup> century = mosaic or plurality of cultures participate in America. No longer is 'becoming Americanized' a core value



Focus on retaining distinctive cultural values and practices

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### The Future .... Is Now


2011 census survey

- Percent foreign-born = 13%
- Language other than English spoken at home = 20%
- High school graduate or higher = 85%
- Median household income (2011) = \$53,000
- Persons below poverty level = 14%
- The poverty rate was nearly double for African Americans (24%) and Hispanic Americans (22%) (2003)
- Poverty is a particularly serious problem in single-parent families; poverty rate for children under age 6 is 49% (2002)

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## Poverty

- Living in poverty makes children more vulnerable to hearing loss and associated disabilities, as they often face inadequate medical care, higher rates of recurrent serous otitis media, lead poisoning, and poor nutrition.
- The needs of low-income caregivers are great, as their parenting behaviors are mediated by their psychological well-being and literacy.
- Poverty may also limit children's access to stimulating learning environments.
- A low-income family, struggling to provide basic necessities, may have little time or resources to devote to advocating on behalf of their child or teaching their child how to listen, speak, and read.



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## Family Structure

- 25+% of children are raised in single parent homes
- 3+% of children are adopted (often from outside of US)
- In general, less stable home dynamics becoming more common in the US, especially among single-parent and ethnic households
- Having a child with a disability increases risk of divorce

**Due to the preference of many ethnic groups for consanguineous marriages and the smaller pool of available partners, children of color often exhibit a higher rate of inherited disabilities, including hearing loss.**

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## Moms who are Kids

Figure 3. Birth rates for women aged 15–19, by race and Hispanic origin: United States, 1991, 2005, 2007, and 2010

Group	1991	2005	2007	2010
All races	61.8	39.7	41.5	34.4
Non-Hispanic white	43.4	28.0	27.2	23.5
Non-Hispanic black	118.2	59.4	62.0	51.5
Hispanic	104.6	76.5	75.3	55.7
American Indian or Alaska Native	84.1	46.0	49.4	38.7
Asian or Pacific Islander	27.3	15.4	14.8	10.9

NOTE: Data for 2010 are preliminary.  
SOURCE: CDC/NCHS, National Vital Statistics System. <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>

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## Increasing numbers

- The high rate of immigration from developing countries, where hearing loss is more prevalent, is leading to a growing number of children with special needs that do not share the same culture of most auditory-based clinicians.
- In order to meet the challenges of a multicultural society, professionals working with children who are deaf or hard of hearing will need to develop the skills and knowledge to manage diversity effectively.




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## Bias

- We all have biases
- May include race, ethnicity, age, weight, gender, etc.
- Bias has the strongest effects when it comes to what healthcare providers don't do for some patients.
  - e.g., Not pursuing referrals, devices, support as promptly or thoroughly.
- Also impacts how patients/families view YOU as a clinician and their willingness to work with you.
  - e.g., African American SLP being turned away from home health services because "We don't allow Negroes in our house!"; being called the Speech Aide rather than recognized as the SLP
  - e.g., Latino clinician "I have to be perfect, speak perfectly and present myself in the best light."
  - e.g., Ageism – "You are so young, how can you understand." "You aren't a mother. You can't possibly understand."

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## Sociocultural Mismatches ...

- Lack of knowledge about health beliefs and life experiences
- May bring unintentional or intentional racism, classism, homophobia, or sexism to the interaction
- Expectations vary by ethnicity, SES status, prior experience, setting, etc. Example:

*Audiologist meets a client for the first evaluation session and immediately begins to ask questions, so as to quickly complete the interview and record all necessary health history information. Then goes on to test the client and subsequently bids her farewell.*

There has been no encouragement for the patient to voice his/her concerns and perspectives regarding hearing needs. Impact of hearing issues on life. Expectations for evaluation appointment, etc. *Preconceived notions -> bias.*

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## Cultural Competence: How to Get There

- Be aware of ethnocentrism
  - Be aware of essentialism
  - Be aware of power differences
- 
- Consider the concept of cultural humility
  - Recognize your own biases
  - Use ethnographic interviewing techniques

*The ASHA Leader, Nov 2013; Luis F. Riquelme, PhD*

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## Be aware of ethnocentrism

- Ethnocentrism = belief that YOUR way of life and view of the world is inherently superior to others.
- In health care ethnocentrism may interfere with your working effectively with a patient whose beliefs or culture do not match your worldview
- Example: You believe that your recommended treatment is the only course of value and you are not open to entertain other options or viewpoints, if offered by your patient or their family.
- Madell & Flexer Case 2: Conductive Hearing Loss




My babe. God, protect this child. She brings hope and happiness to the family mostly unity. This girl is super fobby, she is really good at talking HMONG and has a low voice, not a typical High Hmong pitch, its so cute!

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## Make It Yours

- Case 2: Li, a 5-year-old girl was referred to you after failing a prekindergarten screening at her doctor's office.
  - Family is Hmong and does not believe in Western medicine. Not open to treatment for ear infection that is causing the child 30-45 dB conductive hearing loss.
  - The only reason she is in your office is because the family believes that she will not be allowed to go to school unless you see her.
  - How would you feel when the family refuses medical care?
  - Consider the source of your feelings.
  - How could you support this girl's school success?
  - What could you say to the parents that may result in your support being successful?
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## Be aware of essentialism

- Defines characteristics to groups that are considered 'natural' to that group (Athletes? Scholars? Workers?)
  - Doesn't take into account variation within a culture.
  - Leads to stereotyping.
- Strive to break automatic assumptions and focus on individuals
    - e.g. Talk about hearing aid accessories that prevent damage from sweat with every family, not only those you would assume may be interested in sports
    - e.g. Talk about cosmetic concerns of hearing devices with every family, not just those who you would assume are concerned about future 'marriagability' of the child

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## Beware of power differences

- You may be seen as superior because
  - Your advanced education
  - Your ability to make recommendations that other's will listen to
  - You may be seen as having 'all the answers'



**It is up to you to empower the individual by showing that you value their thoughts, perceptions, feelings.**

Some cultures have a high regard and sense of respect for persons in the medical and education fields. If they disagree with your recommendations they may seem to agree and leave, never to return again, rather than show disrespect by not agreeing with you.

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## Use Ethnographic Interviewing Techniques

Refer to: Asking the Right Questions in the Right Ways

- Use open-ended questions
- Restate what the client says in their exact words
  - "None of my family help me with Paul"
  - "Your family doesn't help you with Paul?"
- Summarize what they have said, allowing for corrections
- Avoid multiple questions, leading questions or "Why?"
- Examples of Descriptive Questions:
  - Tell me about a typical day for you (your child).
  - Tell me about a typical mealtime with Paul.
  - Tell me about a typical storytelling session.
  - Give me an example of what Paul does when he cannot make himself understood.
  - Sarah, give me an example of overtaxing yourself.
  - Tell me about your experience with Paul's teacher.
  - Tell me about your experience with student services.
  - What would I see when you say, "Paul hurts himself?"
  - What's another way you would describe being overtaxed?

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## Make It Yours

- Mr and Mrs Ling have brought their son to you. He is 9 months old and they reported he had an ABR evaluation after referral from newborn hearing screening. They chose to not follow up with the recommendations of the previous audiologist.
- You are aware:
  - That in Buddhist countries, the head is considered sacred and to touch someone's head, even a child's is considered a grave insult.
  - That conformity (not being different) is a strong value
  - That it is valued that male children especially appear strong, clever and perfect
- Using ethnographic techniques, what are some questions that will allow you to understand the Ling's fears, desires, point of view, etc.?
- What will happen if you do not take the time to do so?

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## Who's the Boss?

- After a diagnosis of hearing loss you explain what it means in terms of development, learning and literacy. Then you mention hearing aids. To go ahead with hearing aids is a *decision* that the family makes.
- Is the correct family member present to make that decision? Scenario:



*Mr and Mrs Gonzales are the parents of Maria, a 2-month-old you just diagnosed with a mild-moderate hearing loss. You've explained the findings and the need for hearing aids and make an appointment for the earmolds/HA fitting. The family no-shows. You've left phone msgs but no return call.*

- Did you ask if they wanted another appt with more family members to discuss the test results?

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## Respect

- **Dress makes a difference. Modesty = respect.**



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## Eye Contact

- In general, Middle Eastern cultures, particularly among Muslims, do not see as direct eye contact between the sexes as being appropriate.
- Intense eye contact *within* your own gender is often used to stress the truthfulness of a point and is considered acceptable.
- Maintaining eye contact when talking might make Asians or Muslim women and the elderly uncomfortable.
- Look into their eyes briefly every so often and then look away (perhaps at the collar, or an imaginary spot on the side) at the same time tilting the head and/or nodding gently now and then to show interest in the conversation.



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## Finding Fault

- In Middle Eastern and some other cultures having a child with hearing loss is a source of shame
- The cultural group will usually blame the mother who may become a social outcast
- Acknowledging that the hearing loss is real by putting hearing aids on the child may be interpreted as an act of defiance and blatant disregard for 'acts of God'
- Hiding/minimizing the hearing aids is paramount.
- May prefer no amplification – the child's place in the cultural group will adapt to lack of skills/language
- Concerns about marriagability of both sons and daughters
  - Using hearing aids will allow them to develop speech that sounds 'normal' and learn skills useful in society and the home
  - Use of BTE hearing aids while the child is young. ITE aids ASAP

Neckloop EM

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## Address

- Calling them by their first name or their last name without the prefix of Mr., Mrs., or Miss is considered rude among Muslims and Asians
- Stand up to greet guests, especially elders, open doors for them
- Do not interrupt (!!!) and maintain a generally respectful demeanor. Do not appear rushed.
- Shaking your head (R/L/R) means "Yes" in the Middle East and in parts of India and Europe
- Sitting with soles of feet/shoes facing a person may be considered impolite during business meetings
- Passing an item to someone with the left hand may be considered rude or impolite (Muslims, Italy)
- Allow a broad social distance. Accidental touching requires an apology, especially of the feet

<http://sharonpluralism.org/cultural-protocols/muslim-culture/>

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## Make It Yours

- Your next patient is Aamir Adib who is 12 months old.
- Would you expect both parents to come?
- Who would you be speaking with most?
- What are some items to remember when preparing to speak to this family regarding respect and modesty?




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## Bilingualism

- Common around the world
- At least 20% of people in US speak a language other than English at home


**MYTHS ABOUT BILINGUALISM**

- Learning two languages will confuse a child and lower his intelligence.
- A child should first learn one language properly before being taught another language.
- A child who learns two languages won't feel at home in either of them and he'll always feel caught between two cultures.
- The bilingual child has to translate from the weaker to the stronger language.
- The child who grows up bilingual will make a great interpreter when grown.
- A truly bilingual child never mixes languages; if so, the child is a confused 'semi-lingual.'
- If you don't follow the teaching rules, the child will never learn both languages.
- Bilingual children have split personalities.
- Bilingualism is a charming exception, but monolingualism is the rule.
- After a certain age, children cannot become bilingual.
- A child with congenital deafness cannot become conversationally bilingual prior to 3 years of age.

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## Deaf Culture

- ASL is a true language with syntax and morphology
- There is a unique sense of humor in the Deaf Culture
- Cultural norms include
  - Wanting to know if you have any family members who are Deaf
  - Pride in multiple generations of Deaf family members
  - Being surprised if you are at all conversant in sign
  - Social distance is close
  - Tendency toward repetition
  - May appear abrupt, tactless – different nuances to ASL
- Only about 1/20 children with hearing loss are born into families with a member that has hearing loss or Deafness
- They WANT their child to be like them – Deaf or at least hard of hearing; may not be interested in amplification
- May assume that you are an Audist (racist against Deaf)



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## Using Interpreters/Translators

- Don't be rude**
  - Don't talk to the interpreter instead of the client
  - Don't ask questions/clarification of the interpreter
  - Maintain your visual attention toward the client
  - Speak slowly and clearly without jargon as much as possible. Simplify, simplify, simplify.
  - Pause to allow time for questions
- Strive to:**
  - Hire a qualified interpreter/translator rather than accept a 'free' family member.
  - Request of the person if they have a preferred interpreter
  - Allow at least 50% more time in your appointment



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## Make It Yours

- Mrs. Jamison and her mother arrive with little Toby, age 3 weeks and a sign language interpreter.
- Toby failed the newborn hearing screening in one ear.
- Your diagnostics show that he has typical hearing in the right ear and a moderate-severe hearing loss in the left ear.
- Mom starts to cry when she hears this information.
- Why do you think she is crying?
- How do you think that she may react when you share with her that 1 out of 4 children with unilateral hearing loss develop hearing loss in their typically hearing ear?
- What would you want to know specifically about the etiology of the parent's deafness?

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## Family Priority

- Poverty, single-family parenting, multiple siblings...**
- Not every family has the emotional, energy and financial resources to develop a 'star' child with HL
- Hearing aids get lost, pawned, flushed
- Information is lost (batteries last a year, right?)
- Families lack a stable schedule
- Various caregivers all make it a challenge to put hearing aids on and keep them on all waking hours
- BUT – if you can help them figure out how to do the best they can with what resources they have, most will try, try, try!
- Remember hearing aid retention accessories!

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## Make It Yours

- Sylvia (age 16) and her mother arrive with little Keneshia, age 18 months. She was fit with hearing aids for a 65 dB loss at the age of 3 months. They were lost at 5 months. After considerable effort, you helped them find funding for another set of hearing aids. You provided hearing aid retention accessories (Ear Gear and a cap). They have now come in because she isn't responding to sound. You find both aids have dead batteries. You check the data logging and find out that there has been only 12 hours of wear in the last 3 months.
- What are the issues interfering with successful hearing aid use?
- What strategies will you use to improve success?

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## Summary

- **Ask open-ended questions to determine how a family feels about the hearing loss and their desire for their child's future**
- **Be open to thoughts/values other than your recommendations that are based on knowledge**
- **Be respectful and aware of different cultural mores and who makes decisions**
- **Recognize that not every culture values striving for typical outcomes for a DHH child**
- **Understand it will take more time and more energy – but ultimately the child is worth it!**

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## Preview for Next Week

- **Listening in Challenging Environments**
  - Classroom Acoustics
  - Assistive Listening Devices
  - Introduction to FM systems



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